

MONTANA

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Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): Montana regulates the following two residential facility types:

- *A health care facility* is all or a portion of an institution, building, or agency, private or public, excluding federal facilities, whether organized for profit or not, that is used, operated, or designed to provide health services, medical treatment, or nursing, rehabilitative, or preventive care to any individual. The term does not include offices of private physicians or dentists. The term includes, among others, chemical dependency facilities, mental health centers, residential care facilities, and residential treatment facilities.
- *Residential psychiatric care:* active psychiatric treatment provided in a residential treatment facility to psychiatrically impaired individuals with persistent patterns of emotional, psychological, or behavioral dysfunction of such severity as to require 24-hour supervised care to adequately treat or remedy the individual's condition. Residential psychiatric care must be individualized and designed to achieve the patient's discharge to less restrictive levels of care at the earliest possible time.

Mental Health (MH): Montana regulates one type of residential mental health treatment facility:

- *72-Hour Adult Crisis Stabilization services:* medically necessary mental health services delivered in direct response to a crisis, limited in scope and duration, and delivered or contracted for by a crisis stabilization provider. The purposes of these services are to stabilize a crisis, improve diagnostic clarity, find appropriate alternatives to psychiatric hospitalization, treat those symptoms that can be improved within a brief period of time, and arrange appropriate follow-up care or to refer an individual to a provider of the appropriate level of care and treatment.

Substance Use Disorder (SUD): Montana regulates one type of residential substance use disorder treatment facility, with some subtypes:

- *Chemical dependency treatment facility*: a facility especially staffed and equipped to provide diagnosis, detoxification, treatment, prevention or rehabilitation services for individuals suffering from chemical dependency. According to Department of Public Health and Human Services (DPHHS) staff, the chemical dependency regulations pertain to public or private treatment agencies.
 - *III.1 Clinically Managed Low-Intensity Residential Treatment*: This functions as a safe, alcohol and drug-free environment for individuals in early stages of recovery from substance use disorders or individuals who are transitioning to less intensive levels of treatment services and in need of such housing.
 - *III.3 Clinically Managed Medium-Intensity Residential Treatment*: also identified as:
 - Halfway house community-based single gender residential homes, these may be located in residential neighborhoods, comparable to other homes in the neighborhood, and shall reflect the environment of a home.
 - Halfway house community-based parent and children residential homes, for individuals with substance use disorders with dependent child(ren) who need 24-hour supportive housing while undergoing on- or off-site treatment services for substance use disorder and life skills training for independent living.
 - *III.5 Clinically Managed High-Intensity Residential Treatment*: identified as halfway house community-based single gender homes which serve individuals who need 24-hour supportive housing while undergoing on- or off-site treatment services for substance use disorder and life skills training for independent living.
 - *III.7 Medically Monitored Inpatient Treatment*: medically monitored care to clients whose withdrawal symptoms are sufficiently severe to require 24-hour inpatient care with observation, monitoring, and treatment available and delivered by a multidisciplinary team including 24-hour nursing care under the supervision of a Montana licensed physician.
 - Community-based social detoxification includes levels III-D, III.2-D, and III.7-D as defined by ASAM.

Unregulated Facilities: No unregulated treatment facilities that fall under the purview of this summary were identified. We exclude from this summary Residential Treatment Facilities which pertain to children and adolescents.

Approach

Mental Health (MH) and Substance Use Disorder (SUD): Licensure by the DPHHS is required for operation of all residential treatment facilities.

Substance Use Disorder (SUD): The Department of Public Health and Human Services (DPHHS), Department of Chemical Dependency Programs reviews and approves all chemical dependency treatment providers in the state prior to operation if their facilities are to be enrolled in the Medicaid program, receive block grant funding, receive alcohol earmarked revenue funds, or under certain other circumstances.

