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**State/Territory Name: Montana** 

State Plan Amendment (SPA) #: 23-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

# DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 29, 2024

Michael Randol State Medicaid Director Montana Department of Public Health and Human Services P.O. Box 4210 Helena, MT 59604

Re: Montana 23-0023

Dear Director Randol:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0023. This amendment will allow Licensed Marriage and Family Therapists (LMFT) and LMFT Licensure Candidates in training to provide services as qualified behavioral health clinicians for covered rehabilitative services.

We conducted our review of your submittal according to statutory requirements at section 1905(a)(13) of the Social Security Act and the implementing regulations at 42 CFR 440.130(d). This letter is to inform you that Montana Medicaid SPA 23-0023 was approved on February 29, 2024, with an effective date of January 1, 2024.

If you have any questions, please contact Justyna Redlinski at 312-353-7370 or via email at Justyna.Redlinski@cms.hhs.gov

Sincerely,

Digitally signed by
James G. Scott -5
Date: 2024.02.29
17:49:06-06'00'

James G. Scott, Director
Division of Program Operations

cc: Mary Eve Kulawik

| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES                                                                                                                                                                                                                         | 1. TRANSMITTAL NUMBER<br>23 0023                                                                                                                                         | 2. STATE<br>Montana                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                 | 3. PROGRAM IDENTIFICATION: TITLE OF TH<br>SECURITY ACT ✓ XIX                                                                                                             | E SOCIAL XXI                                             |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES                                                                                                                                                                                                                                | 4. PROPOSED EFFECTIVE DATE<br>1/1/2024                                                                                                                                   |                                                          |
| 5. FEDERAL STATUTE/REGULATION CITATION<br>Social Security Act 1905(a)(1 3)<br>42 CFR 440.1 30(d)                                                                                                                                                                                                                                | 6. FEDERAL BUDGET IMPACT (Amounts in W<br>a. FFY 2024 \$ 93,328.00<br>b. FFY 2025 \$271,768.00                                                                           | VHOLE dollars)                                           |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Supplement to Attachment 3.1A pages 1 39 of 39  Supplement to Attachment 3.1B pages 1 39 of 39  Supplement to Attachments 3.1 A/B  Attachment 3.1A, Other Rehabilitative services, pages 1-35 of 35  Attachment 3.1B, Other Rehabilitative services, pages 1-35 of 35         | 8. PAGE NUMBER OF THE SUPERSEDE  (If Applicable) Supplement to Attachment 3.1A pages 1 Supplement to Attachment 3.1B pages 1 Attachment 3.1A, Other Rehabilitative servi | 39 of 39<br>39 of 39<br>ices, pages 1 35 of 35           |
| 9. SUBJECT OF AMENDMENT  This amendment will allow Licensed Marriage and Family Therapists supervision of a Physician, Licensed Clinical Professional Counselor, Rehabilitative Services State Plan will be amended to make permane requirements.  The amendments adds LMFTs to the lists of qualified mental health clinicial. | s (LMFT) Licensure Candidates in training to pr<br>Licensed Clinical Social Worker, or Psychologis<br>ent updates to LMFT Licensure Candidates in tr                     | ovide services under the st. The Other                   |
| 10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                                                                                                                                                                    | OTHER, AS SPECIFIED:<br>Montana Department of Public Health and Hun<br>State Medicaid Director<br>Attn: Mary Eve Kulawik<br>PO Box 4210, Helena, MT 59601                | nan Services                                             |
| 11. SIGNATURE OF STATE AGENCY OFFICIAL                                                                                                                                                                                                                                                                                          | 15. RETURN TO                                                                                                                                                            |                                                          |
| 12. TYPED NAME Mike Randol                                                                                                                                                                                                                                                                                                      | 1                                                                                                                                                                        |                                                          |
| 13. TITLE Medicaid and Health Services Executive Director/<br>State Medicaid Director                                                                                                                                                                                                                                           |                                                                                                                                                                          |                                                          |
| 14. DATE SUBMITTED 12-18-20-3                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                          |                                                          |
| FOR CMS                                                                                                                                                                                                                                                                                                                         | USE ONLY                                                                                                                                                                 |                                                          |
| 16. DATE RECEIVED                                                                                                                                                                                                                                                                                                               | 17. DATE APPROVED                                                                                                                                                        |                                                          |
| December 18, 2023                                                                                                                                                                                                                                                                                                               | February 29, 2024                                                                                                                                                        |                                                          |
| PLAN APPROVED - C                                                                                                                                                                                                                                                                                                               | ONE COPY ATTACHED                                                                                                                                                        |                                                          |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL  January 1, 2024                                                                                                                                                                                                                                                                        |                                                                                                                                                                          | signed by James G. Scott -S<br>24.02 29 17:49:37 -06'00' |
| 20. TYPED NAME OF APPROVING OFFICIAL                                                                                                                                                                                                                                                                                            | 21. TITLE OF APPROVING OFFICIAL                                                                                                                                          |                                                          |
| James G. Scott                                                                                                                                                                                                                                                                                                                  | Director, Division of Program                                                                                                                                            | Operations                                               |
| 22. REMARKS                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |                                                          |

Box 5, 7, and 8: State authorized pen and ink change on 02/12/2024 and 02/27/2024.

)RM CMS-179 (09/24)

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#### MONTANA

#### Definition of Rehabilitative Services

The Montana Medicaid Program meets the requirements of the Social Security Act to provide medically necessary rehabilitative services. All rehabilitative services require that the eligible adults meet criteria for medical necessity.

#### Definition of Other Rehabilitative Services

Services are provided in accordance with 42 CFR 440.130(d). Rehabilitative services include medical, mental health, substance use disorder (SUD), behavioral, and/or remedial services recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under State law, for maximum reduction of physical or mental disability and restoration of the individual to his/her best possible functional level.

Medicaid providers delivering services outside the bundled package may do so in accordance with section 1905(a) of the Social Security Act and Federal regulations of 42 CFR 440. Services must be provided by qualified practitioners within their scope of practice.

Rehabilitative services do not include room and board payments by Medicaid.

Services are not provided in an institution for mental disease (IMD).

All services provided under the Other Rehabilitation Benefit are available to all adults in the home and community. They may be provided by any willing provider who meets the necessary qualifications. Provider qualifications are the same for services provided in the home and community settings. Licensed agencies provide mental health rehabilitative services. The State of Montana licenses these agencies to ensure that minimum qualifications and standards are met.

These services reduce disability by restoring the skills needed for functioning in normal life roles in the community. Restoring these skills helps to prevent relapse and strengthen goal attainment.

Therapy and/or treatment to the member's family is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for assisting the member's recovery.

TN 23-0023 Approval Date: 02/29/2024 Effective Date: 01/01/2024 Supersedes TN 23-0006

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| Name of  | Definition of Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Licensed                              |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Services |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Agency                                |
|          | CBPRS: CBPRS may be provided one-to-one or in a group setting, intensive behavior management and stabilization services in home, workplace, or community settings for a specified period in which the problem or issue impeding recovery or full functioning is defined and treated. They are for members who meet severe disabling mental illness criteria or substance use disorder criteria; and medical necessity criteria for the service. CBPRS are provided by a health behavioral aide. Through CBPRS, a behavioral health aide supports the member by augmenting life, behavioral, and social skills training needed to reach their identified treatment goals and function in normal life roles in the community. During skills training, the behavioral health aide clearly describes the skill and expectations of the member's behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. These aides may consult with family members or other key individuals that are part of a member's treatment team in order to determine how to help the member be more successful in meeting treatment goals. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a behavioral health aide. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access. | Agencies<br>Licensed to<br>Operate as |

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## MONTANA

| Name of        | Definition of Services                             | Licensed      |
|----------------|----------------------------------------------------|---------------|
| Services       |                                                    | Agency        |
| Illness        | IMR is an evidenced-based service that offers a    | Agencies      |
| Management and | broad set of strategies designed to assist the     | Licensed to   |
| Recovery       | adult with reducing disability and restoring       | Operate as    |
| (IMR)          | functioning by giving the member information about | Mental Health |
|                | mental illness and coping skills to help them      | Centers       |
|                | manage their illness, develop goals, and make      |               |
|                | informed decisions about their treatment. The      |               |
|                | goals are reviewed on an ongoing basis by the      |               |
|                | provider, behavioral health aide, and member.      |               |
|                | Services can be provided in an individual and/or   |               |
|                | group format by a licensed or supervised in-       |               |
|                | training psychologist, licensed clinical social    |               |
|                | worker (LCSW), licensed marriage and family        |               |
|                | therapist (LMFT), or licensed clinical             |               |
|                | professional counselor (LCPC) who have been        |               |
|                | trained in IMR services.                           |               |
| Crisis         | Crisis Receiving and Crisis Stabilization Programs | _             |
| Receiving and  |                                                    | Licensed to   |
| Stabilization  | behavioral health crisis related to a mental       | Operate as    |
| Program        |                                                    | Mental Health |
|                | ]                                                  | Centers       |
|                | The Crisis Receiving and Crisis Stabilization      |               |
|                | Programs are designed to provide triage, crisis    |               |
|                | risk assessment, evaluation, and intervention to   |               |
|                | members whose crisis response needs are deemed to  |               |
|                | be urgent or emergent.                             |               |
|                | Community-based crisis programs are designated as  |               |
|                | either:                                            |               |
|                | (1) Tier I: Crisis Receiving Program;              |               |
|                | (2) Tier II: Crisis Stabilization Program; or      |               |
|                | (3) Tier III: Crisis Receiving and Stabilization   |               |
|                | Program.                                           |               |
| <u> </u>       |                                                    |               |

TN  $\underline{23-0023}$  Approval Date:  $\underline{02/29/2024}$  Effective Date:  $\underline{01/01/2024}$ 

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## MONTANA

| Name of     | Definition of Services                                                                            | Licensed      |
|-------------|---------------------------------------------------------------------------------------------------|---------------|
| Services    |                                                                                                   | Agency        |
| Crisis      | Crisis Receiving Program means a community-based                                                  | Agencies      |
|             | outpatient program that provides evaluation,                                                      | Licensed to   |
|             | observation, intervention, and referral for                                                       | Operate as    |
|             | members experiencing a crisis due to behavioral                                                   | Mental Health |
| (continued) | health (i.e., mental health or a co-occurring                                                     | Centers       |
|             | mental health and substance use disorder).                                                        |               |
|             | Crisis Receiving is a short-term urgent or                                                        |               |
|             | emergent treatment for crisis intervention and                                                    |               |
|             | stabilization of no more than 23 hours and 59                                                     |               |
|             | minutes from the time the member is admitted to                                                   |               |
|             | the program. Members receiving this service must                                                  |               |
|             | be evaluated, then stabilized and/or referred to                                                  |               |
|             | the most appropriate level of care. A Crisis                                                      |               |
|             | Receiving Center is an alternative, but not a                                                     |               |
|             | replacement, to a community hospital Emergency                                                    |               |
|             | Department (ED); as such, it operates 24 hours a                                                  |               |
|             | day, seven days a week, 365 days a year (24/7/365)                                                |               |
|             | and offers walk-in and first responder drop off                                                   |               |
|             | options.                                                                                          |               |
|             | Crisis Stabilization Program is short-term, 24-                                                   |               |
|             | hours or more, of supervised residential treatment                                                |               |
|             | in a community-based facility of fewer than 16                                                    |               |
|             | beds for adults with a mental health and/or mental                                                |               |
|             | health and substance use (co-occurring) disorders.                                                |               |
|             | It is an emergency treatment for crisis                                                           |               |
|             | intervention and stabilization that offers a                                                      |               |
|             | treatment option as an alternative to Acute                                                       |               |
|             | Inpatient Hospitalization. The service includes                                                   |               |
|             | medically monitored residential services to                                                       |               |
|             | provide psychiatric stabilization on a short-term                                                 |               |
|             | basis and is designed to reduce disability and                                                    |               |
|             | restore members to previous functional levels by promptly intervening and stabilizing when crisis |               |
|             | situations occur. The focus is recovery,                                                          |               |
|             | preventing continued exacerbation of symptoms, and                                                |               |
|             | decreasing risk of, or need for, higher levels of                                                 |               |
|             | care, including hospitalization.                                                                  |               |
|             | care, including nospicalization.                                                                  |               |

TN  $\underline{23-0023}$  Approval Date:  $\underline{02/29/2024}$  Effective Date:  $\underline{01/01/2024}$ 

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## MONTANA

| Name of<br>Services |                                                    | Licensed<br>Agency |
|---------------------|----------------------------------------------------|--------------------|
|                     |                                                    | J 1                |
|                     |                                                    | Agencies           |
|                     | be provided and/or supervised by a licensed mental |                    |
|                     | health professional as defined as a physician,     | Operate as         |
|                     |                                                    | Mental Health      |
| ` ,                 | Direct care staff are behavioral health aides      | Centers            |
|                     | working under the direction/supervision of a       |                    |
|                     | licensed mental health professional.               |                    |
|                     | 4                                                  | Agencies           |
| Response            | Services provide integrated, short-term crisis     | enrolled in        |
| Services -          | response, stabilization, and intervention for      | Montana            |
| Mobile Crisis       | members experiencing a mental health or substance  | Medicaid and       |
| Team Services       | use crisis. Mobile crisis service providers must   | approved by the    |
|                     | be able to be dispatched and respond without law   | Department         |
|                     | enforcement. Services may be provided by a         | _                  |
|                     | clinical mental health professional, qualified to  |                    |
|                     | provide a clinical assessment within their scope   |                    |
|                     | of practice, or by a mobile crisis team that       |                    |
|                     | includes a clinical mental health professional and |                    |
|                     | a paraprofessional experienced in behavioral       |                    |
|                     | health interventions. Providers provide a mobile,  |                    |
|                     | on-site therapeutic response to a member           |                    |
|                     | experiencing a behavioral health crisis for the    |                    |
|                     | purpose of identifying, assessing, treating, and   |                    |
|                     | stabilizing the situation and reducing immediate   |                    |
|                     | risk of danger to the member or others. Mobile     |                    |
|                     | Crisis Services providers have the capability to   |                    |
|                     |                                                    |                    |
|                     | make referrals to outpatient care and provide      |                    |
|                     | follow up care coordination to ensure that the     |                    |
|                     | member's crisis is resolved, or they have          |                    |
|                     | successfully been connected to ongoing services.   |                    |
|                     | When furnished by a mobile crisis team, the        |                    |
|                     | responding team must have at least one team member |                    |
|                     | respond in-person (one team member may respond via |                    |
|                     | telehealth and remain connected throughout the     |                    |
|                     | duration of the response). Services include        |                    |
|                     | screening and assessment; stabilization and de-    |                    |
|                     | escalation; and arrangement of mobile crisis care  |                    |
|                     | coordination services with referrals to health,    |                    |
|                     | social, other services and supports.               |                    |
|                     |                                                    |                    |
|                     |                                                    |                    |

