

Montana

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in Montana

As of July 2003, 92,749 people were covered under Montana's Medicaid/SCHIP programs. There were 83,199 enrolled in the Medicaid program, and 9,550 in the separate SCHIP program. In state fiscal year 2002, Montana spent \$518 million to provide Medicaid services.

In Montana, low income children may be enrolled into the Medicaid program or a Separate SCHIP program based on the child's age and their family's income.

- The Medicaid program serves children under age 6 from families with incomes of less than 133% FPL or less, and children age 6-18 from families with incomes less than 100% FPL.
- The Separate SCHIP program serves children through age 18 from families with incomes of 150% FPL or less who do not otherwise qualify for Medicaid.

Montana delivers mental health and substance abuse services through a fee-for-service delivery system. This State does operate a Medicaid managed care program called PASSPORT to Health (PASSPORT), which is a Primary Care Case Management (PCCM) program. Mental health and substance abuse services, however, are not within this program's scope of authority. Nonetheless, Montana's Medicaid agency requires most Medicaid beneficiaries to enroll into the PCCM program and, as of July 2003, 55,446 beneficiaries were enrolled in PASSPORT.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Families with incomes below a State-established limit that varies by family size, but is about 40% of FPL.
2. Pregnant women and children under age 6 from families with incomes of 133% FPL or less.
3. Children from age 6-19 from families with incomes of 100% FPL or less
4. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. Individuals receiving SSI or Montana's supplementary SSI payment.

Medically Needy

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses. Individuals must meet more restrictive requirements for Medicaid than the SSI requirements.

1. Pregnant women
2. Children under age 19
3. Aged, Blind, and Disabled

Waiver Populations

1. Montana does not have an 1115 waiver.

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What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Montana Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Montana must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

Inpatient Hospital		
Service	Description	Coverage Requirements
Mental health inpatient services	Mental health inpatient services are inpatient hospital services for psychiatric diagnoses	<ul style="list-style-type: none"> No services may be provided without prior authorization from the State's designated agent (currently First Health Services) Services must be physician or psychologist directed
Alcohol and drug treatment	Inpatient stays for detoxification	<ul style="list-style-type: none"> Inpatient stays may be no longer than four days without the permission of the Medicaid agency or its designee Services must be physician directed

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Hospital	<p>Outpatient hospital services are those preventive, diagnostic, therapeutic, rehabilitative, and palliative items or services provided to an outpatient under the direction of a physician or other practitioner. They may include:</p> <ul style="list-style-type: none"> Chemical dependency treatment Mental health treatment Partial hospitalization (services must be provided for a minimum of 4 hours per day/4 days per week) 	<ul style="list-style-type: none"> Services must be physician or psychologist directed Services must be performed within the licensed outpatient facility Mental health and chemical dependency treatment services provided in an outpatient hospital must meet the same requirements as those provided in another setting. To obtain partial hospitalization services: <ul style="list-style-type: none"> A team of professionals that includes a licensed physician, a licensed mental health professional; and an intensive case manager must complete a "Certificate of Need" certifying that the beneficiary needs the service. The service must be authorized by the Medicaid agency's designated agent.
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	FQHCs and RHCs may provide any mental health services that may be provided by any other Medicaid certified provider.	<ul style="list-style-type: none"> Mental health and substance abuse services provided in an FQHC or RHC must meet the same requirements as those provided in another setting No RHC is currently providing mental health services

Physician Services		
Service	Description	Coverage Requirements
Physician services	Physicians may provide mental health services that are within their scope of practice as defined in state law.	<ul style="list-style-type: none"> A mental health service provided by a physician must meet the same requirements as a mental health service provided in another setting, such as a mental health clinic. Physicians who practice psychiatry must be board certified or board eligible and State licensed