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD):

- Licensure by DPHHS is required for operation of residential treatment facilities. Licensure duration is 1-3 years, depending on type, after which a renewal application is required. An annual inspection is also required for licensure, which shall be unannounced and focus on minimum quality standards for operation.
- Accreditation is not required, but accreditation by DNV Healthcare, Inc., the Healthcare Facilities Accreditation Program, or the Joint Commission confers upon the accredited facility eligibility for licensure.
- The state does not require a certificate of need; however, the statute governing SUD treatment requires a demonstration of need for the facility to obtain licensure.

Mental Health (MH):

- Regulations pertinent to 72-hour crisis stabilization are for Medicaid-enrolled facilities, and individuals meeting the definition of crisis are presumptively eligible for services and reimbursement under the state Medicaid regulations. Crisis stabilization may be performed in different settings but must be licensed.

Substance Use Disorder (SUD):

- DPHHS will issue approval for the following components of chemical dependency treatment services: detoxification (emergency care), inpatient hospital, inpatient free standing, intermediate (transitional living), and outpatient. Programs providing detoxification (non-medical) must also provide at least one of the other components listed above. The certificate of approval shall be obtained annually. Programs must submit an application and submit to inspection. The department will issue an annual certificate of approval to those approved chemical dependency treatment programs which remain in substantial compliance with the regulations.

Cause-Based Monitoring

Mental Health (MH) and Substance Use Disorder (SUD): All residential facilities are required, as a condition of licensure, before February 1 of every year, to submit an annual report for the preceding calendar year to the department. Additionally, information and statistical reports which are considered necessary by the department for health planning and resource

development activities must be made available to the public and the health planning agencies within the state. Corrective action may be taken by the department should it believe there is a violation of standards or regulations. In addition to its annual licensure inspections, the department may inspect any facility for compliance with regulations, license requirements, or by order.

Substance Use Disorder (SUD): The department reserves the right to periodically inspect licensed facilities. Each approved public or private treatment facility shall, on request, file with the department data, statistics, schedules, and information that the department reasonably requires. Additionally, the program shall develop and conduct program self-evaluations and report results to the governing body. The department may revoke or suspend approval of any service component if a program ceases to provide those services for which it has been approved.

Access Requirements

Substance Use Disorder (SUD): The program shall admit and care for only those persons for whom they can provide care and services appropriate to the person's physical, emotional, and social needs. If a chemically dependent person is not admitted to an approved treatment program for the reason that adequate and appropriate treatment is not available at that program or facility, the administrator shall refer that person to another treatment program at which adequate and appropriate treatment is available. Approved chemical dependency treatment programs shall provide services to persons with alcohol and alcohol related problems, or to their families, without regard to source of referral, race, color, creed, national origin, religion, sex, age or handicap. Researchers did not locate requirements related to wait times.

Staffing

Mental Health (MH): For crisis stabilization services, all providers must be enrolled in Medicaid or employed/contracted by an enrolled provider. All providers must complete a 72 Hour Provider Enrollment Addendum. Providers are required to hire or subcontract with mental health professionals and mental health direct care staff, ensure the availability of immediate mental health evaluation and crisis stabilization services, ensure staff and subcontractors are trained and skilled in delivery of program services, implement appropriate, culturally competent services, and maintain a thorough knowledge of community resources.

Substance Use Disorder (SUD): For chemical dependency treatment programs, there shall be sufficient qualified and certified chemical dependency counselors, clerical and other support staff, to ensure the attainment of program service objectives and properly maintain the chemical dependency treatment facility. Supervision of all professional and support staff must

be clearly demonstrated, and policies must include assurance there is an identified clinical supervisor who is a licensed addiction counselor who oversees the implementation of services to assure quality and appropriateness of care rendered to clients. A program administrator is responsible to the governing body and is responsible for the daily operation of the facility. "Adequate" staff to meet client requests for services and professional counseling staff is required and client ratios should be at an "acceptable level" as determined by the department. A planned, supervised orientation shall be provided to each new employee.