TN 23-0023 Approval Date: 02/29/2024 Effective Date: 01/01/2024

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## MONTANA

| Name of                                                     | Definition of Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Licensed                                                              |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Services                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Agency                                                                |
| Response Services - Mobile Crisis Team Services (continued) | Additional information: In order to claim increased FMAP for mobile crisis intervention services, the requirements described in section 1947(b) of the Act must be met, including providing services to persons outside of a hospital or other facility setting, through a multidisciplinary team, trained in trauma-informed care, de-escalation strategies, and harm reduction that is able to respond 24 hours per day, every day of the year. The multidisciplinary team must include a clinical mental health professional, qualified to provide a clinical assessment within their scope of practice. |                                                                       |
| Care<br>Coordination                                        | deliberate organization of member care activities for members who have recently experienced a behavioral health crisis and meet the medical                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Agencies enrolled in Montana Medicaid and approved by the Department. |

TN  $\underline{23-0023}$  Approval Date:  $\underline{02/29/2024}$  Effective Date:  $\underline{01/01/2024}$ 

Supersedes TN <u>23-0006</u>

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## MONTANA

| Name of<br>Services | Definition of Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Licensed<br>Agency                                           |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
|                     | During skills training, the behavioral aide clearly describes the skill and expectations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agency Agencies Licensed to Operate as Mental Health Centers |
|                     | Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a behavioral health aide. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if                                                                                                                                                                                  |                                                              |
|                     | related to access.  Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format in which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the member by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group |                                                              |
|                     | interaction with one another to bring about changes in functioning of all the group members.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |

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## MONTANA

| Name of                                 | Definition of Service                                                                                                                    | Licensed                                             |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Service Adult Foster Care Support (AFC) | Adult Foster Care Support are in-home supervised support services in a licensed foster home. The service can also be provided in another | Agency Agencies Licensed to Operate as Mental Health |

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| Name of<br>Service                    | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Licensed<br>Agency                                    |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Adult Foster Care Support (continued) | • Crisis services: to include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the member that have led to crisis in the past. Crisis services also include a range of 24-hour response, from telephonic to face-to-face, depending on the needs of the member. Crisis services are provided by an Adult Foster Care Specialist who has a bachelor's degree in a human services field with one year of full-time mental health experience and/or a program supervisor, who is a licensed mental health professional as defined as a physician, LCPC, LCSW, LMFT, or a psychologist. • Care Coordination: a service that includes the implementation, coordination, and management of mental health services provided to the member to promote rehabilitation and treatment activities to restore levels of independence. Care coordination includes a minimum of weekly contacts with the foster care parent and the member in the home to assess whether the supports and services are adequate to meet the member's needs. Care Coordination is provided by Adult Foster Care Specialist who has a bachelor's degree in a human services field with one year of full-time mental health experience supervised by a licensed mental health professional as defined as a physician, LCPC, LCSW, LMFT, or a psychologist. | Agencies Licensed to Operate as Mental Health Centers |

TN  $\underline{23-0023}$  Approval Date:  $\underline{02/29/2024}$  Effective Date:  $\underline{01/01/2024}$ 

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## MONTANA

| Name of                             | Definition of Service                                                                                                                | Licensed                                              |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Service                             |                                                                                                                                      | Agency                                                |
| Behavioral Health Group Home (BHGH) | Behavioral Health Group Homes are licensed group homes that provide short-term supervision, stabilization, treatment, and behavioral | Agencies Licensed to Operate as Mental Health Centers |

TN  $\underline{23-0023}$  Approval Date:  $\underline{02/29/2024}$  Effective Date:  $\underline{01/01/2024}$  Supersedes TN 23-0006

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## MONTANA

| Name of<br>Service | Definition of Service                                  | Licensed<br>Agency |
|--------------------|--------------------------------------------------------|--------------------|
| Behavioral         | CBPRS services are provided by a behavioral            | Agencies           |
| Health Group       | health aide. Through CBPRS, a behavioral health        | Licensed to        |
| Home (BHGH)        | aide supports the member by augmenting life,           | Operate as         |
|                    |                                                        | -                  |
| (continued         | behavioral, and social skills training needed to       |                    |
|                    | reach their identified treatment goals and             | Centers            |
|                    | function in normal life roles in the community.        |                    |
|                    | During skills training, the behavioral health          |                    |
|                    | aide clearly describes the skill and                   |                    |
|                    | expectations of the member's behavior, models          |                    |
|                    | the skill and engages the member in practice of        |                    |
|                    | the skill, and provides feedback on skill              |                    |
|                    | performance. These aides may consult face-to-          |                    |
|                    | face with family members or other key                  |                    |
|                    | individuals who are part of a member's treatment       |                    |
|                    | team to determine how to help the member be more       |                    |
|                    | successful in meeting treatment goals.                 |                    |
|                    | <ul> <li>Individual Therapy: a service that</li> </ul> |                    |
|                    | utilizes one-to-one therapeutic                        |                    |
|                    | interventions for a specified period of                |                    |
|                    | time in which the problem or issue                     |                    |
|                    | impeding recovery or full functioning is               |                    |
|                    | defined and treated. The adult and the                 |                    |
|                    | therapist establish the overall objective              |                    |
|                    | (or outcome sought) and develop specific               |                    |
|                    | goals. The service reduces disability and              |                    |
|                    | develops or restores skills needed to                  |                    |
|                    | function in normal life roles in the                   |                    |
|                    | community. Services can be provided by a               |                    |
|                    | licensed or supervised in-training                     |                    |
|                    | clinical psychologist, LCSW, LMFT, or                  |                    |
|                    | LCPC.                                                  |                    |
|                    | Family Therapy: therapy and/or treatment               |                    |
|                    | to the member's family is for the direct               |                    |
|                    | benefit of the member, in accordance with              |                    |
|                    | the member's needs and treatment goals                 |                    |
|                    |                                                        |                    |
|                    | identified in the member's treatment plan,             |                    |
|                    | and for the purpose of assisting in the                |                    |
|                    | member's recovery. This is a service that              |                    |
|                    | utilizes the same strategy of developing               |                    |
|                    | goals and includes family members and                  |                    |
|                    | other significant others to address                    |                    |
|                    | identified issues. Services can be                     |                    |
|                    | provided by a licensed or supervised in-               |                    |
|                    | training clinical psychologist, LCSW,                  |                    |
|                    | LMFT, or LCPC.                                         |                    |

TN 23-0023 Approval Date: 02/29/2024 Effective Date: 01/01/2024

Supersedes TN  $\underline{23-0006}$ 

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## MONTANA

| Name of                                         | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Licensed                                              |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Service                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agency                                                |
| Behavioral Health Group Home (BHGH) (continued) | • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Services can be provided by a licensed or supervised intraining clinical psychologist, LCSW, LMFT, or LCPC.  • Care Coordination: a service that works with each member to coordinate all services and referrals and track clinical outcomes. The care coordinator also works with member to identify social determinants of health that may impede their treatment and helps navigate the member and family toward community resources that can help address those factors. Services can be provided by a person with a bachelor's degree with one-year experience working in the mental health field. | Agencies Licensed to Operate as Mental Health Centers |

TN 23-0023 Approval Date: 02/29/2024 Effective Date: 01/01/2024

Supersedes TN  $\underline{23-0006}$ 

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## MONTANA

| Name of<br>Service                                              | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Licensed<br>Agency                                                      |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Behavioral Health Group Home (BHGH) (continued)                 | • Certified Behavioral Health Peer Support: Certified Peer Support is a service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SDMI diagnosis and/or SUD diagnosis to achieve their goals for personal wellness and recovery. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential. The direct services are provided by a Certified Peer Support Specialist. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.                                                                                             | Operate as<br>Mental Health                                             |
| Program of Assertive Community Treatment (PACT) - Tiered System | • PACT is a member-centered, recovery oriented mental health services delivery model for facilitating community living, psychosocial rehabilitation and recovery for members with severe disabling mental illness who have not benefited from traditional outpatient services. PACT is a multi-disciplinary, self-contained clinical team approach providing long-term intensive care and all mental health services in natural community settings. Interventions focus on achieving maximum reduction of physical and mental disability and restoration of the member to his/her best possible functional level. PACT is a 24 hour a day, 7 days a week, 365 days a year service in all settings except jails, detention centers, clinic settings, and inpatient hospital settings. PACT must be provided in the member's natural setting such as where the member lives, works, or interacts with other people at least 60% of the time. | enrolled in<br>Montana<br>Medicaid and<br>approved by the<br>Department |

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|                | Definition of Service                           | Licensed Agency  |
|----------------|-------------------------------------------------|------------------|
| Service        |                                                 |                  |
| Program of     | The Montana PACT program has three tiers:       | Agencies         |
| Assertive      |                                                 | enrolled in      |
| Community      |                                                 | Montana Medicaid |
|                | which is an intensive transitional PACT service | and approved by  |
| (PACT) -Tiered | within a residential setting that provides      | the Department   |
| System         | short-term supervision, stabilization, and      |                  |
| (continued)    | behavioral modification for a member who is     |                  |
|                | discharging from an inpatient treatment or      |                  |
|                | crisis setting, to be able to reside outside of |                  |
|                | a structured setting or as a diversion from     |                  |
|                | inpatient settings. This PACT service requires  |                  |
|                | four team meetings per week to discuss the      |                  |
|                | member in order to address the member's needs.  |                  |
|                | This service is for members discharging from    |                  |
|                | acute or crisis services or as approved by the  |                  |
|                | Department.                                     |                  |
|                | 2. The middle PACT tier is PACT. This service   |                  |
|                | is for members who need intensive supports to   |                  |
|                | learn to maintain independently within the      |                  |
|                | community. Members must have at least three     |                  |
|                | contacts per week. The member must also be able |                  |
|                | and willing to actively engage in services.     |                  |
|                | For reimbursement, this PACT service requires   |                  |
|                | four team meetings per week to discuss the      |                  |
|                | member in order to address the member's needs.  |                  |
|                | 3. The lowest PACT tier is Community            |                  |
|                | Maintenance Program (CMP)which is for members   |                  |
|                | who need continued supports to maintain         |                  |
|                | successfully in the community but no longer     |                  |
|                | need substantial rehabilitative supports        |                  |
|                | provided in PACT. This PACT service requires up |                  |
|                | to two staff meetings per month to discuss the  |                  |
|                | member and up to four contacts monthly.         |                  |
|                |                                                 |                  |
|                |                                                 |                  |

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| Name of                                                                     | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Licensed Agency                                                      |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Service                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |
| Program of Assertive Community Treatment (PACT) - Tiered System (continued) | <ul> <li>The team consists of the following staff:</li> <li>Practitioner: must be licensed to practice medicine in the State of Montana as a psychiatrist; APRN specializing in mental health treatment; or a physician assistant specializing in mental health treatment who is supervised by the MHC psychiatrist or physician.</li> <li>Team Lead: bachelor's degree in public health services, human services, non-profit management, business management, or any other related field, one-year related management experience in administrative and program management, and experience in health-related field; preferably, in the mental illness and/or low-income populations.</li> <li>Nursing staff: Two nurses per team is required. At least one nurse must be a registered nurse (RN). An LPN must be supervised by the RN.</li> <li>Professional staff: Two professional staff per team is required. At least one must be a LCPC, LCSW, LMFT, or a licensed psychologist. The second professional must have at minimum a bachelor's degree in social work, rehabilitation counseling, or psychology.</li> <li>Care coordinators: Bachelor's degree with one-year experience working in the mental health field.</li> <li>Paraprofessionals: Must have a high school diploma.</li> </ul> | Agencies enrolled in Montana Medicaid and approved by the Department |

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| Name of<br>Service                                                          | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Licensed Agency |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Program of Assertive Community Treatment (PACT) - Tiered System (continued) | <ul> <li>Licensed Addiction Counselor: Consists of one full-time, dedicated staff who is licensed in the State of Montana as an addiction counselor who assumes responsibility to provide and coordinate substance use treatment including assessment, treatment planning, service delivery, client and team education, drug testing, and care coordination as needed.</li> <li>Vocational Specialist: must have a high school diploma and have four years of advanced education or equivalent on-the-job experience in work-related services.</li> <li>Certified Behavioral Health Peer Support Specialist: Consists of two full-time, dedicated staff and must be certified by the State of Montana.</li> <li>Tenancy Support Specialist: must have a high school diploma and have one year of advanced education or equivalent on-the-job experience in tenancy-related services and be trained in SSI/SSDI Outreach Access and Recovery (SOAR).</li> <li>PACT services include the following components:         <ul> <li>Psychiatric/Medical Assessment/Evaluation: an ongoing service provided face-to-face to determine psychiatric and social history, as well as the course of care and treatment goals required for the physical, nutritional, and psychological issues to restore previous functioning levels. Psychiatric assessment and evaluations can be completed by a licensed psychologist, LCSW, LMFT, or LCPC.</li> </ul> </li> </ul> |                 |