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Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Outpatient chemical dependency treatment	<ul style="list-style-type: none"> • Outpatient chemical dependency treatment services include: <ul style="list-style-type: none"> – Individual appraisal and/or consultation to determine treatment – Intensive outpatient treatment and aftercare services. – Basic outpatient treatment and aftercare services. – Aftercare services for youth who have received inpatient services funded by the Addictive & Mental Disorders Division. – Family consultation when a counselor consults with the parent as part of an eligible child's treatment. • Specific opioid treatments, such as methadone and/or LAAM are not covered 	<ul style="list-style-type: none"> • Only outpatient chemical dependency treatment centers certified by the Department of Public Health and Human Services may provide services. • A Certified Chemical Dependency Counselor must determine that the service is appropriate. • The service may only be provided to a child under age 21. • The service may only be provided if needed to treat or ameliorate a condition identified in an EPSDT screening visit (similar to a well child visit).
School based services	Schools may provide mental health services, among other services.	<ul style="list-style-type: none"> • Only the following types of providers may provide mental health services in the school <ul style="list-style-type: none"> - psychiatrist or practitioner, - licensed professional counselor, - licensed clinical social worker, or - licensed clinical psychologist - Services provided in the school must meet the same requirements as those provided in other settings. • The service may only be provided to a child under age 21. • The service may only be provided if needed to treat or ameliorate a condition identified in an EPSDT screening visit (similar to a well child visit).

Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychiatrist services	<ul style="list-style-type: none"> • Psychiatrists may provide evaluation and management services 	<ul style="list-style-type: none"> • Physicians who practice psychiatry must be board certified or board eligible and licensed by the State of Montana or in the state where they maintain their practice
Psychologist services	<ul style="list-style-type: none"> • Psychologist services are those services provided by a licensed psychologist, which are within the scope of the practices of the profession 	<ul style="list-style-type: none"> • Coverage is limited to diagnosis and treatment of a mental health condition. Educational services are not covered.

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Other Licensed Practitioners		
Service	Description	Coverage Requirements
Licensed professional counselor services	<ul style="list-style-type: none"> Licensed Clinical Social Worker services are those services provided by a LCSW, which are within the scope of the practice of the profession 	<ul style="list-style-type: none"> Coverage is limited to diagnosis and treatment of a mental health condition. Educational services are not covered.

Clinic Services		
Service	Description	Coverage Requirements
Mental health clinic services	<ul style="list-style-type: none"> Mental health centers may provide: <ul style="list-style-type: none"> inpatient and outpatient therapy provided by licensed mental health professionals Day treatment School-based mental health services Community Based Psychiatric and Rehabilitation Support Crisis Intervention Facility Family care for mentally ill adults Adult group home services Adult and youth respite care Mental Health Adult Group Home Therapeutic Home Visits Mental Health Adult Family Care Therapeutic Home Visits. Specific opioid treatments, such as methadone and/or LAAM are not covered. 	<ul style="list-style-type: none"> Family care for mentally ill adults, adult group home services, respite care, and therapeutic home visits longer than 48 hours must be authorized by the Medicaid agencies designated agent Adult and youth respite care is limited to 6 units per 24 hour period and 120 units per month A beneficiary may receive no more than 14 days of therapeutic home visits per year.

Inpatient Psychiatric Services (for persons under the age of 21):		
Service	Description	Coverage Requirements
Inpatient Psychiatric Services for persons under the age of 21	Inpatient psychiatric services are services provided in an inpatient psychiatric hospital facility or residential treatment facility that is devoted to the provision of inpatient psychiatric services for persons under the age of 21.	<ul style="list-style-type: none"> Services may only be provided by facilities that maintain a current license as a hospital or a residential treatment center and accreditation by the Joint Commission on Accreditation of Healthcare Organizations. To obtain inpatient psychiatric services <ul style="list-style-type: none"> a team of professionals that includes a licensed physician, a licensed mental health professional; and an intensive case manager must complete a "Certificate of Need" certifying that the beneficiary needs the service. The Medicaid agency's designated agent must authorize the service.

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Rehabilitative Services		
Service	Description	Coverage Requirements
Mental Health Services	Mental health services provided outside of the clinic setting that might otherwise be provided in the clinic.	<ul style="list-style-type: none"> • Beneficiaries may only receive rehabilitative services outside a licensed mental health center, when no mental health center is willing or able to provide the services. In that case the service may be provided by a designated, approved organization under contract with the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services • Services must meet the same requirements as those provided by a mental health center.