For Level III.7, staffing requirements include but are not limited to the following: (i) a physician licensed under Title 37, MCA, available on call 24 hours a day, 7 days a week to evaluate clients and prescribe medications; (ii) staff available in sufficient numbers and trained to respond to substance-related and co-occurring disorders of admitted clients; (iii) a registered nurse licensed under Title 37, MCA, who is responsible for the supervision of nursing staff and the administration of detox protocols; and (iv) support staff such as licensed practical nurses, certified nurse assistants, rehabilitation aides etc. in sufficient numbers to assure the safety of clients.

For community-based social detoxification, staffing requirements include but are not limited to the following: (i) physician-approved protocols for the monitoring of clients in withdrawal including when and under what circumstances clients should be transferred to a health care facility; (ii) a written agreement with the health care facility or physician providing for emergency services when needed; (iii) written procedures specifying how staff will respond to emergencies and for the transfer of medically unstable patients; (iv) sufficient staff on duty trained in CPR and the detox protocols on each shift to be followed to assure clients safe withdrawal from substances; and (v) if medications are provided, there is a current prescription in the client's name and staff are trained in medication administration procedures which are documented in policies and procedures.

For Level III.1, staffing or security measures must be sufficient to assure the safety of residents.

For Level III.3 single gender residential homes, staffing or security measures must be sufficient to assure the safety of residents.

For Level III.3 halfway house community-based parent and children residential homes, to be licensed, a provider must meet the following: (a) 24-hour staffing patterns or security patterns to afford sufficient security to assure the safety of residents, with the availability of 24-hour telephone consultation of a licensed clinician with competence in the treatment of substance dependence disorders. Staffing requirements may include but are not limited to: (i) licensed addiction counselor (LAC); (ii) individuals trained in managing co-occurring disorders; (iii) case managers that have a minimum of two years of higher education or four or more years of related work experience and orientation to the facility's policies and procedures; and (iv) rehabilitation aides that have a minimum of a high school diploma or GED and orientation to the facilities policies and procedures.

For Level III.5, to be licensed, a provider must meet the following: (a) 24-hour staffing patterns or security patterns to afford sufficient security to assure the safety of residents, with the availability of 24-hour telephone consultation of a licensed clinician with competence in the treatment of substance dependence disorders. Staffing requirements may include but are not limited to: (i) licensed addiction counselor (LAC); (ii) individuals trained in managing co-occurring disorders; (iii) case managers that have a minimum of two years of higher education or four or more years of related work experience and orientation to the facility's policies and procedures; and (iv) rehabilitation aides that have a minimum of a high school diploma or GED and orientation to the facilities policies and procedures.

Placement

Mental Health (MH): Mental health practitioners must complete a face-to-face crisis evaluation; determine if the individual meets crisis definition; and complete the 72 Hour Crisis Stabilization or Crisis Intervention and Response form; and fax or e-mail form to the Addictive and Mental Disorders Division Benefits Management Team. Researchers did not locate any requirement related to use of the LOCUS.

Substance Use Disorder (SUD): For chemical dependency treatment programs, dimensional admission, continued stay and discharge criteria must be developed for each component to promote the least restrictive level of care. The ASAM Patient Placement Criteria 2R establishes the level of care and must be used for placement, continued stay, discharge criteria, and ongoing assessment of the client throughout the course of treatment.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): Treatment/service planning and discharge planning requirements are required for crisis stabilization services. Care coordination and the arrangement of appropriate follow-up care are required services as a condition of licensure.

Substance Use Disorder (SUD): An individualized treatment plan specifically tailored to meet the needs of the individual client shall be prepared and maintained on a current basis for each client. The treatment plan must be initiated within 3 days of admission to residential treatment. Regular multidisciplinary reviews must be documented. A continuing care plan is required prior to discharge which addresses, at a minimum: (A) support group recommendations; (B) continuing care service provider's contact name, contact number, and initial appointment; (C) health care and/or medication follow-up; and (D) goals for continuing care. Specific requirements regarding discharge planning by facility type are identified below in Section 2.g as required services.