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| Name of                                                                     | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Licensed Agency                                                      |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Service                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |
| Program of Assertive Community Treatment (PACT) - Tiered System (continued) | <ul> <li>Medication Management: a service to prescribe or administer medication in treating the primary symptoms of a member's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the adult's existing medication regimen through record review, and ongoing monitoring. Medication management may include providing members information concerning the effects, benefits, risks, and possible side effects of a proposed course of medication. Services can be provided by a RN, LPN, APRN, PA, or psychiatrist within the discipline's scope of practice.</li> <li>Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The adult and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and develops or restores skills needed to function in normal life roles in the community. Services can be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC.</li> </ul> | Agencies enrolled in Montana Medicaid and approved by the Department |

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| Name of<br>Service                                                          | Definition of Service                         | Licensed<br>Agency                              |
|-----------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| Program of Assertive Community Treatment (PACT) - Tiered System (continued) | the member's family is for the direct benefit | Montana Medicaid and approved by the Department |

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| Name of                                                                     | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Licensed Agency                                                      |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Service                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | J                                                                    |
| Program of Assertive Community Treatment (PACT) - Tiered System (continued) | <ul> <li>Crisis Support, Intervention, and Stabilization: this service provides timely and appropriate crisis response and interventions 24/7, and may involve behavioral health therapy, peer support, care coordination, and/or medication management as determined by the members individualized treatment plan. This service may be provided by the appropriate member of the PACT team within the scope of their practice.</li> <li>Care Management: a service that is an organized process of coordination among the multidisciplinary team to provide a full range of appropriate treatment, rehabilitation, and support services to a member in a planned, coordinated, efficient, and effective manner. Care Management also includes the linkage and referral to needed services. All team members are trained and expected to provide this service.</li> <li>Social and Interpersonal Skills Training: Services to support social/interpersonal relations through individual coaching and structured group activities.</li> <li>Substance Use Treatment: these services include SUD assessment, SUD Treatment planning, SUD service delivery, care coordination as needed, member and team SUD education, and drug testing. This includes group and individual interventions, as well as facilitating the use of self-help group and supportive recovery communities. Services can be provided by a LAC.</li> </ul> | Agencies enrolled in Montana Medicaid and approved by the Department |

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| Name of                                                                     | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Licensed Agency                                                      |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Service                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |
| Program of Assertive Community Treatment (PACT) - Tiered System (continued) | • Psychosocial Rehabilitation: this service restores independent living skills and community reintegration.  Face-to-face service delivery is preferred.  Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |
| Montana Assertive Community Treatment (MACT)                                | MACT is a service provided in Montana's rural areas where a full PACT team is not feasible.  MACT is for members who need supports to maintain independently in the community.  Members must need weekly contact and at least three of the core service components listed below. The member must also be able and willing to actively engage in services. This service requires a minimum of four staff meetings per week to discuss the member's needs as documented in the member's individualized treatment plan.  This is a multi-disciplinary, self-contained clinical team approach, 24 hours a day, 7 days a week, 365 days a year that includes (See PACT for descriptions):  (a) medication management; (b) care management; (c) psychosocial rehabilitation; (d) individual, family, and group therapy; (e) peer support; and (f) crisis support, intervention, and stabilization. | Agencies enrolled in Montana Medicaid and approved by the Department |

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|                 | Definition of Service                          | Licensed Agency |
|-----------------|------------------------------------------------|-----------------|
| Service         |                                                |                 |
| Montana         | MACT Staffing requirements include the         |                 |
| Assertive       | following (See PACT for descriptions):         |                 |
| Community       | (a) Practitioner;                              |                 |
| Treatment       | (b) Team Leader;                               |                 |
| (MACT) (continu | (c) Nurse;                                     |                 |
| ed)             | (d) Masters Licensed MH Professional;          |                 |
|                 | (e) Care coordinator;                          |                 |
|                 | (f) paraprofessional; and                      |                 |
|                 | (g) Certified Behavioral Health Peer Support   |                 |
|                 | specialists.                                   |                 |
| Dialectical     | DBT is an evidence-based service that is a     | Agencies        |
| Behavior        | comprehensive, cognitive-behavioral treatment  | Licensed to     |
| Therapy         | for members with severe disabling mental       | Operate as      |
| (DBT)           | illness. Members must meet diagnostic criteria | Mental Health   |
|                 | and have ongoing difficulties in functioning   | Centers and     |
|                 | due to mental illness for a period of at least | Certified in    |
|                 | six months or for an obviously predictable     | DBT             |
|                 | period over six months.                        |                 |
|                 | DBT includes the following components:         |                 |
|                 | • Individual Therapy: a service that           |                 |
|                 | utilizes one-to-one therapeutic                |                 |
|                 | interventions for a specified period of        |                 |
|                 | time in which the problem or issue             |                 |
|                 | impeding recovery or full functioning is       |                 |
|                 | defined and treated. The member and the        |                 |
|                 | therapist establish the overall objective      |                 |
|                 | (or outcome sought) and develop specific       |                 |
|                 | goals. The service reduces disability and      |                 |
|                 | restores skills needed to function in          |                 |
|                 | normal life roles in the community.            |                 |
|                 | Services must be provided by a licensed        |                 |
|                 | or supervised in-training psychologist,        |                 |
|                 | LCSW, LMFT, or LCPC who have had training      |                 |
|                 | in DBT.                                        |                 |
|                 |                                                |                 |
| L               | !                                              | !               |

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| Name of<br>Service                             | efinition of Service                                                                                                                                                                                | Licensed Agency                                                            |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Dialectical Behavior Therapy (DBT) (continued) | same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group | Agencies Licensed to Operate as Mental Health Centers and Certified in DBT |

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| Name of Service | Definition of Service                          | Licensed Agency  |
|-----------------|------------------------------------------------|------------------|
| Certified       | Certified Behavioral Health Peer Support       | Agencies         |
| Behavioral      | Services is a service provided one-to-one to   | Licensed to      |
| Health Peer     | promote positive coping skills through         | Operate as       |
| Support         |                                                | Mental Health    |
| Services        | member with a SDMI diagnosis and/or SUD        | Centers; and     |
|                 | diagnosis to achieve their goals for personal  | Agencies who are |
|                 | wellness and recovery. The purpose is to help  | both State       |
|                 | members through a process of change to         | Approved and     |
|                 | improve their health and wellness, live a      | licensed as a    |
|                 | self-directed life, and strive to reach their  | SUD Residential  |
|                 | full potential. Services do not include        | or Outpatient    |
|                 | medication delivery and compliance. The        | Facility         |
|                 | direct services are provided by a Certified    |                  |
|                 | Behavioral Health Peer Support Specialist      |                  |
|                 | supervised by: LCSW, LCPC, LMFT, LAC,          |                  |
|                 | physician, psychologist, or an advanced        |                  |
|                 | practice registered nurse with a clinical      |                  |
|                 | specialty in psychiatric mental health         |                  |
|                 | nursing. Face-to-face service delivery is      |                  |
|                 | preferred. Telehealth may be substituted if    |                  |
|                 | clinically indicated or if the member does     |                  |
|                 | not have access to face-to-face services.      |                  |
|                 | Case notes must include reason, including      |                  |
|                 | documentation of attempts to identify local    |                  |
|                 | supports, if related to access.                |                  |
| Brief           | SBIRT involves the use of a structured         | Agencies who are |
|                 | screening to determine risk factors related to |                  |
| Referral to     | substance use, a brief intervention and        | SUD Treatment    |
| Treatment       | possible referral for treatment. Services can  |                  |
| (SBIRT)         | be provided by a LAC; LAC licensure candidate  | Agencies         |
|                 | or supervised unlicensed staff employed by a   | Licensed to      |
|                 | State Approved SUD Treatment Program; licensed | _                |
|                 | or in-training psychologist, LCSW, LMFT, or    | Mental Health    |
|                 | LCPC; supervised unlicensed staff employed by  | Centers          |
|                 | a MHC; or a physician, a physician assistant,  |                  |
|                 | a nurse practitioner, or an advanced practice  |                  |
|                 | registered nurse within all discipline's scope |                  |
|                 | of practice.                                   |                  |

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| Name of Service                   | MONTANA  Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Licensed Agency                                                 |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |
| SUD Family<br>Therapy             | Family Therapy is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.                                                                                                                                                                                                               | State Approved                                                  |
| SUD Assessment                    | Assessment utilizes appropriate instruments to provide a comprehensive and multidimensional biopsychosocial assessment that includes drug use, medical, physical, psychological, and social histories; and collateral information to provide a SUD diagnosis and appropriate treatment needs or referrals. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.                                                                           | State Approved<br>SUD Treatment<br>Programs                     |
| SUD Individual<br>Therapy         | Individual Therapy is a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.                                                           | Agencies who are<br>State Approved<br>SUD Treatment<br>Programs |
| SUD Multi-Family<br>Group Therapy | Multi-Family Group Therapy is a service that is much the same as Family Therapy in terms of developing goals and includes family members and other significant others to address identified issues but utilizes a multiple-family group format. The service increases social connections and supports problem solving for families through the sharing of each other's experiences. Services must be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. | Agencies who are<br>State Approved<br>SUD Treatment<br>Programs |

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| Name of Service | Definition of Service                          | Licensed Agency  |
|-----------------|------------------------------------------------|------------------|
| SUD Group       | Group Therapy is a service that is much the    | Agencies who are |
| Therapy         | same as individual therapy in terms of         | State Approved   |
|                 | developing goals, objectives, and specific     | SUD Treatment    |
|                 | skills but utilizes a format which a group of  | Programs         |
|                 | members selected by the therapist are provided |                  |
|                 | treatment in a group setting. The group may    |                  |
|                 | or may not have single therapeutic interests   |                  |
|                 | but is designed to treat the members by        |                  |
|                 | utilizing the group process and input of       |                  |
|                 | others in the group. Group therapy for         |                  |
|                 | rehabilitation of members who have a mental    |                  |
|                 | illness involves direct/indirect teaching by   |                  |
|                 | the therapist and the guided or facilitated    |                  |
|                 | group interaction with one another to bring    |                  |
|                 | about changes in functioning of all the group  |                  |
|                 | members. Group therapy is effective when       |                  |
|                 | focusing on the development of goals which can |                  |
|                 | be reinforced by other group members and when  |                  |
|                 | social skills and social connections will      |                  |
|                 | assist the member in reaching their            |                  |
|                 | therapeutic goals. Services can be provided by |                  |
|                 | a LAC; LAC licensure candidate employed by the |                  |
|                 | licensed State Approved SUD Treatment Program; |                  |
|                 | or licensed or supervised in-training          |                  |
|                 | psychologist, LCSW, or LCPC.                   |                  |
| SUD Crisis      | Psychotherapy for crisis is an urgent          | Agencies who are |
| Psychotherapy   | assessment and history of a crisis state, a    | State Approved   |
|                 | mental status exam, and a                      | SUD Treatment    |
|                 | disposition. Treatment includes                | Programs         |
|                 | psychotherapy, mobilization of resources to    |                  |
|                 | defuse the crisis and restore safety, and      |                  |
|                 | implementation of psychotherapeutic            |                  |
|                 | interventions to minimize the potential for    |                  |
|                 | psychological trauma. This service also        |                  |
|                 | includes after-hours crisis assessments.       |                  |
|                 | Services can be provided by a LAC; LAC         |                  |
|                 | licensure candidate employed by the licensed   |                  |
|                 | State Approved SUD Treatment Program; or       |                  |
|                 | licensed or supervised in-training             |                  |
|                 | psychologist, LCSW, or LCPC.                   |                  |

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| Name of Service                                                                                       | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Licensed Agency                                                                  |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1)             | Intensive Outpatient Services generally provide 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents, consisting primarily of counseling, education, and educational groups about addiction-related and mental health problems. The members' need for psychiatric and medical services are addressed through consultation and referral arrangements if the patient is stable and requiring only maintenance monitoring. The purpose of the therapeutic and behavioral interventions is to improve the member's functioning in one or more areas for successful functioning in the home, school, and community setting, as well as to address the SUD in the structured setting. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued | Agencies who are both State Approved and licensed as an SUD Outpatient facility  |
| SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1) (continued) | Intensive Outpatient Services generally provide 9-19 hours of structured programming per week for adults and 6-19 hours for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Agencies who are both State Approved and licensed as an SUD Outpatient facility. |

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| Name of Service  | Definition of Service                                                             | Licensed  | Agency  |
|------------------|-----------------------------------------------------------------------------------|-----------|---------|
| SUD Intensive    | SUD Intensive Outpatient Services include the                                     | Agencies  | who are |
| Outpatient       | following components:                                                             | both Stat | e       |
| Services         | • Individual Therapy: a service that                                              | Approved  | and     |
| American Society | utilizes one-to-one therapeutic                                                   | licensed  | as an   |
| of Addiction     | interventions for a specified period in                                           | SUD Outpa | tient   |
| Medicine (ASAM   | which the problem or issue impeding                                               | facility. |         |
| Level 2.1)       | recovery or full functioning is defined                                           |           |         |
| (continued)      | and treated. The member and the therapist                                         |           |         |
|                  | establish the overall objective or outcome                                        |           |         |
|                  | sought) and develop specific goals.                                               |           |         |
|                  | Services can be provided by a LAC; LAC                                            |           |         |
|                  | licensure candidate employed by the                                               |           |         |
|                  | licensed State Approved SUD Treatment                                             |           |         |
|                  | Program; or licensed or supervised in-                                            |           |         |
|                  | training psychologist, LCSW, or LCPC.                                             |           |         |
|                  | • Group Therapy: a service that is much the                                       |           |         |
|                  | same as individual therapy in terms of                                            |           |         |
|                  | developing goals, objectives, and specific                                        |           |         |
|                  | skills but utilizes a format which a group                                        |           |         |
|                  | of members selected by the therapist are                                          |           |         |
|                  | provided treatment in a group setting.                                            |           |         |
|                  | • Family Therapy: a service that utilizes                                         |           |         |
|                  | the same strategy of developing goals and                                         |           |         |
|                  | includes family members and other                                                 |           |         |
|                  | significant others to address identified                                          |           |         |
|                  | issues. Services can be provided by a LAC;                                        |           |         |
|                  | LAC licensure candidate employed by the                                           |           |         |
|                  | licensed State Approved SUD Treatment Program; or licensed or supervised in-      |           |         |
|                  | training psychologist, LCSW, or LCPC.                                             |           |         |
|                  |                                                                                   |           |         |
|                  | • Community based psychiatric rehabilitation                                      |           |         |
|                  | support services: a service that includes assisting members with restoring skills |           |         |
|                  | related to exhibiting appropriate behavior                                        |           |         |
|                  | and living with greater independence and                                          |           |         |
|                  | personal choice. Services maximize the                                            |           |         |
|                  | skills needed to function in the home,                                            |           |         |
|                  | workplace, and community                                                          |           |         |
|                  | <u>-</u>                                                                          |           |         |
|                  |                                                                                   |           |         |
|                  | setting. Services can be provided by a behavioral health aide.                    |           |         |

