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## Table of Contents

**State/Territory Name:** Montana

**State Plan Amendment (SPA) #:** MT-13-012

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  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Region VIII**

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March 24, 2017

Mary Dalton, Medicaid & CHIP Director  
Montana Department of Public Health & Human Services  
P.O. Box 4210  
Helena, MT 59604

Re: SPA MT-13-012

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-13-012. This amendment will modify coverage pages to provide more detail about services. In both FFY 2013 and FFY 2014, 2% increase for Direct Care Wage, and 2% for Provider Rate Increase. Adds reimbursement method for Direct Care Wage supplemental payments and reimbursement method for EPSDT services. Orientation and Mobility Specialist was added as a new service effective July 1, 2013.

Please be informed that this State Plan Amendment was approved today with an effective date of February 15, 2013. We are enclosing the summary page and the amended plan page(s).

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Sheila Hogan, Department Director  
Duane Preshinger  
Jo Thompson  
Mary Eve Kulawik

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: 13-012  
2. STATE: Montana

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: Title XIX of the  
Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
2/15/13

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Social Security Act 1905(a)(4)(B)

7. FEDERAL BUDGET IMPACT:

a. FFY 13 Total: \$ 1,683,296 (7.5m)  
    Direct Care Wage: \$ 1,543,427  
    Provider Rate Increase: \$ 139,870  
  
b. FFY 14 Total: \$ 2,237,583 (12 m; full FFY)  
    Direct Care Wage: \$ 1,548,335  
    Provider Rate Increase: \$ 689,248  
  
c. FFY 15 Total: \$ 978,354 (4.5m)  
    Direct Care Wage: \$ 577,733  
    Provider Rate Increase: \$ 400,621

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1A, EPSDT Service 4.b, Pages 1-20 of 20  
  
Supplement to Attachment 3.1B, EPSDT Service 4.b, Pages 1-20 of 20  
  
Attachment 4.19B, EPSDT Service 4.b, Pages 1-12 of 12

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement to Attachment 3.1A, EPSDT Service 4.b, Page 1 of 1  
  
Supplement to Attachment 3.1B, EPSDT Service 4.b, Page 1 of 1  
  
Attachment 4.19B, EPSDT Service 4.b, Page 1 of 1

10. SUBJECT OF AMENDMENT:

Modifies coverage pages to provide more detail about services. In both FFY 2013, and FFY 2014, 2% increase for Direct Care Wage, and 2% for Provider Rate Increase. Adds reimbursement method for Direct Care Wage supplemental payments, and reimbursement method for EPSDT services. Orientation and Mobility Specialist was added as a new service effective 7/1/13.

11. 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:  
Single Agency Director Review.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Montana Dept. of Public Health and Human Services  
Mary E. Dalton  
State Medicaid Director  
Attn: Mary Eve Kulawik  
PO Box 4210  
Helena, MT 59604

13. TYPED NAME: Mary E. Dalton

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: original submittal 3/25/13  
resubmittal 1-16-17

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
March 25, 2013

18. DATE APPROVED:  
March 24, 2017

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
February 15, 2013

20. TITLE:  CIAL:

21. TYPED NAME:  
Richard C. Allen

22. TITLE: ARA, DMCHO

23. REMARKS:

## Montana

### **Definition of EPSDT Services**

The Montana Medicaid Program meets the requirements of the Social Security Act to provide medically necessary Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. All EPSDT services require that a youth meet criteria for medical necessity.

### **Definition of EPSDT Rehabilitative Services**

Services are provided in accordance with 42 CFR 440.130(d). Rehabilitative EPSDT services include medical, behavioral 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 youth to his best possible functional level.

Rehabilitative EPSDT 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 EPSDT Rehabilitation Benefit are available to all children and youth under 21 in the home, school, or community. They may be provided by any willing provider who meets the necessary qualifications. Provider qualifications are the same for services provided in school, home, and community settings. Licensed agencies provide mental health EPSDT rehabilitative services. The State of Montana licenses these agencies to ensure that minimum qualifications and standards are met.

The following limitations apply to Early and Periodic Screening, Diagnosis and Treatment Services. Services considered experimental are not a benefit of the Montana Medicaid Program.

### **Limitations to EPSDT Services**

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, except prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions. Prescribed drugs approved for use under investigational drug status by the approved federal drug administration and provided under specific controlled medically supervised programs, under the supervision of a physician licensed to practice medicine are not considered experimental for persons eligible for EPSDT.

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3. All procedures and items, including prescribed drugs, considered experimental but not covered in #1 and #2 above, will be evaluated by the Department’s designated medical review organization.

**Orientation and Mobility Services**

<b>Name of Service</b>	<b>Definition of Services</b>	<b>Licensed Entity</b>
Orientation and Mobility Services	Orientation and Mobility Specialist services, effective July 1, 2013, are provided to youth to address low vision or blindness. The services include: 1) assessment of the child’s visual status, which may include sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; and 2) self-care/home management training in activities of daily living (ADL’s), which may include instruction in use of assistive/adaptive equipment.	Certified Orientation and Mobility Specialist

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**EPSDT Rehabilitation Services**

<b>Name of Service</b>	<b>Definition of Services</b>	<b>Licensed Entity</b>
Community-Based Psychiatric Rehabilitation and Support (CBPRS)	<p>CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home, school, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for youth who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the youth 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 skill training, the behavioral aide clearly describes the skill and expectations of youth’s behavior, models the skill and engages the youth in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult face-to-face with family members, teachers or other key individuals that are part of a youth’s treatment team in order to determine how to help the youth be more successful in meeting treatment goals.</p>	Agencies Licensed to Operate as Mental Health Centers

Montana

Name of Service	Definition of Services	Licensed Entity
<p>Comprehensive School and Community Treatment (CSCT)</p>	<p>CSCT is a service provided by a public school district. A CSCT team includes: 1) a licensed or supervised in-training psychologist, clinical social worker, or professional counselor; and 2) a behavioral aide. A youth may receive services in school, home, or community settings. CSCT improves the youth's functional level by facilitating the development of skills related to exhibiting appropriate behaviors. Youth served typically require support through cueing or modeling of appropriate behavioral and life skills to utilize and apply learned skills in normalized settings. Youth must meet serious emotional disturbance criteria to access CSCT services.</p> <p>CSCT includes the following components:</p> <ul style="list-style-type: none"> <li>• Individual Therapy: the use of a one-to-one therapeutic intervention for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The individual 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. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. Individual therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• Group Therapy: much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of individuals 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 individuals by utilizing the group process and input of others in the group. Group therapy for rehabilitation of individuals 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 individual in reaching their</li> </ul>	<ol style="list-style-type: none"> <li>1. Public School Districts licensed as Mental Health Centers with an endorsement to provide CSCT; or</li> <li>2. Public School Districts who contract with Mental Health Centers with an endorsement to provide CSCT.</li> </ol> <p>In both cases, the public school district is the Medicaid provider.</p>