Treatment Services

Mental Health (MH): The specific services reimbursable by the state are limited to: (i) a psychiatric diagnostic interview examination; (ii) care coordination; (iii) individual psychotherapy; (iv) family psychotherapy with or without patient; (v) one to one community-based psychiatric rehabilitation and support; (vi) crisis management services; and (vii) services delivered by a primary care provider for screening and identifying psychiatric conditions and for medication management.

Substance Use Disorder (SUD): The ASAM criteria govern residential care. Program policies and procedures must describe in detail the program services. Among other things, policies must address ensuring a person needing detoxification will be immediately referred to a detoxification provider, if available, unless the person needs acute care in a hospital; and limitations and requirements of group counseling sessions to include client/staff appropriate for the level of care being rendered. Clinical policies also must address, among other things: the use of self-help groups; arranging for medical consultation when clinically needed; arranging for psychiatric consultation when clinically indicated; policies addressing a facility's ability to provide dual diagnosis services; and a description of services showing there are arrangements in place for coordination and collaboration to provide any services that are not provided on-site. Case management services policies and procedures must be provided in conjunction with or as part of the client's substance use disorder treatment and recovery.

For Level III.7, service requirements include: (i) a written agreement with a state approved chemical dependency treatment facility to provide ongoing care following client discharge from the detoxification service; (ii) there shall be a discharge note that addresses the referral and service needs of the client for follow-up treatment or care; (iii) medication administration and on-going assessment of the client which are documented in the client record; (iv) written medication orders specifying the name, dose, and route of administration signed by the prescribing physician; (v) meals and snacks in sufficient quantities to assure the nutritional needs of the clients are met; and (vi) written policies and procedures specifying how the facility will provide for the transfer of patients when indicated, to an acute care hospital.

For community-based social detoxification, service requirements include: (i) an initial physical examination by a qualified professional that assures the client can be safely detoxified in a nonmedical setting and documented in the client record; (ii) regular vital signs are taken and recorded by staff trained to recognize symptoms indicating the client is becoming physically unstable; (iii) meals and snacks in sufficient quantities to meet the nutritional needs of the client; (iv) there shall be a written discharge plan that assures necessary referrals and continuing treatment services; (v) all entries in the client record will be signed and dated by staff providing the service; and (vi) a written agreement with an approved addiction treatment provider assuring acceptance of client for treatment upon discharge from the detoxification service.

For Level III.1, service requirements must include: (i) admission and length of stay criteria defining individuals appropriate for this setting; (ii) how all treatment and supportive services are generally off-site in community-based agencies; and (iii) assurance the program is designed and focused on helping individuals with limited life skills and generally focus on helping individuals achieve employment, maintain a daily schedule of work, support group meetings, assigned treatment sessions, and learning how to cooperate and assume responsibility in a community setting.

For Level III.3 single gender residential homes, service requirements include: (i) these homes as transitional versus permanent living environments and how they provide interim supports and services for persons with substance use disorders and related problems; (ii) admission criteria indicating that the individual is appropriate for these settings; (iii) define the criteria for the length of stay in the facilities; (iv) how clinical treatment is provided either on- or off-site; and (v) how life skills training including vocational services is incorporated into daily residential living to prepare residents to assume permanent housing and independent living.

For Level III.3 halfway house community-based parent and children residential homes, services requirements include: (i) the delivery of ASAM Level III.3 treatment services either on- or off-site; (ii) admission criteria indicating individuals appropriate for these settings; (iii) how the treatment needs of both the parent(s) and child(ren) are identified and addressed; (iv) how life skills training is provided as part of the daily living regimen and includes a curriculum to address independent living skills, vocational skills, and parenting skills; (v) how services are coordinated to meet special needs of this population such as childcare, legal services, medical care, and transportation; (vi) how age appropriate services are made available for children as needed; (vii) assurance of a single gender of parent will be living at the facility; and (viii) assurance for safe visitation.

For Level III.5, service requirements include: (i) the delivery of ASAM Level III.5 treatment services either on or off-site; (ii) admission criteria indicating individuals appropriate for these settings; (iii) how the treatment needs are identified and addressed; (iv) how life skills training is provided as part of the daily living regimen and includes a curriculum to address independent living skills and vocational skills; (v) how services are coordinated to meet special needs of this population such as legal services, medical care, and transportation; and (vi) assurance for safe visitation.