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| Name of Service                                                                                       | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Licensed Agency                                                                 |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1) (continued) | <ul> <li>Crisis services: to include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the member that have led to crisis in the past. Crisis services also include a range of 24-hour response, from telephonic to face-to-face, depending on the needs of the member. Provider must arrange for 24-hour, 7 days per week crisis services.</li> <li>Care Management: a service that is an organized process of coordination among the interdisciplinary team to provide a full range of treatment, rehabilitation, and support services to a member in a planned, coordinated, efficient, and effective manner. Care management also includes the linkage and referral to needed services.</li> <li>Educational Groups: a service designed to educate clients about substance abuse, and related behaviors and consequences to help members incorporate information and maintain abstinence. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</li> </ul> | Agencies who are both State Approved and licensed as an SUD Outpatient facility |

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| Name of Service                                                            | Definition of Service                                                                                                                                                                                                                                                                                                                                                     | Licensed Agency                                                                                                                 |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| SUD Partial Hospitalization (ASAM) Level 2.5)(continued)                   | SUD Partial Hospitalization services include the following components (See ASAM 2.1 for descriptions):  • Individual Therapy;  • Group therapy;  • Family therapy;  • Community based psychiatric rehabilitation support services;  • Care management; and  • Educational groups.                                                                                         |                                                                                                                                 |
| SUD Clinically Managed Low Intensity Residential Services (ASAM Level 3.1) | Clinically Managed Low Intensity Residential Services is a licensed community-based residential home that functions as a supportive, structure living environment. Members are provided stability and skills building to help prevent or minimize continued substance use. ASAM 3.1 includes a minimum of 5 hours per week of professionally directed treatment services. | Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Low Intensity Residential (ASAM 3.1) facility |
|                                                                            | <ul> <li>Individual Therapy;</li> <li>Group therapy;</li> <li>Family therapy;</li> <li>Community based psychiatric rehabilitation support services;</li> <li>Care management; and</li> <li>Educational groups.</li> </ul>                                                                                                                                                 |                                                                                                                                 |

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| Name of Service | Definition of Service                          | Licensed Agency  |
|-----------------|------------------------------------------------|------------------|
| SUD Clinically  | Clinically Managed Residential Withdrawal      | Agencies who are |
| Managed         | Management provides 24-hours structure and     | both State       |
| Residential     | support. Members are provided a 24-hour        | Approved SUD     |
| Withdrawal      | supervision, observation, and support in       | Treatment        |
| Management      | addition to daily clinical services. Services  | Programs and     |
| Services (ASAM  | are provided to members diagnosed with a       | licensed as a    |
| Level 3.2-      | moderate to severe SUD and whose               | SUD Clinically   |
| WM)Adult        | intoxication/withdrawal signs and symptoms are | Managed          |
|                 | significant enough to require 24-hour          | Residential      |
|                 | structure and support. Services focus on       | Withdrawal       |
|                 | social support to safely assist members        | Management (ASAM |
|                 | through withdrawal without the need for        | 3.2-WM)          |
|                 | medical and nursing services. Clinically       | facility         |
|                 | Managed Residential Withdrawal Management      |                  |
|                 | Services include the following components:     |                  |
|                 | (See ASAM 2.1 for descriptions):               |                  |
|                 | • Individual Therapy;                          |                  |
|                 | • Group therapy;                               |                  |
|                 | • Family therapy;                              |                  |
|                 | Community based psychiatric rehabilitation     |                  |
|                 | support services;                              |                  |
|                 | Care management; and                           |                  |
|                 | Educational groups.                            |                  |

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| Managed Population- specific High- Intensity Residential Services (ASAM Level 3.3) Adult  Managed Sub whose substance related problems have resulted in temporary or permanent cognitive deficits and are unlikely to benefit from other residential levels of care. Services are slower paced, repetitive, and designed to address significant cognitive deficits. Clinically Managed Population-specific High Intensity Residential Services include the following components (See ASAM 2.1 for descriptions):  Individual Therapy; Group therapy; Family therapy; Cameunity based psychiatric rehabilitation support services; Care management; and Educational groups  SUD Medically Monitored Intensive Intensive Intensive Intensive care medically monitored inpatient Services (ASAM Level 3.7)  Medically Monitored Intensive Inpatient Services are medically monitored inpatient Services are medically monitored inpatient Services are medically monitored inpatient Services are provided to members diagnosed with a SUD and whose subacute biomedical and substance related problems are so severe they require inpatient treatment, but who do not need the full resources of an acute care general hospital; Services focus on the stabilization of the member for a transition to a high intensity residential home, recovery home, partial hospitalization, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for | Name of Service                                                                    | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Licensed Agency                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| rehabilitation support services;  Care management; and Educational groups  SUD Medically Monitored Intensive Inpatient Services are medically monitored inpatient Services are medically monitored inpatient treatment services provided in facilities of fewer than 16 beds. Members are provided a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and SUD treatment. These services are provided to members diagnosed with a SUD and whose subacute biomedical and substance related problems are so severe they require inpatient treatment, but who do not need the full resources of an acute care general hospital. Services focus on the stabilization of the member for a transition to a high intensity residential home, recovery home, partial hospitalization, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Managed Population- specific High- Intensity Residential Services (ASAM Level 3.3) | Residential treatment programs providing 24- hour structured residential treatment to members receiving daily clinical services. These services are provided to members diagnosed with a moderate or severe SUD whose substance related problems have resulted in temporary or permanent cognitive deficits and are unlikely to benefit from other residential levels of care. Services are slower paced, repetitive, and designed to address significant cognitive deficits. Clinically Managed Population-specific High Intensity Residential Services include the following components (See ASAM 2.1 for descriptions):  • Individual Therapy; • Group therapy;                                                                                                                                                                                                                              | Approved SUD Treatment Programs and licensed as a SUD Clinically Managed Population- specific High Intensity Residential (ASAM 3.3) |
| • Educational groups  SUD Medically Monitored Intensive Inpatient Services are medically monitored inpatient treatment services provided in facilities of fewer than 16 beds. Members are provided a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and SUD treatment. These services are provided to members diagnosed with a SUD and whose subacute biomedical and substance related problems are so severe they require inpatient treatment, but who do not need the full resources of an acute care general hospital. Services focus on the stabilization of the member for a transition to a high intensity residential home, recovery home, partial hospitalization, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    | Community based psychiatric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |
| SUD Medically Monitored Intensive Intensive Inpatient Services are medically monitored inpatient Intensive Inpatient Services (ASAM Level 3.7)  Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)  Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)  Medically Monitored Intensive Inpatient Services provided in facilities of fewer than 16 beds. Members are provided a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and SUD treatment. These services are provided to members diagnosed with a SUD and whose subacute biomedical and substance related problems are so severe they require inpatient treatment, but who do not need the full resources of an acute care general hospital. Services focus on the stabilization of the member for a transition to a high intensity residential home, recovery home, partial hospitalization, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    | <u>-</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |
| Monitored Intensive Inpatient fewer than 16 beds. Members are provided a planned regimen of 24-hour professionally programs and directed evaluation, observation, medical monitoring, and SUD treatment. These services are provided and whose subacute biomedical and substance related problems are so severe they require inpatient treatment, but who do not need the full resources of an acute care general hospital. Services focus on the stabilization of the member for a transition to a high intensity residential home, recovery home, partial hospitalization, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment program to implement the ASAM criteria for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CITE M 1' 11                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7                                                                                                                                   |
| stay reviews are required for continued reimbursement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Monitored Intensive Inpatient Services (ASAM                                       | Services are medically monitored inpatient treatment services provided in facilities of fewer than 16 beds. Members are provided a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and SUD treatment. These services are provided to members diagnosed with a SUD and whose subacute biomedical and substance related problems are so severe they require inpatient treatment, but who do not need the full resources of an acute care general hospital. Services focus on the stabilization of the member for a transition to a high intensity residential home, recovery home, partial hospitalization, or outpatient services. Admission to these services requires the licensed State Approved SUD Treatment Program to implement the ASAM criteria for determining medical necessity and continued stay reviews are required for continued | both State Approved SUD Treatment Programs and licensed as a SUD Medically Monitored Intensive Inpatient (ASAM 3.7) facility        |

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| Name of Service          | Definition of Service                                                                    | Licensed Agency                         |
|--------------------------|------------------------------------------------------------------------------------------|-----------------------------------------|
| SUD Medically            | Inpatient Services include the following                                                 | Agencies who are                        |
| Monitored                | components (See ASAM 2.1 for descriptions):                                              | both State                              |
| Intensive                | • Individual therapy;                                                                    | Approved SUD                            |
| Inpatient                | • Group therapy;                                                                         | Treatment                               |
| Services (ASAM           | Family therapy;                                                                          | Programs and                            |
| Level                    | Community based psychiatric                                                              | licensed as a                           |
| 3.7) (continued)         | mahahilitatian support samisas.                                                          | SUD Medically<br>Monitored              |
|                          | • Care management;                                                                       | Intensive                               |
|                          | Educational groups; and                                                                  | Inpatient (ASAM                         |
|                          | Nurse intervention and monitoring: these                                                 | 3.7) facility                           |
|                          | services are accessible and provided by a                                                | , , , , , , , , , , , , , , , , , , , , |
|                          | 24-hour, 7-day a week RN who can assess                                                  |                                         |
|                          | and address the individual's immediate                                                   |                                         |
|                          | medical needs in conjunction with the SUD                                                |                                         |
|                          | treatment. Nursing services can be                                                       |                                         |
|                          | provided by an APRN, RN, and LPN.                                                        |                                         |
| SUD Clinically           |                                                                                          | Agencies who are                        |
| Managed High-            |                                                                                          | both State                              |
| Intensity(adult)         | treatment programs providing 24-hour                                                     | Approved SUD                            |
| / Medium -               | supportive housing, 24-hour staff on-site, and                                           |                                         |
| Intensity                | 24-hour access to medical and emergency                                                  | Programs and                            |
| (adolescent) Residential | services. Members are provided a planned                                                 | licensed as a                           |
| Services (ASAM           | regimen of 24-hour professionally directed SUD treatment. These services are provided to | Managed High-                           |
| Level 3.5)               | members diagnosed with a SUD and whose                                                   | Intensity(adult)                        |
| Hevel 3.3)               | emotional, behavioral, or cognitive problems                                             | / Medium -                              |
|                          | are so significant they require 24-hour                                                  | Intensity                               |
|                          | regimented therapeutic treatment, but who do                                             | (adolescent)                            |
|                          | not need the full resources of an acute care                                             | Residential                             |
|                          | general hospital or a non-hospital inpatient                                             | Services (ASAM                          |
|                          | setting. Services focus on stabilizing the                                               | Level 3.5)                              |
|                          | member to transition to a recovery home, Day                                             | facility                                |
|                          | Treatment, or outpatient services. Admission                                             |                                         |
|                          | to these services requires the licensed State                                            |                                         |
|                          | Approved SUD Treatment Program to implement                                              |                                         |
|                          | the ASAM criteria for determining medical                                                |                                         |
|                          | necessity and continued stay reviews are                                                 |                                         |
|                          | required for continued reimbursement.                                                    |                                         |

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| Name of                                                                                                                          | Definition of Service                                                                                                                                                                                                                                                                          | Licensed Agency                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service                                                                                                                          |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
| SUD Clinically Managed High- Intensity (adult) Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5) (continued) | Clinically Managed High-Intensity Residential Services include the following components (See ASAM 2.1 for descriptions):  • Individual therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; and • Educational groups. | Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed High- Intensity(adult)/ Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5) facility |

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# PROVIDER QUALIFICATIONS

| Provider Type                                                         | Licensure/Certification<br>Authority                                                            | Position<br>Requires<br>Supervision<br>Y/N | Position Supervises<br>Others Y/N                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Licensed Mental<br>Health Centers                                     | and Human Services, Office of Inspector General                                                 | N/A                                        | N/A                                                                                                                                                                                                                                                                              |
| Licensed Substance Use Disorder Facilities                            | Department of Public Health<br>and Human Services, Office<br>of Inspector General               | N/A                                        | N/A                                                                                                                                                                                                                                                                              |
| Licensed<br>Clinical Social<br>Worker                                 | Montana Board of Behavioral<br>Health, Social Workers and<br>Professional Counselors<br>Section | N                                          | Y - May supervise licensure candidates (in-training) for Licensed Clinical Social Workers, other social workers, Licensed Marriage and Family Therapists, vocational specialists, certified peer specialists, behavioral health aides                                            |
| Licensure Candidates (in- training) - Licensed Clinical Social Worker | Montana Board of Behavioral<br>Health                                                           | Y - Must be<br>supervised<br>by a LCSW     | N                                                                                                                                                                                                                                                                                |
| Licensed<br>Clinical<br>Professional<br>Counselor                     | Montana Board of Behavioral<br>Health, Social Workers and<br>Professional Counselors<br>Section | N                                          | Y - May supervise licensure candidates (in-training) for Licensed Clinical Social Workers, Licensed Clinical Professional Counselors, other social workers, Licensed Marriage and Family Therapists, vocational specialists, certified peer specialists, behavioral health aides |