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Name of Service	Definition of Services	Licensed Entity
Comprehensive School and Community Treatment (CSCT)	<p>therapeutic goals. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Group therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</p> <ul style="list-style-type: none"> <li>• Family Therapy: a service that utilizes the same strategy of developing goals, but instead of the services being provided on a one-to-one basis, it includes family members and other significant others to address identified issues. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Family therapy can be provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home, school, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for youth who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the youth 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 skill training, the behavioral aide clearly describes the skill and expectations of youth’s behavior, models the skill and engages the youth in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult face-to-face with family members, teachers or other key individuals that are part of a youth’s treatment team in order to determine how to help the youth be more successful in meeting treatment goals.</li> </ul>	



Montana

Name of Service	Definition of Services	Licensed Entity
Therapeutic Group Home (TGH)	<p>TGH provides therapy and rehabilitation and support services in a structured group home environment for youth who meet both serious emotional disturbance and additional medical necessity criteria. The purpose of the therapeutic and behavioral interventions is to improve the youth's functioning in one or more areas so that s/he can be successful in a home setting and to encourage personal growth and development.</p> <p>TGH services include the following components:</p> <ul style="list-style-type: none"> <li>• Individual Therapy: the use of a one-to-one therapeutic intervention for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The individual 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. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. Individual therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• Group Therapy: much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of individuals 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 individuals by utilizing the group process and input of others in the group. Group therapy for rehabilitation of individuals 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 individual in reaching their therapeutic goals. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and</li> </ul>	Agencies licensed as Youth Care Facilities and contracted with the Department to provide therapeutic youth group home services

Montana

Name of Service	Definition of Services	Licensed Entity
Therapeutic Group Home (TGH)	<p>strengthen goal attainment. Group therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</p> <ul style="list-style-type: none"> <li>• Family Therapy: a service that utilizes the same strategy of developing goals, but instead of the services being provided on a one-to-one basis, it includes family members and other significant others to address identified issues. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Family therapy can be provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home, school, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for youth who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the youth 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 skill training, the behavioral aide clearly describes the skill and expectations of youth’s behavior, models the skill and engages the youth in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult face-to-face with family members, teachers or other key individuals that are part of a youth’s treatment team in order to determine how to help the youth be more successful in meeting treatment goals.</li> </ul> <p>Within a TGH, additional CBPRS may be provided as a prior-authorized add-on service. This service is referred to as Extraordinary Needs Aide (ENA).</p>	

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Name of Service	Definition of Services	Licensed Entity
Home Support Services	<p>Home Support Services are in-home services for youth living in biological, adoptive, temporary guardianship, or kinship families. To receive this service, youth must meet both serious emotional disturbance and additional medical necessity criteria.</p> <p>Home Support Services are delivered under a treatment plan that includes the following components:</p> <ul style="list-style-type: none"> <li>• Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. Functional assessments are provided by a Family Support Specialist.</li> <li>• Crisis services include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the youth 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 youth and family. Crisis services are provided by a Family Support Specialist.</li> <li>• Family support services include skill development, training, and integration designed to serve individuals with significant impairment due to their mental illnesses. The services assist to improve the interaction between the youth and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting. These services are provided by a Family Support Specialist.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers

Montana

Name of Service	Definition of Services	Licensed Entity
Therapeutic Foster Care (TFC)	<p>TFC services are in-home therapeutic and caregiver support services for youth living in a licensed therapeutic foster home. To receive this service, youth must meet both serious emotional disturbance and additional medical necessity criteria.</p> <p><b>The key difference between Home Support services and TFC services is the license requirement because the services must be provided in licensed therapeutic foster homes. Medicaid does not pay for foster care licensing.</b></p> <p>TFC services are delivered under a treatment plan that include the following components as needed:</p> <ul style="list-style-type: none"> <li>• Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. Functional assessments are provided by a Family Support Specialist.</li> <li>• Crisis services include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the youth 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 youth and family. Crisis services are provided by a Family Support Specialist.</li> <li>• Family support services include skill development, training, and integration designed to serve individuals with significant impairment due to their mental illnesses. The services assist to improve the interaction between the youth and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting. These services are provided by a Family Support Specialist.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers AND Child-Placing Agencies

Montana

Name of Service	Definition of Services	Licensed Entity
Therapeutic Foster Care Permanency (TFC-P)	<p>TFC-P services are an intensive level of treatment for youth in a pre-adoptive or permanent legal placement whose therapeutic needs are higher than those in a traditional therapeutic foster placement. To receive this service, youth must meet both serious emotional disturbance and additional medical necessity criteria.</p> <p><b>TFC-P requires that the services must be provided in licensed therapeutic foster homes. Medicaid does not pay for foster care licensing.</b></p> <p>TFC-P services are delivered under a treatment plan that includes the following components as needed:</p> <ul style="list-style-type: none"> <li>• Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. Functional assessments are provided by a Family Support Specialist.</li> <li>• Crisis services include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the youth 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 youth and family. Crisis services are provided by a Family Support Specialist.</li> <li>• Family support services include skill development, training, and integration designed to serve individuals with significant impairment due to their mental illnesses. The services assist to improve the interaction between the youth and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting. These services are provided by a Family Support Specialist.</li> <li>• Individual Therapy: the use of a one-to-one therapeutic intervention for a specified period of</li> </ul>	Agencies Licensed to Operate as Mental Health Centers AND Child-Placing Agencies

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Name of Service	Definition of Services	Licensed Entity
	<p>time in which the problem or issue impeding recovery or full functioning is defined and treated. The individual 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. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. Individual therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</p> <ul style="list-style-type: none"> <li>• Group Therapy: much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of individuals 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 individuals by utilizing the group process and input of others in the group. Group therapy for rehabilitation of individuals 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 individual in reaching their therapeutic goals. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Group therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• Family Therapy: a service that utilizes the same</li> </ul>	