Patient Rights and Safety Standards

Mental Health (MH): All crisis stabilization services must notify the member or the member's designated representative in writing of a decision denying eligibility or a request for services. Clients have a right to grievance procedures for such denial. No regulations regarding restraint or seclusion were located, nor that grievances be reported to the state.

Substance Use Disorder (SUD): All facilities should ensure that each client shall have access to an established client grievance procedure. No regulations regarding restraint or seclusion were located, nor that grievances be reported to the state.

Quality Assurance or Improvement

Mental Health (MH): Requirements regarding residential services were not explicitly described in the state regulations.

Substance Use Disorder (SUD): Chemical dependency treatment facilities shall have a quality management committee representative of administration and staff. The quality management committee is responsible for: (a) developing a written plan for a continuous quality improvement program organization wide; (b) implementing the quality improvement plan and monitoring the quality and appropriateness of services; (c) meeting at least on a quarterly basis; (d) identifying problems, taking corrective action as indicated, and monitoring results of those actions; and (e) at least annually, reviewing and updating the quality improvement plan.

Governance

Mental Health (MH): Requirements regarding residential services were not explicitly described in the state regulations.

Substance Use Disorder (SUD): Chemical Dependency Programs must have a governing body responsible for the conduct of the program. The governing body shall establish a philosophy of policies and goals governing admissions, discharges, length of stay, diagnostic groups to be served, scope of services, treatment regimens, staffing patterns, recommendations for continued treatment by referral or otherwise, and provision for a continuing evaluation of the program.

The governing body shall be responsible for providing personnel, facilities, and equipment needed to carry out the goals and objectives of the program and meet the needs of the residents.

Special Populations

Mental Health (MH): Requirements regarding residential services were not explicitly described in the state regulations.

Substance Use Disorder (SUD): Among other outcome measures required of chemical dependency programs are ones related to services to critical populations including priority in

the following order: (ai) pregnant injecting drug users; (aia) pregnant substance abusers; (b) injecting drug users and those individuals infected with the etiologic agent for AIDS; (c) women with dependent children; (d) clients receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI); (e) homeless clients; and (f) aging clients.

Chemical dependency treatment programs that address dual diagnosis populations are defined as follows:

- "Dual diagnosis capable (DDC)" means treatment programs address co-occurring mental and substance-related disorders in their policies and procedures, assessment, treatment planning, program content, and discharge planning are described as "dual diagnosis capable". Such programs have arrangements in place for coordination and collaboration with mental health services. They also can provide psychopharmacologic monitoring and psychological assessment and consultation, either on-site or through coordination consultation with off-site providers. Program staff is able to address the interaction between mental and substance-related disorders and their effect on the patient's readiness to change, as well as relapse and recovery environment issues, through individual and group content. Nevertheless, the primary focus of DDC programs is the treatment of substance-related disorders.
- "Dual diagnosis enhanced (DDE)" describes treatment programs that incorporate policies, procedures, assessments, treatment, and discharge planning processes that accommodate patients who have co-occurring mental and substance-related disorders. Mental health symptom management groups are incorporated into addiction treatment. Motivational enhancement therapies specifically designed for those with co-occurring mental and substance-related disorders are more likely available (particularly in outpatient settings) and, ideally, there is close collaboration or integration with a mental health program that provides crises back-up services and access to mental health case management and continuing care. In contrast to dual diagnosis capable services, dual diagnosis enhanced services place their primary focus on the integration of services for mental and substance-related disorders in their staffing, services, and program content.

Chemical dependency treatment programs must have policies and procedures that encompass critical population requirements to include how pregnant woman resources and referral options will be made available so staff can make referrals as indicated by client needs including: (i) ensuring a pregnant woman who is not seen by a private physician, physician assistant-certified, nurse practitioner, or advanced practice registered nurse is referred to one of these providers for determination of prenatal care needs; and (ii) discussing pregnancy specific issues and resources.