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| Provider Type                                                                | Licensure/Certification<br>Authority  | Position<br>Requires<br>Supervision<br>Y/N                                       | Position Supervises<br>Others Y/N                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Licensure Candidates (in- training) Licensed Clinical Professional Counselor | Montana Board of Behavioral<br>Health | Y - Must be supervised by a physician or LCPC within the scope of their license. |                                                                                                                                                                                                                                                                                         |
| Licensed Marriage<br>and Family<br>Therapist                                 | Montana Board of Behavioral<br>Health | N                                                                                | Y - May supervise licensure candidates (in-training) for LMFT, and vocational specialists, certified peer specialists, behavioral health aides                                                                                                                                          |
| Licensure Candidates (in- training) - Licensed Marriage and Family Therapist | Montana Board of Behavioral<br>Health | Y - must be<br>supervised<br>by a LMFT                                           | N                                                                                                                                                                                                                                                                                       |
| Licensed<br>Psychologist                                                     | Montana Board of<br>Psychologists     | N                                                                                | Y - May supervise licensure candidates (in-training) for psychologists, as well as other social workers, Licensed Clinical Professional Counselors, psychologists, Licensed Marriage and Family Therapists, vocational specialists, certified peer specialists, behavioral health aides |

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| Provider Type                                               | Licensure/Certification<br>Authority          | Position<br>Requires<br>Supervision<br>Y/N | Position Supervises<br>Others Y/N                                                                                                                                                                                                         |
|-------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Licensure<br>Candidates (in-<br>training) -<br>Psychologist | Montana Board of<br>Psychologists             | Y - Must be supervised by a psychologist   | N                                                                                                                                                                                                                                         |
| Psychiatrist                                                | American Board of<br>Psychiatry and Neurology | N                                          | Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, and psychologists; vocational specialists; behavioral health aides |
| Advanced Practice<br>Registered<br>Nurse                    | Montana Board of Nursing                      | N                                          | Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, and psychologists; vocational specialists; behavioral health aides |

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| Provider Type                   | Licensure/Certification<br>Authority  | Position<br>Requires<br>Supervision<br>Y/N                                 | Position Supervises<br>Others Y/N                                                                                                                                                                                                         |
|---------------------------------|---------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Program<br>Supervisor           | Montana Board of Behavioral<br>Health | N                                                                          | Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, and psychologists; vocational specialists; behavioral health aides |
| Licensed<br>Practical Nurse     | Montana Board of Nursing              | Y - Must be<br>supervise by<br>a Registered<br>Nurse.                      | N                                                                                                                                                                                                                                         |
| Physician                       | Montana Board of Medical              | Y - Must be                                                                | N                                                                                                                                                                                                                                         |
| Assistant                       | Examiners                             | supervised by a Physician.                                                 | ,                                                                                                                                                                                                                                         |
| Adult Foster Care<br>Specialist | None                                  | Y - Must be supervised by physician, LCPC, LCSW, LMFT, or a psychologist   | N                                                                                                                                                                                                                                         |
| Behavioral Health<br>Aide       | None                                  | Y - Must be supervised by a physician, LCPC, LCSW, LMFT, or a psychologist | N                                                                                                                                                                                                                                         |

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| Provider    | Licensure/Certification      | Position      | Position Supervises |
|-------------|------------------------------|---------------|---------------------|
| Type        | Authority                    | Requires      | Others Y/N          |
| 11          | _                            | Supervision   |                     |
|             |                              | Y/N           |                     |
| Vocational  | Certification in             | Y - Must be   | N                   |
| Specialist  | Rehabilitation Counseling    | supervised by |                     |
|             |                              | a physician,  |                     |
|             |                              | LCPC, LCSW,   |                     |
|             |                              | LMFT, or a    |                     |
|             |                              | psychologist  |                     |
| Tenancy     | None                         | Y - Must be   | N                   |
| Specialist  |                              | supervised by |                     |
|             |                              | a physician,  |                     |
|             |                              | LCPC, LCSW,   |                     |
|             |                              | LMFT, or a    |                     |
|             |                              | psychologist  |                     |
| Certified   | Montana Board of Behavioral  | Y - Must be   | N                   |
| Behavioral  | Health- Certified Behavioral | supervised by |                     |
| Health Peer | Health Peer Support          | a LCSW, LCPC, |                     |
| Support     |                              | LMFT, LAC,    |                     |
| Specialist  |                              | physician,    |                     |
|             |                              | psychologist, |                     |
|             |                              | or an         |                     |
|             |                              | advanced      |                     |
|             |                              | practice      |                     |
|             |                              | registered    |                     |
|             |                              | nurse with a  |                     |
|             |                              | clinical      |                     |
|             |                              | specialty in  |                     |
|             |                              | psychiatric   |                     |
|             |                              | mental health |                     |
|             |                              | nursing.      |                     |
| Care        | None                         | Y - Must be   | N                   |
| Manager     |                              | supervised by |                     |
|             |                              | a physician,  |                     |
|             |                              | LAC, LCPC,    |                     |
|             |                              | LCSW, LMFT,   |                     |
|             |                              | or a          |                     |
|             |                              | psychologist  |                     |

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| Provider<br>Type                                        | Licensure/Certification<br>Authority                                                                                   | Position<br>Requires<br>Supervision<br>Y/N | Position Supervises<br>Others Y/N                                                                                                                                                |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Licensed<br>Addictions<br>Counselor                     | Montana Board Behavioral<br>Health - Licensed Addiction<br>Counselors                                                  | N                                          | Y- May supervise licensure candidates (in-training) for addiction counselors, other addiction counselors, certified peer specialists, case managers, and behavioral health aides |
| Addiction                                               | Montana Board of Behavioral                                                                                            | Y - Must be                                | N                                                                                                                                                                                |
| Counselor                                               | Health - Licensed Addiction                                                                                            | supervised by                              |                                                                                                                                                                                  |
| Licensure                                               | Counselors (after completion                                                                                           | a LAC,                                     |                                                                                                                                                                                  |
| Candidates                                              | of supervised experience                                                                                               | Psychologist,                              |                                                                                                                                                                                  |
|                                                         | requirement for licensure)                                                                                             | LCPC, LMFT, or LCSW.                       |                                                                                                                                                                                  |
| State Approved Substance Use Disorder Treatment Program | Department of Public Health<br>and Human Services,<br>Behavioral Health and<br>Developmental Disabilities<br>Division  | N/A                                        | N/A                                                                                                                                                                              |
| Crisis<br>Provider                                      | Department of Public Health<br>and Human Services,<br>Behavioral Health, and<br>Developmental Disabilities<br>Division | N/A                                        | N/A                                                                                                                                                                              |

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#### Definition of Rehabilitative Services

The Montana Medicaid Program meets the requirements of the Social Security Act to provide medically necessary rehabilitative services. All rehabilitative services require that the eligible adults meet criteria for medical necessity.

#### Definition of Other Rehabilitative Services

Services are provided in accordance with 42 CFR 440.130(d). Rehabilitative services include medical, mental health, substance use disorder (SUD), behavioral, and/or remedial services recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under State law, for maximum reduction of physical or mental disability and restoration of the individual to his/her best possible functional level.

Medicaid providers delivering services outside the bundled package may do so in accordance with section 1905(a) of the Social Security Act and Federal regulations of 42 CFR 440. Services must be provided by qualified practitioners within their scope of practice.

Rehabilitative services do not include room and board payments by Medicaid.

Services are not provided in an institution for mental disease (IMD).

All services provided under the Other Rehabilitation Benefit are available to all adults in the home and community. They may be provided by any willing provider who meets the necessary qualifications. Provider qualifications are the same for services provided in the home and community settings. Licensed agencies provide mental health rehabilitative services. The State of Montana licenses these agencies to ensure that minimum qualifications and standards are met.

These services reduce disability by restoring the skills needed for functioning in normal life roles in the community. Restoring these skills helps to prevent relapse and strengthen goal attainment.

Therapy and/or treatment to the member's family is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for assisting the member's recovery.

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| Name of  | Definition of Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Licensed                                                                                                                                                         |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Services |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Agency                                                                                                                                                           |
|          | CBPRS: CBPRS may be provided one-to-one or in a group setting, intensive behavior management and stabilization services in home, workplace, or community settings for a specified period in which the problem or issue impeding recovery or full functioning is defined and treated. They are for members who meet severe disabling mental illness criteria or substance use disorder criteria; and medical necessity criteria for the service. CBPRS are provided by a health behavioral aide. Through CBPRS, a behavioral health aide supports the member by augmenting life, behavioral, and social skills training needed to reach their identified treatment goals and function in normal life roles in the community. During skills training, the behavioral health aide clearly describes the skill and expectations of the member's behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. These aides may consult with family members or other key individuals that are part of a member's treatment team in order to determine how to help the member be more successful in meeting treatment goals. Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a behavioral health aide. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access. | Agencies Licensed to Operate as Mental Health Centers; or Agencies who are both State Approved SUD Treatment Programs and licensed as an SUD Outpatient facility |

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| Name of        | Definition of Services                             | Licensed      |
|----------------|----------------------------------------------------|---------------|
| Services       |                                                    | Agency        |
| Illness        | IMR is an evidenced-based service that offers a    | Agencies      |
| Management and | broad set of strategies designed to assist the     | Licensed to   |
| Recovery       | adult with reducing disability and restoring       | Operate as    |
| (IMR)          | functioning by giving the member information about | Mental Health |
|                | Fuerrose ====================================      | Centers       |
|                | manage their illness, develop goals, and make      |               |
|                | informed decisions about their treatment. The      |               |
|                | goals are reviewed on an ongoing basis by the      |               |
|                | provider, behavioral health aide, and member.      |               |
|                | Services can be provided in an individual and/or   |               |
|                | group format by a licensed or supervised in-       |               |
|                | training psychologist, licensed clinical social    |               |
|                | worker (LCSW), licensed marriage and family        |               |
|                | therapist (LMFT), or licensed clinical             |               |
|                | professional counselor (LCPC) who have been        |               |
|                | trained in IMR services.                           |               |
| Crisis         | Crisis Receiving and Crisis Stabilization Programs | Agencies      |
| Receiving and  |                                                    | Licensed to   |
| Stabilization  |                                                    | Operate as    |
| Program        |                                                    | Mental Health |
|                |                                                    | Centers       |
|                | The Crisis Receiving and Crisis Stabilization      |               |
|                | Programs are designed to provide triage, crisis    |               |
|                | risk assessment, evaluation, and intervention to   |               |
|                | members whose crisis response needs are deemed to  |               |
|                | be urgent or emergent.                             |               |
|                | Community-based crisis programs are designated as  |               |
|                | either:                                            |               |
|                | (1) Tier I: Crisis Receiving Program;              |               |
|                | (2) Tier II: Crisis Stabilization Program; or      |               |
|                | (3) Tier III: Crisis Receiving and Stabilization   |               |
|                | Program.                                           |               |
|                |                                                    |               |

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| Name of     | Definition of Services                             | Licensed      |
|-------------|----------------------------------------------------|---------------|
| Services    |                                                    | Agency        |
| Crisis      | Crisis Receiving Program means a community-based   | Agencies      |
|             | outpatient program that provides evaluation,       | Licensed to   |
|             | observation, intervention, and referral for        | Operate as    |
|             | members experiencing a crisis due to behavioral    | Mental Health |
| (continued) | health (i.e., mental health or a co-occurring      | Centers       |
|             | mental health and substance use disorder).         |               |
|             | Crisis Receiving is a short-term urgent or         |               |
|             | emergent treatment for crisis intervention and     |               |
|             | stabilization of no more than 23 hours and 59      |               |
|             | minutes from the time the member is admitted to    |               |
|             | the program. Members receiving this service must   |               |
|             | be evaluated, then stabilized and/or referred to   |               |
|             | the most appropriate level of care. A Crisis       |               |
|             | Receiving Center is an alternative, but not a      |               |
|             | replacement, to a community hospital Emergency     |               |
|             | Department (ED); as such, it operates 24 hours a   |               |
|             | day, seven days a week, 365 days a year (24/7/365) |               |
|             | and offers walk-in and first responder drop off    |               |
|             | options.                                           |               |
|             | Crisis Stabilization Program is short-term, 24-    |               |
|             | hours or more, of supervised residential treatment |               |
|             | in a community-based facility of fewer than 16     |               |
|             | beds for adults with a mental health and/or mental |               |
|             | health and substance use (co-occurring) disorders. |               |
|             | It is an emergency treatment for crisis            |               |
|             | intervention and stabilization that offers a       |               |
|             | treatment option as an alternative to Acute        |               |
|             | Inpatient Hospitalization. The service includes    |               |
|             | medically monitored residential services to        |               |
|             | provide psychiatric stabilization on a short-term  |               |
|             | basis and is designed to reduce disability and     |               |
|             | restore members to previous functional levels by   |               |
|             | promptly intervening and stabilizing when crisis   |               |
|             | situations occur. The focus is recovery,           |               |
|             | preventing continued exacerbation of symptoms, and |               |
|             | decreasing risk of, or need for, higher levels of  |               |
|             | care, including hospitalization.                   |               |