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	<p>strategy of developing goals, but instead of the services being provided on a one-to-one basis, it includes family members and other significant others to address identified issues. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Family therapy can be provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</p> <ul style="list-style-type: none"> <li>• CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home, school, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for youth who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the youth 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 skill training, the behavioral aide clearly describes the skill and expectations of youth’s behavior, models the skill and engages the youth in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult face-to-face with family members, teachers or other key individuals that are part of a youth’s treatment team in order to determine how to help the youth be more successful in meeting treatment goals.</li> </ul>	

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Name of Service	Definition of Services	Licensed Entity
<p>Youth Day Treatment Services</p>	<p>Youth Day Treatment services are a set of mental health services provided by a mental health center for children whose mental health needs are severe enough that they cannot be served in a public school setting. Youth day treatment is a community-based alternative to PRTF or hospitalization that is provided in a specialized classroom setting that is not co-located in a public school. The educational component of the program is not paid for by Medicaid and must be provided through full collaboration with a public school district.</p> <p>A licensed therapist provides services at a ratio of no more than one to twelve members. The services are focused on building skills for adaptive school and community functioning and reducing symptoms and behaviors that interfere with a youth's ability to participate in their education at a public school, to minimize need for more restrictive levels of care and to support return to a public school setting as soon as possible.</p> <p>Day Treatment services include the following components:</p> <ul style="list-style-type: none"> <li>• Individual therapy: the use of a one-to-one therapeutic intervention for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The individual 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. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. Individual therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• Group Therapy: much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of individuals selected by the therapist are provided</li> </ul>	<p>Agencies Licensed to Operate as Mental Health Centers</p>



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Name of Service	Definition of Services	Licensed Entity
	<p>treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the individuals by utilizing the group process and input of others in the group. Group therapy for rehabilitation of individuals 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 individual in reaching their therapeutic goals. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Group therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</p> <ul style="list-style-type: none"> <li>• Family Therapy: a service that utilizes the same strategy of developing goals, but instead of the services being provided on a one-to-one basis, it includes family members and other significant others to address identified issues. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Family therapy can be provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home, school, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for youth who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to</li> </ul>	

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	<p>“reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the youth 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 skill training, the behavioral aide clearly describes the skill and expectations of youth’s behavior, models the skill and engages the youth in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult face-to-face with family members, teachers or other key individuals that are part of a youth’s treatment team in order to determine how to help the youth be more successful in meeting treatment goals.</p>	

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**PROVIDER QUALIFICATIONS**

<b>Provider Type</b>	<b>Licensure/ Certification Authority</b>	<b>Position Requires Supervision Y/N</b>	<b>Position Supervises Others Y/N</b>
Orientation and Mobility Specialist	1. Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP); or 2. National Blindness Professionals and Mobility Certification Board (NBPCB).	N	N
Licensed Psychologist	Montana Board of Psychologists	N	Y May supervise In-Training Psychologists, Licensed Clinical Social Workers or Licensed Clinical Professional Counselors, Family Support Specialists, and Behavioral Aides.
In-Training Psychologist	Montana Board of Psychologists (after completion of supervised experience requirement for licensure)	Y	Y May supervise Behavioral Aides
Licensed Clinical Social Worker	Montana Board of Social Workers and Professional Counselors	N	Y May supervise In-Training or Licensed Clinical Social Workers or In-Training or Licensed Clinical Professional Counselors, Family Support Specialists, and Behavioral Aides

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<b>Provider Type</b>	<b>Licensure/ Certification Authority</b>	<b>Position Requires Supervision Y/N</b>	<b>Position Supervises Others Y/N</b>
In-Training Clinical Social Worker	Montana Board of Social Workers and Professional Counselors (after completion of supervised experience requirement for licensure)	Y	Y May supervise Behavioral Aides
Licensed Clinical Professional Counselor	Montana Board of Social Workers and Professional Counselors	N	Y May supervise In-Training or Licensed Clinical Social Workers or In-Training or Licensed Clinical Professional Counselors, Program Managers, Family Support Specialists, and Behavioral Aides.
In-Training Clinical Professional Counselor	Montana Board of Social Workers and Professional Counselors (after completion of supervised experience requirement for licensure)	Y	Y May supervise Behavioral Aides .
Program Manager	Bachelor's degree in a human services field or experience and education equivalent to a bachelor's degree. Six years of human services experience equates to a bachelor's degree. Each year of post-secondary education in human services equates to one year of experience.	Y	Y May supervise Behavioral Aides.

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Provider Type	Licensure/ Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Family Support Specialist	Bachelor's degree in a human services field or combined experience and education equivalent to a bachelor's degree. Six years of human services experience equates to a bachelor's degree. Each year of post-secondary education in human services equates to one year of experience.	Y	N
Behavioral Aide	High school diploma or GED plus 2 years related work experience or related secondary education.	Y	N

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<b>Provider Type</b>	<b>Licensure/ Certification Authority</b>	<b>Position Requires Supervision Y/N</b>	<b>Position Supervises Others Y/N</b>
School	Only public school districts, education cooperatives and joint boards of trustees that receive special education funding from the Montana Office of Public Instruction general fund for public education may enroll in the Montana Medicaid School-Based Services Program. For CSCT, must also be licensed as, or contract with, a mental health center.	NA	NA
Mental Health Center	Quality Assurance Division of Montana Department of Public Health and Human Services for Mental Health Center license. Child and Family Services Division of Montana Department of Public Health and Human Services for Child-Placing Agency license if the Mental Health Center provides Therapeutic Foster Care or Therapeutic Foster Care-Permanency services.	NA	NA

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<b>Provider Type</b>	<b>Licensure/ Certification Authority</b>	<b>Position Requires Supervision Y/N</b>	<b>Position Supervises Others Y/N</b>
Therapeutic Group Home	Quality Assurance Division of Montana Department of Public Health and Human Services for Youth Care Facility license and contract with Montana Department of Public Health and Human Services to provide Therapeutic Group Home services.	NA	NA

## Montana

### **Definition of EPSDT Services**

The Montana Medicaid Program meets the requirements of the Social Security Act to provide medically necessary Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. All EPSDT services require that a youth meet criteria for medical necessity.

### **Definition of EPSDT Rehabilitative Services**

Services are provided in accordance with 42 CFR 440.130(d). Rehabilitative EPSDT services include medical, behavioral 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 youth to his best possible functional level.