Location of Regulatory and Licensing Requirements

Department of Public Health and Human Services regulations¹; Department of Public Health and Human Services regulations^{2,3}; Alcoholism and Drug Dependence statute⁴; Department of Public Health and Human Services⁵. Regulatory data collected June 14, 2019.

Other Information Sources

I. Coy and C. S. Anderson (DPHHS); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

¹ See <http://www.mtrules.org/gateway/Subchapterhome.asp?scn=37%2E89%2E5>.

² See <http://www.mtrules.org/gateway/ChapterHome.asp?Chapter=37%2E27>.

³ See <http://www.mtrules.org/gateway/Subchapterhome.asp?scn=37%2E106.14>.

⁴ See https://leg.mt.gov/bills/1997/mca_toc/53_24.htm.

⁵ See https://leg.mt.gov/bills/1997/mca_toc/50_5.htm.

MONTANA MEDICAID

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Approach

Mental Health (MH) and Substance Use Disorder (SUD): The Montana Department of Public Health and Human Services (DPHHS) oversees the state Medicaid program. Montana does not reimburse for services in IMDs for adults younger than age 65. Montana historically has not relied on the in lieu of provision or on Disproportionate Share Hospital (DSH) payments for reimbursement of some services in Institutions for Mental Diseases (IMDs). The state does not have a relevant Section 1115 waiver.

Mental Health (MH): Montana Medicaid only provides mental health treatment for members with a severe disabling mental illness.

Types of Facilities

Mental Health (MH):

- *Crisis Stabilization Program:* a short-term emergency, 24-hour care, treatment, and supervision for crisis intervention and stabilization. It is a residential alternative of fewer than 16 beds to divert from Acute Inpatient Hospitalization. The service includes medically monitored residential services to provide psychiatric stabilization on a short-term basis. The service reduces disability and restores members to previous functional levels by promptly intervening and stabilizing when crisis situations occur. The focus is on goals for recovery, preventing continued exacerbation of symptoms, and decreasing risk of need for hospitalization or higher levels of care.

Substance Use Disorder (SUD):

- *ASAM 3.1 SUD Clinically Managed Low-Intensity Residential Adult:* This is a licensed community-based residential home that functions as a supportive, structured living environment. Members are provided stability and skills building to help prevent or minimize continued substance use. SUD treatment services are provided on-site or off-site.

- *ASAM 3.5 SUD Clinically Managed High-Intensity Residential Adult*: This is a clinically managed residential treatment program providing 24-hour structured residential treatment. Members are provided a planned regimen of 24-hour professionally directed SUD treatment. Services focus on stabilizing the member to transition into a less intensive level of care or community setting.
- *ASAM 3.7 SUD Medically Monitored Intensive Inpatient Adult*: This provides medically monitored inpatient treatment services. According to the companion summary to this document, this level of treatment is available in residential settings and the Medicaid Behavioral Health Manual indicates it may be provided by a state-approved substance use disorder program licensed to provide this level of care.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD):

- As a condition of participation in the Montana Medicaid program, all providers must comply with all applicable state and federal statutes, rules and regulations, including but not limited to federal regulations and statutes found in Title 42 of the Code of Federal Regulations and the United States Code governing the Medicaid Program and all applicable Montana statutes and rules governing licensure and certification. Sanctions may be imposed on providers.
- Providers must enroll in the Montana Medicaid program for each category of services to be provided. Required licensure must be maintained.

Staffing

Mental Health (MH): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Substance Use Disorder (SUD): ASAM Levels 3.1, 3.5, and 3.7 must be provided by a state-approved substance use disorder program licensed to provide the level of care.

For Level 3.5, programs are staffed by Licensed Addictions Counselors and behavioral health staff. There is access to medical staff.