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| Name of<br>Services |                                                                                                        | Licensed<br>Agency |
|---------------------|--------------------------------------------------------------------------------------------------------|--------------------|
|                     |                                                                                                        |                    |
|                     | Crisis Receiving and Stabilization Programs must<br>be provided and/or supervised by a licensed mental | Agencies           |
|                     |                                                                                                        |                    |
| l .                 | health professional as defined as a physician,                                                         | Operate as         |
|                     | , , , 1 -1                                                                                             | Mental Health      |
| ` ,                 | Direct care staff are behavioral health aides                                                          | Centers            |
|                     | working under the direction/supervision of a                                                           |                    |
|                     | licensed mental health professional.                                                                   |                    |
| l .                 | _                                                                                                      | Agencies           |
|                     | , · · · · · · · · · · · · · · · · · · ·                                                                | enrolled in        |
| l .                 | response, reaserrant, and river teneral                                                                | Montana            |
| l .                 | 1                                                                                                      | Medicaid and       |
|                     |                                                                                                        | approved by the    |
|                     | be able to be dispatched and respond without law                                                       | Department         |
|                     | enforcement. Services may be provided by a                                                             |                    |
|                     | clinical mental health professional, qualified to                                                      |                    |
|                     | provide a clinical assessment within their scope                                                       |                    |
|                     | of practice, or by a mobile crisis team that                                                           |                    |
|                     | includes a clinical mental health professional and                                                     |                    |
|                     | a paraprofessional experienced in behavioral                                                           |                    |
|                     | health interventions. Providers provide a mobile,                                                      |                    |
| l .                 | on-site therapeutic response to a member                                                               |                    |
| l .                 | experiencing a behavioral health crisis for the                                                        |                    |
| l .                 | purpose of identifying, assessing, treating, and                                                       |                    |
|                     | stabilizing the situation and reducing immediate                                                       |                    |
|                     | risk of danger to the member or others. Mobile                                                         |                    |
|                     | Crisis Services providers have the capability to                                                       |                    |
| l .                 | make referrals to outpatient care and provide                                                          |                    |
| l .                 | follow up care coordination to ensure that the                                                         |                    |
| l .                 | member's crisis is resolved, or they have                                                              |                    |
| l .                 | successfully been connected to ongoing services.                                                       |                    |
| l .                 | When furnished by a mobile crisis team, the                                                            |                    |
|                     | responding team must have at least one team member                                                     |                    |
|                     | responding team must have at least one team member respond in-person (one team member may respond via  |                    |
|                     | telehealth and remain connected throughout the                                                         |                    |
|                     | duration of the response). Services include                                                            |                    |
| l .                 |                                                                                                        |                    |
|                     | screening and assessment; stabilization and de-                                                        |                    |
|                     | escalation; and arrangement of mobile crisis care                                                      |                    |
|                     | coordination services with referrals to health,                                                        |                    |
|                     | social, other services and supports.                                                                   |                    |
|                     |                                                                                                        |                    |
|                     |                                                                                                        |                    |

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| Name of                                                     | Definition of Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Licensed                                                              |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Services                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Agency                                                                |
| Response Services - Mobile Crisis Team Services (continued) | Additional information: In order to claim increased FMAP for mobile crisis intervention services, the requirements described in section 1947(b) of the Act must be met, including providing services to persons outside of a hospital or other facility setting, through a multidisciplinary team, trained in trauma-informed care, de-escalation strategies, and harm reduction that is able to respond 24 hours per day, every day of the year. The multidisciplinary team must include a clinical mental health professional, qualified to provide a clinical assessment within their scope of practice. |                                                                       |
| Care<br>Coordination                                        | deliberate organization of member care activities for members who have recently experienced a behavioral health crisis and meet the medical                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Agencies enrolled in Montana Medicaid and approved by the Department. |

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| Name of<br>Services | Definition of Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Licensed<br>Agency                                           |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
|                     | During skills training, the behavioral aide clearly describes the skill and expectations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agency Agencies Licensed to Operate as Mental Health Centers |
|                     | Services maximize the skills needed to function in the home, workplace, and community setting. Services can be provided by a behavioral health aide. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if                                                                                                                                                                                  |                                                              |
|                     | related to access.  Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format in which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the member by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group |                                                              |
|                     | interaction with one another to bring about changes in functioning of all the group members.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |

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| Name of                               | Definition of Service                                                                                                                    | Licensed                                              |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Service                               |                                                                                                                                          | Agency                                                |
| Adult Foster<br>Care Support<br>(AFC) | Adult Foster Care Support are in-home supervised support services in a licensed foster home. The service can also be provided in another | Agencies Licensed to Operate as Mental Health Centers |

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| Name of                               | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Licensed                                              |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Service                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Agency                                                |
| Adult Foster Care Support (continued) | • Crisis services: to include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the member that have led to crisis in the past. Crisis services also include a range of 24-hour response, from telephonic to face-to-face, depending on the needs of the member. Crisis services are provided by an Adult Foster Care Specialist who has a bachelor's degree in a human services field with one year of full-time mental health experience and/or a program supervisor, who is a licensed mental health professional as defined as a physician, LCPC, LCSW, LMFT, or a psychologist. • Care Coordination: a service that includes the implementation, coordination, and management of mental health services provided to the member to promote rehabilitation and treatment activities to restore levels of independence. Care coordination includes a minimum of weekly contacts with the foster care parent and the member in the home to assess whether the supports and services are adequate to meet the member's needs. Care Coordination is provided by Adult Foster Care Specialist who has a bachelor's degree in a human services field with one year of full-time mental health experience supervised by a licensed mental health professional as defined as a physician, LCPC, LCSW, LMFT, or a psychologist. | Agencies Licensed to Operate as Mental Health Centers |

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| Name of                             | Definition of Service                                                                                                                | Licensed                                              |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Service                             |                                                                                                                                      | Agency                                                |
| Behavioral Health Group Home (BHGH) | Behavioral Health Group Homes are licensed group homes that provide short-term supervision, stabilization, treatment, and behavioral | Agencies Licensed to Operate as Mental Health Centers |

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| Name of<br>Service | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Licensed<br>Agency |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Behavioral         | CBPRS services are provided by a behavioral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Agencies           |
| Health Group       | health aide. Through CBPRS, a behavioral health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Licensed to        |
| Home (BHGH)        | aide supports the member by augmenting life,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Operate as         |
| (continued         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                  |
| (Continued         | behavioral, and social skills training needed to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Centers            |
|                    | reach their identified treatment goals and function in normal life roles in the community.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | centers            |
|                    | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |
|                    | During skills training, the behavioral health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |
|                    | aide clearly describes the skill and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
|                    | expectations of the member's behavior, models                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |
|                    | the skill and engages the member in practice of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|                    | the skill, and provides feedback on skill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
|                    | performance. These aides may consult face-to-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |
|                    | face with family members or other key                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |
|                    | individuals who are part of a member's treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
|                    | team to determine how to help the member be more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
|                    | successful in meeting treatment goals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
|                    | • Individual Therapy: a service that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
|                    | utilizes one-to-one therapeutic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|                    | interventions for a specified period of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |
|                    | time in which the problem or issue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
|                    | impeding recovery or full functioning is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
|                    | defined and treated. The adult and the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
|                    | therapist establish the overall objective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
|                    | (or outcome sought) and develop specific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
|                    | goals. The service reduces disability and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
|                    | develops or restores skills needed to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |
|                    | function in normal life roles in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
|                    | community. Services can be provided by a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
|                    | licensed or supervised in-training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
|                    | clinical psychologist, LCSW, LMFT, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |
|                    | LCPC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |
|                    | <ul> <li>Family Therapy: therapy and/or treatment</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |
|                    | to the member's family is for the direct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
|                    | benefit of the member, in accordance with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
|                    | the member's needs and treatment goals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
|                    | identified in the member's treatment plan,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |
|                    | and for the purpose of assisting in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |
|                    | member's recovery. This is a service that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
|                    | utilizes the same strategy of developing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
|                    | goals and includes family members and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |
|                    | other significant others to address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |
|                    | identified issues. Services can be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
|                    | provided by a licensed or supervised in-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
|                    | training clinical psychologist, LCSW,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |
|                    | LMFT, or LCPC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |
| mn 22 0022         | There are a second seco | <u> </u>           |

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| Name of                                         | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Licensed |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Service                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agency   |
| Behavioral Health Group Home (BHGH) (continued) | • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Services can be provided by a licensed or supervised intraining clinical psychologist, LCSW, LMFT, or LCPC.  • Care Coordination: a service that works with each member to coordinate all services and referrals and track clinical outcomes. The care coordinator also works with member to identify social determinants of health that may impede their treatment and helps navigate the member and family toward community resources that can help address those factors. Services can be provided by a person with a bachelor's degree with one-year experience working in the mental health field. |          |

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| Name of<br>Service                                              | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Licensed<br>Agency                                                      |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Behavioral Health Group Home (BHGH) (continued)                 | • Certified Behavioral Health Peer Support: Certified Peer Support is a service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SDMI diagnosis and/or SUD diagnosis to achieve their goals for personal wellness and recovery. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential. The direct services are provided by a Certified Peer Support Specialist. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.                                                                                             | Agencies<br>Licensed to<br>Operate as<br>Mental Health                  |
| Program of Assertive Community Treatment (PACT) - Tiered System | • PACT is a member-centered, recovery oriented mental health services delivery model for facilitating community living, psychosocial rehabilitation and recovery for members with severe disabling mental illness who have not benefited from traditional outpatient services. PACT is a multi-disciplinary, self-contained clinical team approach providing long-term intensive care and all mental health services in natural community settings. Interventions focus on achieving maximum reduction of physical and mental disability and restoration of the member to his/her best possible functional level. PACT is a 24 hour a day, 7 days a week, 365 days a year service in all settings except jails, detention centers, clinic settings, and inpatient hospital settings. PACT must be provided in the member's natural setting such as where the member lives, works, or interacts with other people at least 60% of the time. | enrolled in<br>Montana<br>Medicaid and<br>approved by the<br>Department |

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| Name of<br>Service                                                          | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Licensed Agency                                                      |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Program of Assertive Community Treatment (PACT) - Tiered System (continued) | The Montana PACT program has three tiers:  1. The highest tier is Intensive PACT (INPACT) which is an intensive transitional PACT service within a residential setting that provides short-term supervision, stabilization, and behavioral modification for a member who is discharging from an inpatient treatment or crisis setting, to be able to reside outside of a structured setting or as a diversion from inpatient settings. This PACT service requires four team meetings per week to discuss the member in order to address the member's needs. This service is for members discharging from acute or crisis services or as approved by the Department.  2. The middle PACT tier is PACT. This service is for members who need intensive supports to learn to maintain independently within the community. Members must have at least three contacts per week. The member must also be able and willing to actively engage in services. For reimbursement, this PACT service requires four team meetings per week to discuss the member in order to address the member's needs.  3. The lowest PACT tier is Community Maintenance Program (CMP) which is for members who need continued supports to maintain successfully in the community but no longer need substantial rehabilitative supports provided in PACT. This PACT service requires up to two staff meetings per month to discuss the member and up to four contacts monthly. | Agencies enrolled in Montana Medicaid and approved by the Department |

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| Name of<br>Service                                                          | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Licensed Agency                                                      |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Program of Assertive Community Treatment (PACT) - Tiered System (continued) | <ul> <li>The team consists of the following staff:</li> <li>Practitioner: must be licensed to practice medicine in the State of Montana as a psychiatrist; APRN specializing in mental health treatment; or a physician assistant specializing in mental health treatment who is supervised by the MHC psychiatrist or physician.</li> <li>Team Lead: bachelor's degree in public health services, human services, non-profit management, business management, or any other related field, one-year related management experience in administrative and program management, and experience in health-related field; preferably, in the mental illness and/or low-income populations.</li> <li>Nursing staff: Two nurses per team is required. At least one nurse must be a registered nurse (RN). An LPN must be supervised by the RN.</li> <li>Professional staff: Two professional staff per team is required. At least one must be a LCPC, LCSW, LMFT, or a licensed psychologist. The second professional must have at minimum a bachelor's degree in social work, rehabilitation counseling, or psychology.</li> <li>Care coordinators: Bachelor's degree with one-year experience working in the mental health field.</li> <li>Paraprofessionals: Must have a high school diploma.</li> </ul> | Agencies enrolled in Montana Medicaid and approved by the Department |

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| Name of<br>Service                                                          | Definition of Service                                                        | Licensed Agency |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------|
| Program of Assertive Community Treatment (PACT) - Tiered System (continued) | one full-time, dedicated staff who is licensed in the State of Montana as an |                 |

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| Name of                                                                     | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Licensed Agency                                                      |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Service                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |
| Program of Assertive Community Treatment (PACT) - Tiered System (continued) | <ul> <li>Medication Management: a service to prescribe or administer medication in treating the primary symptoms of a member's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the adult's existing medication regimen through record review, and ongoing monitoring. Medication management may include providing members information concerning the effects, benefits, risks, and possible side effects of a proposed course of medication. Services can be provided by a RN, LPN, APRN, PA, or psychiatrist within the discipline's scope of practice.</li> <li>Individual Therapy: a service that utilizes one-to-one therapeutic interventions for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The adult and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and develops or restores skills needed to function in normal life roles in the community. Services can be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC.</li> </ul> | Agencies enrolled in Montana Medicaid and approved by the Department |

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| Name of<br>Service                                                          | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Licensed<br>Agency                                                   |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Program of Assertive Community Treatment (PACT) - Tiered System (continued) | • Family Therapy: therapy and/or treatment to the member's family is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for the purpose of assisting in the member's recovery. This is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC.  • Group Therapy: a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a licensed or supervised in-training psychologist, LCSW, LMFT, or LCPC. | Agencies enrolled in Montana Medicaid and approved by the Department |