Rehabilitative EPSDT 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 EPSDT Rehabilitation Benefit are available to all children and youth under 21 in the home, school, or community. They may be provided by any willing provider who meets the necessary qualifications. Provider qualifications are the same for services provided in school, home, and community settings. Licensed agencies provide mental health EPSDT rehabilitative services. The State of Montana licenses these agencies to ensure that minimum qualifications and standards are met.

The following limitations apply to Early and Periodic Screening, Diagnosis and Treatment Services. Services considered experimental are not a benefit of the Montana Medicaid Program.

### **Limitations to EPSDT Services**

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, except prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions. Prescribed drugs approved for use under investigational drug status by the approved federal drug administration and provided under specific controlled medically supervised programs, under the supervision of a physician licensed to practice medicine are not considered experimental for persons eligible for EPSDT.



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3. All procedures and items, including prescribed drugs, considered experimental but not covered in #1 and #2 above, will be evaluated by the Department’s designated medical review organization.

**Orientation and Mobility Services**

<b>Name of Service</b>	<b>Definition of Services</b>	<b>Licensed Entity</b>
Orientation and Mobility Services	Orientation and Mobility Specialist services, effective July 1, 2013, are provided to youth to address low vision or blindness. The services include: 1) assessment of the child’s visual status, which may include sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; and 2) self-care/home management training in activities of daily living (ADL’s), which may include instruction in use of assistive/adaptive equipment.	Certified Orientation and Mobility Specialist

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**EPSDT Rehabilitation Services**

<b>Name of Service</b>	<b>Definition of Services</b>	<b>Licensed Entity</b>
Community-Based Psychiatric Rehabilitation and Support (CBPRS)	<p>CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home, school, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for youth who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the youth 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 skill training, the behavioral aide clearly describes the skill and expectations of youth’s behavior, models the skill and engages the youth in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult face-to-face with family members, teachers or other key individuals that are part of a youth’s treatment team in order to determine how to help the youth be more successful in meeting treatment goals.</p>	Agencies Licensed to Operate as Mental Health Centers

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Name of Service	Definition of Services	Licensed Entity
Comprehensive School and Community Treatment (CSCT)	<p>CSCT is a service provided by a public school district. A CSCT team includes: 1) a licensed or supervised in-training psychologist, clinical social worker, or professional counselor; and 2) a behavioral aide. A youth may receive services in school, home, or community settings. CSCT improves the youth's functional level by facilitating the development of skills related to exhibiting appropriate behaviors. Youth served typically require support through cueing or modeling of appropriate behavioral and life skills to utilize and apply learned skills in normalized settings. Youth must meet serious emotional disturbance criteria to access CSCT services.</p> <p>CSCT includes the following components:</p> <ul style="list-style-type: none"> <li>• Individual Therapy: the use of a one-to-one therapeutic intervention for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The individual 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. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. Individual therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• Group Therapy: much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of individuals 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 individuals by utilizing the group process and input of others in the group. Group therapy for rehabilitation of individuals 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 individual in reaching their</li> </ul>	<ol style="list-style-type: none"> <li>1. Public School Districts licensed as Mental Health Centers with an endorsement to provide CSCT; or</li> <li>2. Public School Districts who contract with Mental Health Centers with an endorsement to provide CSCT.</li> </ol> <p>In both cases, the public school district is the Medicaid provider.</p>

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Name of Service	Definition of Services	Licensed Entity
Comprehensive School and Community Treatment (CSCT)	<p>therapeutic goals. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Group therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</p> <ul style="list-style-type: none"> <li>• Family Therapy: a service that utilizes the same strategy of developing goals, but instead of the services being provided on a one-to-one basis, it includes family members and other significant others to address identified issues. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Family therapy can be provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home, school, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for youth who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the youth 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 skill training, the behavioral aide clearly describes the skill and expectations of youth’s behavior, models the skill and engages the youth in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult face-to-face with family members, teachers or other key individuals that are part of a youth’s treatment team in order to determine how to help the youth be more successful in meeting treatment goals.</li> </ul>	

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Name of Service	Definition of Services	Licensed Entity
Therapeutic Group Home (TGH)	<p>TGH provides therapy and rehabilitation and support services in a structured group home environment for youth who meet both serious emotional disturbance and additional medical necessity criteria. The purpose of the therapeutic and behavioral interventions is to improve the youth's functioning in one or more areas so that s/he can be successful in a home setting and to encourage personal growth and development.</p> <p>TGH services include the following components:</p> <ul style="list-style-type: none"> <li>• Individual Therapy: the use of a one-to-one therapeutic intervention for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The individual 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. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. Individual therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• Group Therapy: much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of individuals 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 individuals by utilizing the group process and input of others in the group. Group therapy for rehabilitation of individuals 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 individual in reaching their therapeutic goals. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and</li> </ul>	Agencies licensed as Youth Care Facilities and contracted with the Department to provide therapeutic youth group home services

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Name of Service	Definition of Services	Licensed Entity
Therapeutic Group Home (TGH)	<p>strengthen goal attainment. Group therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</p> <ul style="list-style-type: none"> <li>• Family Therapy: a service that utilizes the same strategy of developing goals, but instead of the services being provided on a one-to-one basis, it includes family members and other significant others to address identified issues. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Family therapy can be provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home, school, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for youth who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the youth 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 skill training, the behavioral aide clearly describes the skill and expectations of youth’s behavior, models the skill and engages the youth in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult face-to-face with family members, teachers or other key individuals that are part of a youth’s treatment team in order to determine how to help the youth be more successful in meeting treatment goals.</li> </ul> <p>Within a TGH, additional CBPRS may be provided as a prior-authorized add-on service. This service is referred to as Extraordinary Needs Aide (ENA).</p>	

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Name of Service	Definition of Services	Licensed Entity
Home Support Services	<p>Home Support Services are in-home services for youth living in biological, adoptive, temporary guardianship, or kinship families. To receive this service, youth must meet both serious emotional disturbance and additional medical necessity criteria.</p> <p>Home Support Services are delivered under a treatment plan that includes the following components:</p> <ul style="list-style-type: none"> <li>• Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. Functional assessments are provided by a Family Support Specialist.</li> <li>• Crisis services include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the youth 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 youth and family. Crisis services are provided by a Family Support Specialist.</li> <li>• Family support services include skill development, training, and integration designed to serve individuals with significant impairment due to their mental illnesses. The services assist to improve the interaction between the youth and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting. These services are provided by a Family Support Specialist.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers

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Name of Service	Definition of Services	Licensed Entity
Therapeutic Foster Care (TFC)	<p>TFC services are in-home therapeutic and caregiver support services for youth living in a licensed therapeutic foster home. To receive this service, youth must meet both serious emotional disturbance and additional medical necessity criteria.</p> <p><b>The key difference between Home Support services and TFC services is the license requirement because the services must be provided in licensed therapeutic foster homes. Medicaid does not pay for foster care licensing.</b></p> <p>TFC services are delivered under a treatment plan that include the following components as needed:</p> <ul style="list-style-type: none"> <li>• Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. Functional assessments are provided by a Family Support Specialist.</li> <li>• Crisis services include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the youth 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 youth and family. Crisis services are provided by a Family Support Specialist.</li> <li>• Family support services include skill development, training, and integration designed to serve individuals with significant impairment due to their mental illnesses. The services assist to improve the interaction between the youth and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting. These services are provided by a Family Support Specialist.</li> </ul>	Agencies Licensed to Operate as Mental Health Centers AND Child-Placing Agencies



Montana

Name of Service	Definition of Services	Licensed Entity
Therapeutic Foster Care Permanency (TFC-P)	<p>TFC-P services are an intensive level of treatment for youth in a pre-adoptive or permanent legal placement whose therapeutic needs are higher than those in a traditional therapeutic foster placement. To receive this service, youth must meet both serious emotional disturbance and additional medical necessity criteria.</p> <p><b>TFC-P requires that the services must be provided in licensed therapeutic foster homes. Medicaid does not pay for foster care licensing.</b></p> <p>TFC-P services are delivered under a treatment plan that includes the following components as needed:</p> <ul style="list-style-type: none"> <li>• Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. Functional assessments are provided by a Family Support Specialist.</li> <li>• Crisis services include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the youth 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 youth and family. Crisis services are provided by a Family Support Specialist.</li> <li>• Family support services include skill development, training, and integration designed to serve individuals with significant impairment due to their mental illnesses. The services assist to improve the interaction between the youth and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting. These services are provided by a Family Support Specialist.</li> <li>• Individual Therapy: the use of a one-to-one therapeutic intervention for a specified period of</li> </ul>	Agencies Licensed to Operate as Mental Health Centers AND Child-Placing Agencies

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Name of Service	Definition of Services	Licensed Entity
	<p>time in which the problem or issue impeding recovery or full functioning is defined and treated. The individual 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. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. Individual therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</p> <ul style="list-style-type: none"> <li>• Group Therapy: much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of individuals 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 individuals by utilizing the group process and input of others in the group. Group therapy for rehabilitation of individuals 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 individual in reaching their therapeutic goals. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Group therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• Family Therapy: a service that utilizes the same</li> </ul>	

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Name of Service	Definition of Services	Licensed Entity
	<p>strategy of developing goals, but instead of the services being provided on a one-to-one basis, it includes family members and other significant others to address identified issues. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Family therapy can be provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</p> <ul style="list-style-type: none"> <li>• CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home, school, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for youth who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to “reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the youth 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 skill training, the behavioral aide clearly describes the skill and expectations of youth’s behavior, models the skill and engages the youth in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult face-to-face with family members, teachers or other key individuals that are part of a youth’s treatment team in order to determine how to help the youth be more successful in meeting treatment goals.</li> </ul>	

Montana

Name of Service	Definition of Services	Licensed Entity
<p>Youth Day Treatment Services</p>	<p>Youth Day Treatment services are a set of mental health services provided by a mental health center for children whose mental health needs are severe enough that they cannot be served in a public school setting. Youth day treatment is a community-based alternative to PRTF or hospitalization that is provided in a specialized classroom setting that is not co-located in a public school. The educational component of the program is not paid for by Medicaid and must be provided through full collaboration with a public school district.</p> <p>A licensed therapist provides services at a ratio of no more than one to twelve members. The services are focused on building skills for adaptive school and community functioning and reducing symptoms and behaviors that interfere with a youth's ability to participate in their education at a public school, to minimize need for more restrictive levels of care and to support return to a public school setting as soon as possible.</p> <p>Day Treatment services include the following components:</p> <ul style="list-style-type: none"> <li>• Individual therapy: the use of a one-to-one therapeutic intervention for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The individual 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. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. Individual therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• Group Therapy: much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of individuals selected by the therapist are provided</li> </ul>	<p>Agencies Licensed to Operate as Mental Health Centers</p>

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Name of Service	Definition of Services	Licensed Entity
	<p>treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the individuals by utilizing the group process and input of others in the group. Group therapy for rehabilitation of individuals 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 individual in reaching their therapeutic goals. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Group therapy is provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</p> <ul style="list-style-type: none"> <li>• Family Therapy: a service that utilizes the same strategy of developing goals, but instead of the services being provided on a one-to-one basis, it includes family members and other significant others to address identified issues. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. Family therapy can be provided by a licensed or supervised in-training psychologist, clinical social worker, or professional counselor.</li> <li>• CBPRS are one-to-one, face-to-face, intensive behavior management and stabilization services in home, school, or community settings for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. They are for youth who meet serious emotional disturbance criteria and medical necessity criteria for the service. The purpose of CBPRS services is to</li> </ul>	

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Name of Service	Definition of Services	Licensed Entity
	<p>“reduce disability” and “restore function.” CBPRS are provided by a behavioral aide. Through CBPRS, a behavioral aide supports the youth 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 skill training, the behavioral aide clearly describes the skill and expectations of youth’s behavior, models the skill and engages the youth in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult face-to-face with family members, teachers or other key individuals that are part of a youth’s treatment team in order to determine how to help the youth be more successful in meeting treatment goals.</p>	

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**PROVIDER QUALIFICATIONS**

<b>Provider Type</b>	<b>Licensure/ Certification Authority</b>	<b>Position Requires Supervision Y/N</b>	<b>Position Supervises Others Y/N</b>
Orientation and Mobility Specialist	1. Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP); or 2. National Blindness Professionals and Mobility Certification Board (NBPCB).	N	N
Licensed Psychologist	Montana Board of Psychologists	N	Y May supervise In-Training Psychologists, Licensed Clinical Social Workers or Licensed Clinical Professional Counselors, Family Support Specialists, and Behavioral Aides.
In-Training Psychologist	Montana Board of Psychologists (after completion of supervised experience requirement for licensure)	Y	Y May supervise Behavioral Aides
Licensed Clinical Social Worker	Montana Board of Social Workers and Professional Counselors	N	Y May supervise In-Training or Licensed Clinical Social Workers or In-Training or Licensed Clinical Professional Counselors, Family Support Specialists, and Behavioral Aides