For Level 3.7, programs are staffed by physicians, nurses, Licensed Addictions Counselors, and behavioral health staff.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): Each Medicaid member receiving behavioral health treatment must have a current comprehensive assessment conducted by an appropriately licensed mental health professional or licensed addictions counselor trained in clinical assessments and operating within the scope of practice of their respective license. For a member receiving SUD treatment services, the assessment must be relevant and organized according to the six dimensions of the ASAM Criteria.

Mental Health (MH): Crisis Stabilization Programs do not require prior authorization. Medical necessity criteria require the presence of any mental health diagnosis from the current version of the DSM as the primary diagnosis and at least one of the following: dangerousness to self; dangerous to others; or grave disability. Continued stay criteria also must be satisfied.

Substance Use Disorder (SUD): An appropriately licensed mental health professional with SUD within the scope of their professional license, or a licensed addiction counselor, must certify the member continues to meet the criteria for having a SUD annually. The clinical assessment must document how the member meets the criteria for having a SUD. The most current edition of the ASAM criteria must be used to establish the appropriate level of care for placement into services.

For ASAM 3.1, 3.3, and 3.7, medical necessity criteria require that a member must meet the moderate or severe SUD criteria and meet the ASAM criteria for diagnostic and dimensional admission criteria. Prior authorization is required. The member must continue to meet the SUD criteria with a severity specifier of moderate or severe and meet the ASAM criteria diagnostic and dimensional admission criteria. For ASAM 3.7, results of the initial lab results at admission will be required for the continued stay review.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): Based upon the findings of the assessment(s) described in 2.e, the Medicaid provider of mental health or SUD services must establish an individualized treatment plan for each member that must, among other things, identify the problem area that will be the focus of the treatment to include symptoms, behaviors, and/or functional impairments and identify the goals that are person-centered, long-term, recovery oriented. It must be reviewed and updated as required in ARM or whenever there is a significant change in the member's condition and/or situation. The treatment plan review must be comprehensive regarding the member's response to treatment and result in either an amended treatment plan or a statement of the continued appropriateness of the existing plan.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): Services must be medically necessary.

Mental Health (MH): Crisis Stabilization Program is billed as a bundled service and includes the following: (a) 24-hour direct care staff; (b) 24-hour on call mental health professional; (c) crisis stabilization services; (d) psychotropic medications administered and monitoring behavior during the crisis stabilization period; (e) observation of symptoms and behaviors; and (f) support or training for self-management of psychiatric symptoms. It is not required that each member receiving the crisis stabilization bundle receive every service listed above. Medically necessary services must be provided and documented in the treatment plan and the services received must be documented clearly in the member's treatment file.

Substance Use Disorder (SUD): All ASAM levels must adhere to the ASAM criteria service standards for service planning and level of care placement characteristic category standards. These categories include: (a) therapies; (b) support systems; (c) assessment/ITP review; (d) staff; and (e) documentation.

For ASAM 3.1, the service includes a minimum of 5 hours per week of professionally directed treatment services.

For ASAM 3.3, medically necessary services must be provided and documented in the treatment plan and the services received must be documented clearly in the member's treatment file.

For ASAM 3.7, members are provided a planned regimen of 24-hour professionally directed evaluation, observation, medical management/monitoring, and SUD treatment. Medically necessary services must be provided and documented in the treatment plan and the services received must be documented clearly in the member's treatment file.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): The department or the utilization review contractor may perform retrospective clinical record reviews for two purposes: (a) to determine medical necessity of a provided service; or (b) as requested by the provider to establish the medical necessity for payment when the member has become Medicaid eligible

retroactively or the provider has not enrolled in Montana Medicaid prior to the admission of the member.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Location of Medicaid Requirements

Montana Rule 37: Public Health and Human Services⁶; Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health⁷. Regulatory data collected January 9, 2020.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report “**State Residential Treatment for Behavioral Health Conditions: Regulation and Policy**”. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

⁶ See <http://www.mtrules.org/Gateway/Department.asp?DeptNo=37>.

⁷ See <https://dphhs.mt.gov/Portals/85/amdd/documents/AMDDMcdManualSUDMHOct19.pdf>.