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| Name of<br>Service                                                          | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Licensed Agency                                                      |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Program of Assertive Community Treatment (PACT) - Tiered System (continued) | <ul> <li>Crisis Support, Intervention, and Stabilization: this service provides timely and appropriate crisis response and interventions 24/7, and may involve behavioral health therapy, peer support, care coordination, and/or medication management as determined by the members individualized treatment plan. This service may be provided by the appropriate member of the PACT team within the scope of their practice.</li> <li>Care Management: a service that is an organized process of coordination among the multidisciplinary team to provide a full range of appropriate treatment, rehabilitation, and support services to a member in a planned, coordinated, efficient, and effective manner. Care Management also includes the linkage and referral to needed services. All team members are trained and expected to provide this service.</li> <li>Social and Interpersonal Skills Training: Services to support social/interpersonal relations through individual coaching and structured group activities.</li> <li>Substance Use Treatment: these services include SUD assessment, SUD Treatment planning, SUD service delivery, care coordination as needed, member and team SUD education, and drug testing. This includes group and individual interventions, as well as facilitating the use of self-help group and supportive recovery communities. Services can be provided by a LAC.</li> </ul> | Agencies enrolled in Montana Medicaid and approved by the Department |

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| Name of       | Definition of Service                           | Licensed Agency  |
|---------------|-------------------------------------------------|------------------|
| Service       |                                                 |                  |
| Program of    | • Psychosocial Rehabilitation: this service     |                  |
| Assertive     | restores independent living skills and          |                  |
| Community     | community reintegration.                        |                  |
| Treatment     | Face-to-face service delivery is preferred.     |                  |
| (PACT) -      | Telehealth may be substituted if clinically     |                  |
| Tiered System | indicated or if the member does not have access |                  |
| (continued)   | to face-to-face services. Case notes must       |                  |
|               | include reason, including documentation of      |                  |
|               | attempts to identify local supports, if related |                  |
|               | to access.                                      |                  |
| Montana       | MACT is a service provided in Montana's rural   | Agencies         |
| Assertive     | areas where a full PACT team is not feasible.   | enrolled in      |
| Community     |                                                 | Montana Medicaid |
| Treatment     | MACT is for members who need supports to        | and approved by  |
| (MACT)        | maintain independently in the community.        | the Department   |
|               | Members must need weekly contact and at least   |                  |
|               | three of the core service components listed     |                  |
|               | below. The member must also be able and willing |                  |
|               | to actively engage in services. This service    |                  |
|               | requires a minimum of four staff meetings per   |                  |
|               | week to discuss the member's needs as           |                  |
|               | documented in the member's individualized       |                  |
|               | treatment plan.                                 |                  |
|               | This is a multi-disciplinary, self-contained    |                  |
|               | clinical team approach, 24 hours a day, 7 days  |                  |
|               | a week, 365 days a year that includes (See PACT |                  |
|               | for descriptions):                              |                  |
|               | (a) medication management;                      |                  |
|               | (b) care management;                            |                  |
|               | (c) psychosocial rehabilitation;                |                  |
|               | (d) individual, family, and group therapy;      |                  |
|               | (e) peer support; and                           |                  |
|               | (f) crisis support, intervention, and           |                  |
|               | stabilization.                                  |                  |
|               |                                                 |                  |
|               |                                                 |                  |

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|                 | Definition of Service                          | Licensed Agency |
|-----------------|------------------------------------------------|-----------------|
| Service         |                                                |                 |
|                 | MACT Staffing requirements include the         |                 |
| Assertive       | following (See PACT for descriptions):         |                 |
| Community       | (a) Practitioner;                              |                 |
| Treatment       | (b) Team Leader;                               |                 |
| (MACT) (continu | (c) Nurse;                                     |                 |
| ed)             | (d) Masters Licensed MH Professional;          |                 |
|                 | (e) Care coordinator;                          |                 |
|                 | (f) paraprofessional; and                      |                 |
|                 | (g) Certified Behavioral Health Peer Support   |                 |
|                 | specialists.                                   |                 |
| Dialectical     | DBT is an evidence-based service that is a     | Agencies        |
| Behavior        | comprehensive, cognitive-behavioral treatment  | Licensed to     |
| Therapy         | for members with severe disabling mental       | Operate as      |
| (DBT)           | illness. Members must meet diagnostic criteria | Mental Health   |
|                 | and have ongoing difficulties in functioning   | Centers and     |
|                 | due to mental illness for a period of at least | Certified in    |
|                 | six months or for an obviously predictable     | DBT             |
|                 | period over six months.                        |                 |
|                 | DBT includes the following components:         |                 |
|                 | • Individual Therapy: a service that           |                 |
|                 | utilizes one-to-one therapeutic                |                 |
|                 | interventions for a specified period of        |                 |
|                 | time in which the problem or issue             |                 |
|                 | impeding recovery or full functioning is       |                 |
|                 | defined and treated. The member and the        |                 |
|                 | therapist establish the overall objective      |                 |
|                 | (or outcome sought) and develop specific       |                 |
|                 | goals. The service reduces disability and      |                 |
|                 | restores skills needed to function in          |                 |
|                 | normal life roles in the community.            |                 |
|                 | Services must be provided by a licensed        |                 |
|                 | or supervised in-training psychologist,        |                 |
|                 | LCSW, LMFT, or LCPC who have had training      |                 |
|                 | in DBT.                                        |                 |
|                 | 11. 221.                                       |                 |
|                 |                                                | ļ               |

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| Name of<br>Service                            | Definition of Service                                                                                                                                                                               | Licensed Agency                                                            |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Dialectical Behavior Therap (DBT) (continued) | same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group | Agencies Licensed to Operate as Mental Health Centers and Certified in DBT |

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| Name of Service | Definition of Service                                       | Licensed Agency  |
|-----------------|-------------------------------------------------------------|------------------|
| Certified       | ± ±                                                         | Agencies         |
| Behavioral      |                                                             | Licensed to      |
| Health Peer     | promote positive coping skills through                      | Operate as       |
| Support         |                                                             | Mental Health    |
| Services        | member with a SDMI diagnosis and/or SUD                     | Centers; and     |
|                 | diagnosis to achieve their goals for personal               |                  |
|                 | wellness and recovery. The purpose is to help               |                  |
|                 |                                                             | Approved and     |
|                 | <u> </u>                                                    | licensed as a    |
|                 | self-directed life, and strive to reach their               |                  |
|                 | ±                                                           | or Outpatient    |
|                 |                                                             | Facility         |
|                 | direct services are provided by a Certified                 |                  |
|                 | Behavioral Health Peer Support Specialist                   |                  |
|                 | supervised by: LCSW, LCPC, LMFT, LAC,                       |                  |
|                 | physician, psychologist, or an advanced                     |                  |
|                 | practice registered nurse with a clinical                   |                  |
|                 | specialty in psychiatric mental health                      |                  |
|                 | nursing. Face-to-face service delivery is                   |                  |
|                 | preferred. Telehealth may be substituted if                 |                  |
|                 | clinically indicated or if the member does                  |                  |
|                 | not have access to face-to-face services.                   |                  |
|                 | Case notes must include reason, including                   |                  |
|                 | documentation of attempts to identify local                 |                  |
|                 | supports, if related to access.                             |                  |
| Brief           |                                                             | Agencies who are |
|                 | screening to determine risk factors related to              |                  |
| Referral to     | substance use, a brief intervention and                     | SUD Treatment    |
| Treatment       | possible referral for treatment. Services can               | _                |
| (SBIRT)         | 1 1                                                         | Agencies         |
|                 |                                                             | Licensed to      |
|                 | State Approved SUD Treatment Program; licensed              |                  |
|                 |                                                             | Mental Health    |
|                 | LCPC; supervised unlicensed staff employed by               | Centers          |
|                 | a MHC; or a physician, a physician assistant,               |                  |
|                 | a nurse practitioner, or an advanced practice               |                  |
|                 | registered nurse within all discipline's scope of practice. |                  |
|                 | or practice.                                                |                  |

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| Name of Service                   | Definition of Service                                                                                                                                                                                                                                                                                                                                               | Licensed Agency                                                 |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| SUD Family<br>Therapy             | Family Therapy is a service that utilizes the same strategy of developing goals and includes family members and other significant others to address identified issues. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC. | State Approved                                                  |
| SUD Assessment                    | biopsychosocial assessment that includes drug                                                                                                                                                                                                                                                                                                                       | Agencies who are<br>State Approved<br>SUD Treatment<br>Programs |
| SUD Individual<br>Therapy         | one-to-one therapeutic interventions for a                                                                                                                                                                                                                                                                                                                          | Agencies who are<br>State Approved<br>SUD Treatment<br>Programs |
| SUD Multi-Family<br>Group Therapy | Multi-Family Group Therapy is a service that is much the same as Family Therapy in terms of                                                                                                                                                                                                                                                                         | Agencies who are<br>State Approved<br>SUD Treatment<br>Programs |

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| Name of Service                    | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Licensed Agency                                                 |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Name of Service  SUD Group Therapy | Group Therapy is a service that is much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members. Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training | Agencies who are<br>State Approved<br>SUD Treatment<br>Programs |
| SUD Crisis<br>Psychotherapy        | Psychologist, LCSW, or LCPC.  Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. Treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. This service also includes after-hours crisis assessments. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Agencies who are<br>State Approved<br>SUD Treatment<br>Programs |

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| Name of Service                                                                                       | Definition of Service                                                                                                                                            | Licensed Agency                                                                 |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1)             | Intensive Outpatient Services generally provide 9-19 hours of structured programming per week for adults and 6-19 hours for                                      | Agencies who are both State Approved and licensed as an SUD Outpatient facility |
| SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1) (continued) | Intensive Outpatient Services generally provide 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents, consisting primarily of |                                                                                 |

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| Name of Service  | Definition of Service                                          | Licensed Agency  |
|------------------|----------------------------------------------------------------|------------------|
| SUD Intensive    | SUD Intensive Outpatient Services include the                  | Agencies who are |
| Outpatient       | following components:                                          | both State       |
| Services         | • Individual Therapy: a service that                           | Approved and     |
| American Society | utilizes one-to-one therapeutic                                | licensed as an   |
| of Addiction     | interventions for a specified period in                        | SUD Outpatient   |
| Medicine (ASAM   | which the problem or issue impeding                            | facility.        |
| Level 2.1)       | recovery or full functioning is defined                        |                  |
| (continued)      | and treated. The member and the therapist                      |                  |
|                  | establish the overall objective or outcome                     |                  |
|                  | sought) and develop specific goals.                            |                  |
|                  | Services can be provided by a LAC; LAC                         |                  |
|                  | licensure candidate employed by the                            |                  |
|                  | licensed State Approved SUD Treatment                          |                  |
|                  | Program; or licensed or supervised in-                         |                  |
|                  | training psychologist, LCSW, or LCPC.                          |                  |
|                  | • Group Therapy: a service that is much the                    |                  |
|                  | same as individual therapy in terms of                         |                  |
|                  | developing goals, objectives, and specific                     |                  |
|                  | skills but utilizes a format which a group                     |                  |
|                  | of members selected by the therapist are                       |                  |
|                  | provided treatment in a group setting.                         |                  |
|                  | • Family Therapy: a service that utilizes                      |                  |
|                  | the same strategy of developing goals and                      |                  |
|                  | includes family members and other                              |                  |
|                  | significant others to address identified                       |                  |
|                  | issues. Services can be provided by a LAC;                     |                  |
|                  | LAC licensure candidate employed by the                        |                  |
|                  | licensed State Approved SUD Treatment                          |                  |
|                  | Program; or licensed or supervised in-                         |                  |
|                  | training psychologist, LCSW, or LCPC.                          |                  |
|                  | ullet Community based psychiatric rehabilitation               |                  |
|                  | support services: a service that includes                      |                  |
|                  | assisting members with restoring skills                        |                  |
|                  | related to exhibiting appropriate behavior                     |                  |
|                  | and living with greater independence and                       |                  |
|                  | personal choice. Services maximize the                         |                  |
|                  | skills needed to function in the home,                         |                  |
|                  | workplace, and community                                       |                  |
|                  | setting. Services can be provided by a behavioral health aide. |                  |
|                  | penavioral nearth alde.                                        | <u> </u>         |

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| Name of Service                                                                                       | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Licensed Agency                                                                 |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SUD Intensive Outpatient Services American Society of Addiction Medicine (ASAM Level 2.1) (continued) | <ul> <li>Crisis services: to include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the member that have led to crisis in the past. Crisis services also include a range of 24-hour response, from telephonic to face-to-face, depending on the needs of the member. Provider must arrange for 24-hour, 7 days per week crisis services.</li> <li>Care Management: a service that is an organized process of coordination among the interdisciplinary team to provide a full range of treatment, rehabilitation, and support services to a member in a planned, coordinated, efficient, and effective manner. Care management also includes the linkage and referral to needed services.</li> <li>Educational Groups: a service designed to educate clients about substance abuse, and related behaviors and consequences to help members incorporate information and maintain abstinence. Services can be provided by a LAC; LAC licensure candidate employed by the licensed State Approved SUD Treatment Program; or licensed or supervised in-training psychologist, LCSW, or LCPC.</li> </ul> | Agencies who are both State Approved and licensed as an SUD Outpatient facility |

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| Name of Service                                                            | Definition of Service                                                                                                                                                                                                                                          | Licensed Agency                                                                                                                 |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| SUD Partial Hospitalization (ASAM) Level 2.5)(continued)                   | SUD Partial Hospitalization services include the following components (See ASAM 2.1 for descriptions):  • Individual Therapy;  • Group therapy;  • Community based psychiatric rehabilitation support services;  • Care management; and  • Educational groups. |                                                                                                                                 |
| SUD Clinically Managed Low Intensity Residential Services (ASAM Level 3.1) |                                                                                                                                                                                                                                                                | Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Low Intensity Residential (ASAM 3.1) facility |
|                                                                            | <ul> <li>Individual Therapy;</li> <li>Group therapy;</li> <li>Family therapy;</li> <li>Community based psychiatric rehabilitation support services;</li> <li>Care management; and</li> <li>Educational groups.</li> </ul>                                      |                                                                                                                                 |