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<b>Provider Type</b>	<b>Licensure/ Certification Authority</b>	<b>Position Requires Supervision Y/N</b>	<b>Position Supervises Others Y/N</b>
In-Training Clinical Social Worker	Montana Board of Social Workers and Professional Counselors (after completion of supervised experience requirement for licensure)	Y	Y May supervise Behavioral Aides
Licensed Clinical Professional Counselor	Montana Board of Social Workers and Professional Counselors	N	Y May supervise In-Training or Licensed Clinical Social Workers or In-Training or Licensed Clinical Professional Counselors, Program Managers, Family Support Specialists, and Behavioral Aides.
In-Training Clinical Professional Counselor	Montana Board of Social Workers and Professional Counselors (after completion of supervised experience requirement for licensure)	Y	Y May supervise Behavioral Aides .
Program Manager	Bachelor's degree in a human services field or experience and education equivalent to a bachelor's degree. Six years of human services experience equates to a bachelor's degree. Each year of post-secondary education in human services equates to one year of experience.	Y	Y May supervise Behavioral Aides.



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Provider Type	Licensure/ Certification Authority	Position Requires Supervision Y/N	Position Supervises Others Y/N
Family Support Specialist	Bachelor's degree in a human services field or combined experience and education equivalent to a bachelor's degree. Six years of human services experience equates to a bachelor's degree. Each year of post-secondary education in human services equates to one year of experience.	Y	N
Behavioral Aide	High school diploma or GED plus 2 years related work experience or related secondary education.	Y	N

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<b>Provider Type</b>	<b>Licensure/ Certification Authority</b>	<b>Position Requires Supervision Y/N</b>	<b>Position Supervises Others Y/N</b>
School	Only public school districts, education cooperatives and joint boards of trustees that receive special education funding from the Montana Office of Public Instruction general fund for public education may enroll in the Montana Medicaid School-Based Services Program. For CSCT, must also be licensed as, or contract with, a mental health center.	NA	NA
Mental Health Center	Quality Assurance Division of Montana Department of Public Health and Human Services for Mental Health Center license. Child and Family Services Division of Montana Department of Public Health and Human Services for Child-Placing Agency license if the Mental Health Center provides Therapeutic Foster Care or Therapeutic Foster Care-Permanency services.	NA	NA

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<b>Provider Type</b>	<b>Licensure/ Certification Authority</b>	<b>Position Requires Supervision Y/N</b>	<b>Position Supervises Others Y/N</b>
Therapeutic Group Home	Quality Assurance Division of Montana Department of Public Health and Human Services for Youth Care Facility license and contract with Montana Department of Public Health and Human Services to provide Therapeutic Group Home services.	NA	NA

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- I. The Department will reimburse Medicaid providers for EPSDT services the lower of:
- A. The provider's usual and customary (billed) charge for the service;
  - B. The Department's fee schedule published on the agency's website at <http://medicaidprovider.mt.gov>. The rate for each EPSDT service is a set fee per unit of service. Unless otherwise specified in this state plan, reimbursement rates are the same for governmental and non-governmental providers. The reimbursement rates on the fee schedules are provided in accordance with the methodology described in this state plan.
    - 1. The Department's fee schedule rates were set as of July 1, 2016, and are effective for services provided on or after that date. July 1, 2016, providers of EPSDT services received an approximate 2% rate increase.
    - 2. The Department's fee schedule rates were set as of July 1, 2015, and are effective for services provided on or after that date. July 1, 2015, providers of EPSDT services received an approximate 2% rate increase.
    - 3. The Department's fee schedule rates were set as of July 1, 2014, and are effective for services provided between July 1, 2014 and June 30, 2015. July 1, 2014, providers of EPSDT services received an approximate 2% rate increase.
    - 4. The Department's fee schedule rates were set as of July 1, 2013, and are effective for services provided between July 1, 2013 and June 30, 2014. July 1, 2013, providers of EPSDT services received an approximate 2% rate increase. The services of the Orientation and Mobility Specialist were added effective July 1, 2013.
    - 5. The Department's fee schedule rates were set as of July 1, 2011, and are effective for services provided between February 15, 2013 and June 30, 2013.
- II. In accordance with the Social Security Act, the Department provides medically necessary EPSDT services. When the Department has not established a fee schedule for a service required by an individual covered under EPSDT, a rate is negotiated with the provider. This rate is set at a comparable rate to a service similar in scope.
- III. The Department's fee schedule for all EPSDT rehabilitative services is determined as follows:
- A. Rate-Setting Method:

Montana has a prospective Medicaid rate-setting method that was developed to reflect service definitions, provider requirements, operational service delivery, and administrative considerations. Each rate is calculated on a unit basis and set at an amount based on estimated reasonable and efficient cost at a certain point in time. Increases after that point in time calculation are based on legislative appropriations.

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B. Rate Components

The calculation separates out direct service components from indirect program components and overhead expenses essential to administer the service and program. In some rates individual, family, and group therapies, along with community-based psychiatric and support services (CBPRS) are costed independently and then added into the unit rate as a direct service expenditure. The following elements are used to determine the rate, based on estimated reasonable costs, at a certain point in time, as applicable to each service:

1. *Direct Service Expenditures*

- Direct staff wages
- Employee benefit costs
- Direct supervision
- On-call differential for services that require 24-hour per day, 7-day a week on call for crisis intervention and response.
- Program support costs
- Mileage allowance. Mileage is only applicable to community services that require travel to a member's home.

2. *Administrative Overhead / Indirect Costs*

3. *Auxiliary Operational Expenditures*

4. *Productivity or Billable Time.* The productivity adjustment factor accounts for the amount of non-billable time spent by staff.

5. *Calculation Adjustors*

- Medicaid Offsets. Offsets are accounted for when providers receive other revenues in relation to the service. (e.g., direct care wage).
- CPI adjustment. A CPI adjustment is used to adjust economic series or surveys for price changes and to translate these series into inflation adjusted dollars at time of calculations.
- Other inflationary adjustments. Inflationary adjustments are allowed for legislative provider rate changes, other legislative adjustments, or changes in service scope from year to year.
- Policy adjustor. A policy adjustor may be applied to increase or decrease rates when the Department determines that relative adjustments to specific rates are appropriate to meet Medicaid policy goals and appropriated budgets.