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	<p>Case management services are services that help the beneficiary access needed medical, social, educational, vocational and other services. Case management services include:</p> <ul style="list-style-type: none"> • Assessment, • Planning, • Crisis intervention, • Assistance in daily living, and • Care coordination, referral and advocacy. 	<ul style="list-style-type: none"> • To receive services beneficiaries must belong to one of the following three groups. <ul style="list-style-type: none"> – At least 18 years old or older and either: <ul style="list-style-type: none"> ▪ present an imminent risk of suicide, or ▪ have a severe mental illness and ongoing functioning difficulties due to mental illness. – No more than 17 years old and <ul style="list-style-type: none"> ▪ have severe emotional disturbance and be receiving special education services; – No more than 17 years old and <ul style="list-style-type: none"> ▪ present a danger of suicide; or ▪ need specialized services from two or more human services systems due to emotional disturbance, have a mental disorder diagnosed by a Medicaid-certified, licensed mental health professional, and have difficulty in functioning due to the diagnosed disorder. • All beneficiaries receiving TCM services must receive an assessment and participate in the development of a case plan. • TCM services may only be provided by a licensed mental health center, except: <ul style="list-style-type: none"> – if a clinic is not available the service may be provided by another organization designated by the State; and – Care coordination may be provided by a licensed practitioner, such as a psychologist or licensed clinical social worker.

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SCHIP Medicaid Expansion Program

Montana does not have an SCHIP Medicaid Expansion Program

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The Separate SCHIP program covers the following children:

- Uninsured children from age 0-18 from families with incomes between 100 and 150% FPL.

What Mental Health/Substance Abuse Services are Covered by the Separate SCHIP Program?

Benefits in Separate SCHIP programs must meet a benchmark selected by the State. Montana has elected to offer 'benchmark equivalent' coverage, which allows the State to obtain approval from the federal government for offering a package of benefits that is actuarially equivalent to one of the other benchmarks. Coverage specifics for mental health and substance abuse services under that actuarially equivalent benchmark are identified here.

Inpatient		
Service	Description	Coverage Requirements
Mental Health/Substance Abuse	<ul style="list-style-type: none">• Includes mental health and substance abuse services provided in an inpatient hospital setting and partial hospitalization	<ul style="list-style-type: none">• Covered when the services are medically necessary for the diagnosis and treatment of the participant's condition• 21 days combined mental health/substance abuse per year. Partial hospital may be exchanged for inpatient days at a rate of 1 inpatient day for 2 partial treatment days; no limits on inpatient benefits for children with the following diagnoses: schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, autism

Outpatient (Office Visits)		
Service	Description	Coverage Requirements
Mental Health/Substance Abuse	<ul style="list-style-type: none">• Mental health and substance abuse services provided in any setting other than an inpatient or residential setting• Specific opioid treatments, such as methadone	<ul style="list-style-type: none">• Covered when the services are medically necessary for the diagnosis and treatment of the participant's condition• There is a combined benefit for inpatient and outpatient treatment for alcoholism and drug addiction, excluding costs for medical detoxification, subject to a maximum benefit of \$6,000 in a 12-

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Outpatient (Office Visits)		
Service	Description	Coverage Requirements
	and/or LAAM are covered.	<p>month period, until a lifetime inpatient maximum benefit of \$12,000 is met, after which the annual benefit may be reduced to \$2,000. Costs for medical detoxification treatment are paid the same as any other illness and are not subject to lifetime limits.</p> <ul style="list-style-type: none"> All services require authorization from the contracted insurance carrier (currently Blue Cross/Blue Shield)

Residential		
Service	Description	Coverage Requirements
Mental Health/Substance Abuse	<ul style="list-style-type: none"> Includes mental health and substance abuse services provided in a residential treatment center 	Covered when the services are medically necessary for the diagnosis and treatment of the participant's condition