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| Name of Service | Definition of Service                          | Licensed Agency  |
|-----------------|------------------------------------------------|------------------|
| SUD Clinically  | Clinically Managed Residential Withdrawal      | Agencies who are |
| Managed         | Management provides 24-hours structure and     | both State       |
| Residential     | support. Members are provided a 24-hour        | Approved SUD     |
| Withdrawal      | supervision, observation, and support in       | Treatment        |
| Management      | addition to daily clinical services. Services  | Programs and     |
| Services (ASAM  | are provided to members diagnosed with a       | licensed as a    |
| Level 3.2-      | moderate to severe SUD and whose               | SUD Clinically   |
| WM)Adult        | intoxication/withdrawal signs and symptoms are | Managed          |
|                 | significant enough to require 24-hour          | Residential      |
|                 | structure and support. Services focus on       | Withdrawal       |
|                 | social support to safely assist members        | Management (ASAM |
|                 | through withdrawal without the need for        | 3.2-WM)          |
|                 | medical and nursing services. Clinically       | facility         |
|                 | Managed Residential Withdrawal Management      |                  |
|                 | Services include the following components:     |                  |
|                 | (See ASAM 2.1 for descriptions):               |                  |
|                 | • Individual Therapy;                          |                  |
|                 | • Group therapy;                               |                  |
|                 | • Family therapy;                              |                  |
|                 | Community based psychiatric rehabilitation     |                  |
|                 | support services;                              |                  |
|                 | Care management; and                           |                  |
|                 | Educational groups.                            |                  |

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| Name of Service                                                                                         | Definition of Service                                                                                                                                                                                                                                                                                                                                                                                                                | Licensed Agency                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUD Clinically Managed Population- specific High- Intensity Residential Services (ASAM Level 3.3) Adult | Residential treatment programs providing 24-hour structured residential treatment to members receiving daily clinical services. These services are provided to members diagnosed with a moderate or severe SUD whose substance related problems have resulted in temporary or permanent cognitive deficits and are unlikely to benefit from other residential levels of care. Services are slower paced, repetitive, and designed to | Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed Population- specific High Intensity Residential (ASAM 3.3) facility |
|                                                                                                         | Educational groups                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                          |
| SUD Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)                                   | Medically Monitored Intensive Inpatient Services are medically monitored inpatient treatment services provided in facilities of fewer than 16 beds. Members are provided a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and SUD treatment. These services are provided to members diagnosed with a SUD and whose subacute biomedical and substance                                | Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Medically Monitored Intensive Inpatient (ASAM 3.7) facility                            |

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| Name of Service  | Definition of Service                                                             | Licensed Agency               |
|------------------|-----------------------------------------------------------------------------------|-------------------------------|
| SUD Medically    | Inpatient Services include the following                                          | Agencies who are              |
| Monitored        | components (See ASAM 2.1 for descriptions):                                       | both State                    |
| Intensive        | • Individual therapy;                                                             | Approved SUD                  |
| Inpatient        | I ■ Group therapy;                                                                | Treatment                     |
| Services (ASAM   | • Family therapy:                                                                 | Programs and                  |
| Level            | Community based psychiatric                                                       | licensed as a                 |
| 3.7) (continued) | mahabilitation apparet convices.                                                  | SUD Medically                 |
|                  |                                                                                   | Monitored                     |
|                  |                                                                                   | Intensive                     |
|                  |                                                                                   | Inpatient (ASAM 3.7) facility |
|                  |                                                                                   | 3.7) lacifity                 |
|                  | services are accessible and provided by a 24-hour, 7-day a week RN who can assess |                               |
|                  | and address the individual's immediate                                            |                               |
|                  | medical needs in conjunction with the SUD                                         |                               |
|                  | treatment. Nursing services can be                                                |                               |
|                  | provided by an APRN, RN, and LPN.                                                 |                               |
| SUD Clinically   |                                                                                   | Agencies who are              |
| Managed High-    |                                                                                   | both State                    |
|                  |                                                                                   | Approved SUD                  |
| / Medium -       | supportive housing, 24-hour staff on-site, and                                    | Treatment                     |
| Intensity        | 24-hour access to medical and emergency                                           | Programs and                  |
| (adolescent)     | services. Members are provided a planned                                          | licensed as a                 |
| Residential      | regimen of 24-hour professionally directed SUD                                    |                               |
| Services (ASAM   |                                                                                   | Managed High-                 |
| Level 3.5)       |                                                                                   | Intensity(adult)              |
|                  | emotional, behavioral, or cognitive problems                                      | / Medium -                    |
|                  |                                                                                   | Intensity                     |
|                  | regimented therapeutic treatment, but who do                                      | (adolescent)                  |
|                  |                                                                                   | Residential                   |
|                  |                                                                                   | Services (ASAM<br>Level 3.5)  |
|                  |                                                                                   | facility                      |
|                  | Treatment, or outpatient services. Admission                                      | Lacifica                      |
|                  | to these services requires the licensed State                                     |                               |
|                  | Approved SUD Treatment Program to implement                                       |                               |
|                  | the ASAM criteria for determining medical                                         |                               |
|                  | necessity and continued stay reviews are                                          |                               |
|                  | required for continued reimbursement.                                             |                               |
| <u> </u>         | 1                                                                                 | ı                             |

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| Name of                                                                                                                          | Definition of Service                                                                                                                                                                                                                                                                          | Licensed Agency                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service                                                                                                                          |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
| SUD Clinically Managed High- Intensity (adult) Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5) (continued) | Clinically Managed High-Intensity Residential Services include the following components (See ASAM 2.1 for descriptions):  • Individual therapy; • Group therapy; • Family therapy; • Community based psychiatric rehabilitation support services; • Care management; and • Educational groups. | Agencies who are both State Approved SUD Treatment Programs and licensed as a SUD Clinically Managed High- Intensity(adult)/ Medium - Intensity (adolescent) Residential Services (ASAM Level 3.5) facility |

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# PROVIDER QUALIFICATIONS

| Provider Type                                                         | Licensure/Certification<br>Authority                                                            | Position<br>Requires<br>Supervision<br>Y/N | Position Supervises<br>Others Y/N                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Licensed Mental<br>Health Centers                                     | and Human Services, Office of Inspector General                                                 | N/A                                        | N/A                                                                                                                                                                                                                                                                              |
| Licensed Substance Use Disorder Facilities                            | Department of Public Health<br>and Human Services, Office<br>of Inspector General               | N/A                                        | N/A                                                                                                                                                                                                                                                                              |
| Licensed<br>Clinical Social<br>Worker                                 | Montana Board of Behavioral<br>Health, Social Workers and<br>Professional Counselors<br>Section | N                                          | Y - May supervise licensure candidates (in-training) for Licensed Clinical Social Workers, other social workers, Licensed Marriage and Family Therapists, vocational specialists, certified peer specialists, behavioral health aides                                            |
| Licensure Candidates (in- training) - Licensed Clinical Social Worker | Montana Board of Behavioral<br>Health                                                           | Y - Must be<br>supervised<br>by a LCSW     | N                                                                                                                                                                                                                                                                                |
| Licensed<br>Clinical<br>Professional<br>Counselor                     | Montana Board of Behavioral<br>Health, Social Workers and<br>Professional Counselors<br>Section | N                                          | Y - May supervise licensure candidates (in-training) for Licensed Clinical Social Workers, Licensed Clinical Professional Counselors, other social workers, Licensed Marriage and Family Therapists, vocational specialists, certified peer specialists, behavioral health aides |

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| Provider Type                                                                | Licensure/Cen<br>Authority     | tif  | ication    | Position<br>Requires<br>Supervision<br>Y/N                                       | Position Supervises<br>Others Y/N                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------|--------------------------------|------|------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Licensure Candidates (in- training) Licensed Clinical Professional Counselor | Montana Board<br>Health        | l of | Behavioral | Y - Must be supervised by a physician or LCPC within the scope of their license. |                                                                                                                                                                                                                                                                                         |
| Licensed Marriage<br>and Family<br>Therapist                                 | Montana Board<br>Health        | l of | Behavioral | N                                                                                | Y - May supervise licensure candidates (in-training) for LMFT, and vocational specialists, certified peer specialists, behavioral health aides                                                                                                                                          |
| Licensure Candidates (in- training) - Licensed Marriage and Family Therapist | Montana Board<br>Health        | l of | Behavioral | Y - must be<br>supervised<br>by a LMFT                                           | N                                                                                                                                                                                                                                                                                       |
| Licensed<br>Psychologist                                                     | Montana Board<br>Psychologists |      |            | N                                                                                | Y - May supervise licensure candidates (in-training) for psychologists, as well as other social workers, Licensed Clinical Professional Counselors, psychologists, Licensed Marriage and Family Therapists, vocational specialists, certified peer specialists, behavioral health aides |

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| Provider Type                                               | Licensure/Certification<br>Authority       | Position<br>Requires<br>Supervision<br>Y/N        | Position Supervises<br>Others Y/N                                                                                                                                                                                                         |
|-------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Licensure<br>Candidates (in-<br>training) -<br>Psychologist | Montana Board of<br>Psychologists          | Y - Must be<br>supervised<br>by a<br>psychologist | N                                                                                                                                                                                                                                         |
| Psychiatrist                                                | American Board of Psychiatry and Neurology | N                                                 | Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, and psychologists; vocational specialists; behavioral health aides |
| Advanced Practice<br>Registered<br>Nurse                    | Montana Board of Nursing                   | N                                                 | Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, and psychologists; vocational specialists; behavioral health aides |

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| Provider Type                   | Licensure/Certification<br>Authority  | Position<br>Requires<br>Supervision<br>Y/N                                 | Position Supervises<br>Others Y/N                                                                                                                                                                                                         |
|---------------------------------|---------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Program<br>Supervisor           | Montana Board of Behavioral<br>Health | N                                                                          | Y - May supervise RN; LPN; licensure candidates and Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, and psychologists; vocational specialists; behavioral health aides |
| Licensed<br>Practical Nurse     | Montana Board of Nursing              | Y - Must be<br>supervise by<br>a Registered<br>Nurse.                      | N                                                                                                                                                                                                                                         |
| Physician                       | Montana Board of Medical              | Y - Must be                                                                | N                                                                                                                                                                                                                                         |
| Assistant                       | Examiners                             | supervised by a Physician.                                                 | ,                                                                                                                                                                                                                                         |
| Adult Foster Care<br>Specialist | None                                  | Y - Must be supervised by physician, LCPC, LCSW, LMFT, or a psychologist   | N                                                                                                                                                                                                                                         |
| Behavioral Health<br>Aide       | None                                  | Y - Must be supervised by a physician, LCPC, LCSW, LMFT, or a psychologist | N                                                                                                                                                                                                                                         |

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| Provider    | Licensure/Certification      | Position      | Position Supervises |
|-------------|------------------------------|---------------|---------------------|
| Type        | Authority                    | Requires      | Others Y/N          |
|             | _                            | Supervision   |                     |
|             |                              | Y/N           |                     |
| Vocational  | Certification in             | Y - Must be   | N                   |
| Specialist  | Rehabilitation Counseling    | supervised by |                     |
|             |                              | a physician,  |                     |
|             |                              | LCPC, LCSW,   |                     |
|             |                              | LMFT, or a    |                     |
|             |                              | psychologist  |                     |
| Tenancy     | None                         | Y - Must be   | N                   |
| Specialist  |                              | supervised by |                     |
|             |                              | a physician,  |                     |
|             |                              | LCPC, LCSW,   |                     |
|             |                              | LMFT, or a    |                     |
|             |                              | psychologist  |                     |
| Certified   | Montana Board of Behavioral  | Y - Must be   | N                   |
| Behavioral  | Health- Certified Behavioral | supervised by |                     |
| Health Peer | Health Peer Support          | a LCSW, LCPC, |                     |
| Support     |                              | LMFT, LAC,    |                     |
| Specialist  |                              | physician,    |                     |
|             |                              | psychologist, |                     |
|             |                              | or an         |                     |
|             |                              | advanced      |                     |
|             |                              | practice      |                     |
|             |                              | registered    |                     |
|             |                              | nurse with a  |                     |
|             |                              | clinical      |                     |
|             |                              | specialty in  |                     |
|             |                              | psychiatric   |                     |
|             |                              | mental health |                     |
|             |                              | nursing.      |                     |
| Care        | None                         | Y - Must be   | N                   |
| Manager     |                              | supervised by |                     |
|             |                              | a physician,  |                     |
|             |                              | LAC, LCPC,    |                     |
|             |                              | LCSW, LMFT,   |                     |
|             |                              | or a          |                     |
|             |                              | psychologist  |                     |

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| Provider<br>Type                                        | Licensure/Certification<br>Authority                                                                                                                 | Position<br>Requires<br>Supervision<br>Y/N                          | Position Supervises<br>Others Y/N                                                                                                                                                |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Licensed<br>Addictions<br>Counselor                     | Montana Board Behavioral<br>Health - Licensed Addiction<br>Counselors                                                                                | N                                                                   | Y- May supervise licensure candidates (in-training) for addiction counselors, other addiction counselors, certified peer specialists, case managers, and behavioral health aides |
| Addiction<br>Counselor<br>Licensure<br>Candidates       | Montana Board of Behavioral<br>Health - Licensed Addiction<br>Counselors (after completion<br>of supervised experience<br>requirement for licensure) | Y - Must be supervised by a LAC, Psychologist, LCPC, LMFT, or LCSW. | N                                                                                                                                                                                |
| State Approved Substance Use Disorder Treatment Program | Department of Public Health<br>and Human Services,<br>Behavioral Health and<br>Developmental Disabilities<br>Division                                | N/A                                                                 | N/A                                                                                                                                                                              |
| Crisis<br>Provider                                      | Department of Public Health<br>and Human Services,<br>Behavioral Health, and<br>Developmental Disabilities<br>Division                               | N/A                                                                 | N/A                                                                                                                                                                              |

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