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Comprehensive School and Community Treatment rate setting takes into account additional factors not shared with other EPSDT rehabilitation bundles.

- *School personnel costs.* Related to time spent on activities by teachers and counselors. This item is self-reported by schools.
- *School direct program costs:* Represent an allocation of costs for services like copying, telephones, internet, electronic records, transportation if applicable, meeting expenses, equipment, supplies and other related expenditures. Category is exclusive of those costs incurred by contract provider.
- *School auxiliary operational expenditures:* Building (operational) and related expenses as related to program. Expenses for building rental and maintenance, insurance, equipment leasing, utility expenses, and other related capital costs. Self-reported by schools.
- *School indirect administrative costs:* School indirect costs include central office allocations, principal, business office, secretary and other overhead costs. This category also includes indirect costs for billing and record keeping as the school is responsible for these activities.

The described payment for comprehensive school-based services will end on December 31, 2019.

C. Bundle-specific rate setting.

EPSDT Rehabilitative services include the following components, as noted in the Supplements to Attachments 3.1A and 3.1B and are calculated in the units as noted. CBPRS is included in this table but is not a bundle. CBPRS is the sole unbundled service whose rate calculation is part of this State Plan Amendment. All other unbundled EPSDT rehabilitative services are covered by other state plans or their rates are included in the State's Resource Based Relative Value System (RBRVS).

The state will review utilization of services every two years. If utilization falls significantly, the state will review bundled rates for sufficiency to ensure beneficiaries receive the types, quantity and intensity of services required to meet their medical needs. Room and board costs are excluded from all rates.

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Community-Based Psychiatric Rehabilitation and Support (CBPRS)	Not a bundle but included here because its rate setting methodology is not included elsewhere.	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Mileage allowance</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary Operational Expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per 15-minutes
Comprehensive School and Community Treatment (CSCT)	<ul style="list-style-type: none"> <li>• Individual Therapy</li> <li>• Group Therapy</li> <li>• Family Therapy</li> <li>• CBPRS</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/Indirect costs</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> <li>• School personnel</li> <li>• School direct program costs</li> <li>• School Auxiliary Operational Expenditures</li> <li>• School indirect administrative costs</li> </ul>	Per 15 minutes

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Therapeutic Group Home (TGH)	<ul style="list-style-type: none"> <li>• Individual Therapy</li> <li>• Group Therapy</li> <li>• Family Therapy</li> <li>• CBPRS</li> </ul> <p>Within a TGH, additional CBPRS may be provided as a prior-authorized add-on service. This service is referred to as Extraordinary Needs Aide (ENA).</p>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary Operational Expenditures</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	<p>Per diem (TGH)</p> <p>Per 15 minutes (CBPRS)</p>
Home Support Services	<ul style="list-style-type: none"> <li>• Functional assessment</li> <li>• Crisis Services</li> <li>• Family Support Services</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• On-call differential (crisis services)</li> <li>• Program support costs</li> <li>• Mileage allowance</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary Operational Expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per diem



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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Therapeutic Foster Care (TFC)	<ul style="list-style-type: none"> <li>• Functional assessment</li> <li>• Crisis Services</li> <li>• Family Support Services</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• On-call differential (crisis services)</li> <li>• Program support costs</li> <li>• Mileage allowance</li> <li>• Administrative overhead/Indirect costs</li> <li>• Auxiliary Operational Expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per diem
Therapeutic Foster Care Permanency (TFC-P)	<ul style="list-style-type: none"> <li>• Functional assessment</li> <li>• Crisis Services</li> <li>• Family Support Services</li> <li>• Individual Therapy</li> <li>• Group Therapy</li> <li>• Family Therapy</li> <li>• CBPRS</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• On-call differential (crisis services)</li> <li>• Program support costs</li> <li>• Mileage allowance</li> <li>• Administrative overhead/ Indirect costs</li> <li>• Auxiliary Operational Expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per diem

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Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Youth Day Treatment Services	<ul style="list-style-type: none"> <li>• Individual Therapy</li> <li>• Group Therapy</li> <li>• Family Therapy</li> <li>• CBPRS</li> </ul>	<ul style="list-style-type: none"> <li>• Direct staff wages</li> <li>• Employee benefit costs</li> <li>• Direct supervision</li> <li>• Program support costs</li> <li>• Administrative overhead/ Indirect costs</li> <li>• Auxiliary Operational Expenditures</li> <li>• Productivity adjustment factor</li> <li>• Medicaid offsets</li> <li>• CPI adjustment</li> <li>• Other inflationary adjustments</li> <li>• Policy adjustor</li> </ul>	Per hour

D. Rate Notes and Formula

1. Community-Based Psychiatric Rehabilitation and Support (CBPRS) services are the only unbundled EPSDT rehabilitative service whose rate calculation is part of this State Plan Amendment. All other unbundled EPSDT rehabilitative services are covered by other state plans or their rates are included in the State's Resource Based Relative Value System (RBRVS).

Group therapy for Community-Based Psychiatric Rehabilitation and Support (CBPRS) has a maximum staff to member ratio of one to four. The rate for CBPRS group therapy is set at 30% of the individual rate.

There is a separate rate for Community-Based Psychiatric Rehabilitation and Support (CBPRS) when CBPRS is provided within a Therapeutic Group Home (TGH). The separate rate calculation for CBPRS provided within a TGH excludes the mileage component.

CBPRS Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)) ÷ 4 to convert to 15 minute unit)

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2. Therapeutic Group Home (TGH)

In the Therapeutic Group Home rate calculation, licensed therapies and non-licensed observations and supports are separate components of the rate. Room and board, educational components, and other non-allowable facility costs are excluded from the per diem Therapeutic Group Home rate.

For Auxiliary Operational Expenditures, only a designated dollar amount or percentage of the facility and equipment that is devoted to treatment and programming is included in the bundled rate (e.g. therapist office space, individual treatment or therapy rooms, and family or group treatment or therapy rooms).

In lieu of a productivity or billable time percentage, the Therapeutic Group Home rate calculation uses actual units of service or occupied bed days. The number of occupied bed days is used to allocate costs into a daily service unit. At time of calculation, the representative or current state fiscal year bed days or units is used to allocate expenditures into a daily unit rate.

TGH Rate = (((Provider Direct Costs + Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ Medicaid Bed Days or Units of Service) x Calculation Adjustors)

3. Home Support Services (HSS)

HSS Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Productive FTE Hours) ÷ Daily Units) x Calculation Adjustors)

4. Therapeutic Foster Care (TFC)

TFC Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Productive FTE Hours) ÷ Daily Units) x Calculation Adjustors)

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5. Therapeutic Foster Care Permanency (TFC-P)

A minimum of ten hours per week of community-based psychiatric and supports (CBPRS) is required for each member under Therapeutic Foster Care Permanency (TFC-P). Community-based psychiatric and supports (CBPRS) is reimbursed per 15-minute increment on the basis of a separate departmental fee schedule rate. The estimated average service time for behavioral aide services per member, is multiplied by the current fee schedule rate for CBPRS. This amount is then added into direct service costs for the TFC-P daily rate.

The Therapeutic Foster Care Permanency (TFC-P) bundled rate includes individual, family, and group therapy services. The estimated average number of services necessary for individual, family, and group therapies per member is multiplied by the current rate schedule under RBRVS methodology. This component is then added into direct service costs for the TFC-P daily rate.

TFC-P Rate = ((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours x Productive FTE Hours)) ÷ (Daily Units x Calculation Adjustors)

6. Youth Day Treatment

All educational components are excluded from the Youth Day Treatment Medicaid rate. The Youth Day Treatment rate is based on caseload assumptions for Full Time Equivalents (FTE) necessary to provide day treatment for one classroom of twelve members. The rates are divided into hourly time increments for billing purposes.

Youth Day Treatment Rate = ((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours)) x Calculation Adjustors)

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7. Comprehensive School and Community Treatment (CSCT)

Direct staff hourly wage, in lieu of actual wage information, was based on data from the Bureau of Labor Statistics (BLS). The wage is based on occupational and specific classifications reported by BLS and identified as comparable to staffing requirements needed to provide quality services under the program. Wages were compared and tested against a sample of actual wages paid to staff in similar job classifications by providers.

Productivity or billable time is capped per each team comprising of two FTE, at a maximum of 720 billable 15-minute units per month.  

$$\text{CSCT Rate} = ((\text{Hourly Contract Provider Direct Costs} + \text{Hourly Contract Provider Indirect Costs} + \text{Hourly School Direct Costs} + \text{Hourly School Indirect Costs and Auxiliary Operational Expenditures}) \div (\text{Productivity Adjustment Factor or Billable Hours} \times \text{Calculation Adjustors}) \div 4 \text{ to convert to 15 minute unit})$$

Local school districts will certify annually that they have expended public funds needed to match the federal share of their claims for service included in the State Plan provided to eligible recipients during the year. Certified expenditures are separately identified and supported in the state school accounting system MAEFAIRS. A certification of match statement must be signed and returned to the Department annually. The described payment for comprehensive school-based services will end on December 31, 2019.

IV. The Department's methodology for all other, non-rehabilitative EPSDT services is determined as follows.

Provider-Orientation and Mobility Specialist (Provider, Service, Unit, Limits)

Service	Unit	Reimbursement	Limits
Sensory Integration	15 min units	Fee schedule referenced in I.B.	none
Self-Care Management	Per occurrence	Fee schedule referenced in I.B.	none

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Provider-Department approved Cleft/Craniofacial Interdisciplinary Teams \*

<b>Service</b>	<b>Unit</b>	<b>Reimbursement</b>	<b>Limits</b>
Cleft/Craniofacial Interdisciplinary Teams	Day	Fee schedule referenced in I.B.	N/A

Provider-Department approved Metabolic Interdisciplinary Teams \*

<b>Service</b>	<b>Unit</b>	<b>Reimbursement</b>	<b>Limits</b>
Metabolic Interdisciplinary Teams	Day	Fee schedule referenced in I.B.	N/A

Provider-Department approved Cystic Fibrosis Interdisciplinary Teams \*

<b>Service</b>	<b>Unit</b>	<b>Reimbursement</b>	<b>Limits</b>
Cystic Fibrosis Interdisciplinary Teams	Day	Fee schedule referenced in I.B.	N/A

\* The bundled rates for the three interdisciplinary teams providing EPSDT Services through the Public Health and Safety Division of the Department (Provider, Service, Unit, Limits) are arrived at using a prospective Medicaid rate-setting method that was developed to reflect service definitions, provider requirements, operational service delivery, and administrative considerations at a certain point in time. Each service provided by individual team members is included in the bundled Medicaid rate with an applied efficiency factor. The efficiency factor is set considering service configuration, team composition, scale of operation, expected costs, volume of service and overall caseload.

V. Direct Care Wage Add-on Reimbursement

Effective February 15, 2013, additional direct care wage reimbursement payments will be made to providers that employ direct-care workers (DCW).

These funds will be distributed proportionally in an annual payment to participating EPSDT rehab service providers based on the number of units of Medicaid EPSDT rehab direct care services provided by each provider during the most recent twelve months for which claims data is available.

The amount of direct care wage reimbursement payments allocated to each direct care service type for distribution is based on legislative appropriation, historical direct-care wage fund allocations from the most recent survey of providers, and the proportion of Medicaid expenditures each direct care service is in relation to all direct care services in a **provider type** allocation.

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Direct care worker (DCW) for EPSDT rehabilitative services means a non-professional employee of a Medicaid-enrolled provider who is assigned to work directly with youth or in youth-specific rehab service activities for no less than 75% of their hours of employment. A DCW is primarily responsible for the implementation of the treatment goals of the youth. The term "Direct Care Worker" includes Community Based Psychiatric Rehabilitation Services aides, Home Support Services or Therapeutic Foster Care Treatment staff and aides, Day Treatment aides, Therapeutic Group Home nonprofessional staff and Extraordinary Needs Aides. Wage add-on payments are made to direct care workers providing the following services: Community Based Psychiatric Rehabilitation services, family support services, and crisis services.

Distribution to each participating provider is calculated in the following manner:

Step 1:  $\text{Total amount appropriated} / \text{historical direct care wage allocation} = \text{amount direct care wage per participating provider type.}$

Step 2:  $\text{Amount of direct care wage per participating provider type} / \text{all participating provider units (standardized) in the provider type} = \text{amount direct care wage per standardized unit of service.}$

Step 3:  $\text{Amount of direct care wage per standardized unit of service} \times \text{amount of direct care wage per unit} = \text{amount of individual provider direct care wage reimbursement.}$

Total amount appropriated per year for all EPSDT rehabilitation direct care wage reimbursement is \$2,337,109 per state fiscal year.