

Children's Mental Health Bureau

Comprehensive School and Community Treatment (CSCT)
Program

2017

Overview of Today's Presentation

- The Children's Mental Health Bureau and CSCT Program
- Eligibility and Referrals
- Requirements and Rules
- Role of the School
- Role of the Mental Health Center

Who is CMHB

- The Children's Mental Health Bureau (CMHB) is responsible for designing, developing, managing, and evaluating mental health services for youth enrolled in Healthy Montana Kids Plus (Medicaid)
- The population served is youth with serious emotional disturbance (SED)
- Resource to Providers

School Based Medicaid Services in Montana

- CSCT Services make up over 80% of all school based Medicaid Services
- This is approximately a \$34 million dollar program
- **CSCT Services can be provided for students without an IEP; this is different from all other school based services in Montana**

Why is CSCT School-Based?

- Where are the kids....at school
- Helps to eliminate the risk of removing students from school and/or home
- Facilitates coordination with school staff and other services (ARM 37.106.1965)
- Tier 3 MBI service

CSCT Defined

- Comprehensive School and Community Treatment is a Mental Health Center service under contract with a public school district (school district is the Provider)
- A CSCT treatment team includes a Licensed or supervised In-training Practitioner and a Behavioral Specialist (Aide)
- Once admitted into the program, a SED youth may receive services at the school, the home, or in the community

What CSCT is not

- Academic support
- Extra school staff
- A replacement for school Counselors/Psychologists
- A Tier 1 or Tier 2 intervention
- Habilitation service

CSCT Tier 3 Youth: 5% of Students



Tertiary (FEW)

- Reduced complications, intensity, severity of current cases



Secondary (SOME)

- Reduce current cases of problem behavior



Primary (ALL)

- Reduce new cases of problem behavior



Graphic source: <http://www.pbis.org/school/>

Accessed May 2016

Who is eligible?

- Under 18 years of age (or up to 20 if still in an accredited secondary school)
- Youth ages three through five* who are receiving special education services in accordance with an IEP under the IDEA or attending a preschool program offered through a public school
- Meet SED and functional impairment criteria*
- **Services must be made available to all children, not just Medicaid eligible recipients.**

*The full definition of SED and functional impairment is in the Provider Manual

Services for Non-SED Youth

A Medicaid eligible youth who does not meet the SED criteria may be referred to the CSCT program for brief intervention, assessment, and referral regardless of the diagnosis of the youth for up to 20 units annually

- Code **H2027**- Assessment, intervention, and referral services
- Limited to 20 units per youth per state fiscal year (July 1 to June 30) and is part of your 720 team units
- For a youth to qualify for more than 20 units of CSCT, a full clinical assessment is required and the youth must meet the SED criteria

Financial Resources

- **CSCT is not contingent on Medicaid eligibility**. CSCT is available for youth who are not Medicaid eligible. The school district may use a sliding-fee schedule
- Bill all available financial resources for support of services including third party insurance and parent payments

[Youth must be served in order as described in 37.87.1801](#)

Reimbursable Services

For youth with SED:

- Code H0036- **Treatment**, face-to-face, per 15 minutes (minimum of 8 minutes for one 15 minute unit)
 - Includes individual, family (with/without youth as directed by the ITP) and group counseling

- **Behavioral Interventions/Redirection** with student (minimum of 8 minutes for one 15 minute unit)

Service documentation

- Notes are completed on a daily basis by each staff person

Daily progress notes from each team member that document individual therapy sessions and other direct services provided to the youth and family throughout the day including:

- When any therapy or therapeutic intervention begins and ends
- The sum total number of minutes spent each day with the youth.
- Signed and dated paperwork

Non-Reimbursable Activities

- Documentation time/ reports and notes with schoolwork
- Observation & monitoring (watching movies etc.)
- Less than 8 minutes of service in the 15 minute unit that is billable
- Non face-to-face service
- *If a team bills more than 28 units in a day for a youth the claim will suspend for review by CMHB. Documentation is required to determine medical necessity.
- Time in meetings
- More than 720 units of service per month per team
- Educational/Academic assistance

Services (ARM 37.106.1956)

- Individual, group and family therapy
- Behavioral intervention
- Other evidence and research-based practices effective in the treatment of youth with SED
- Crisis plan that identifies a range of potential crisis situations with a range of corresponding responses
- Direct crisis intervention services during the time the youth is present in a school-owned or operated facility
- Other services as determined by the identified needs of the youth

Service Coordination (ARM 37.106.1956)

- Providers must inform the youth and the parent(s)/legal representative/guardian that Medicaid requires coordination of CSCT with Home Support Services (HSS) and Outpatient Therapy
- Treatment plan coordination with Substance Use Disorder and Mental Health treatment services the youth receives outside the CSCT program

CSCT Team Requirements (ARM 37.106.1956)

- Services must be provided by a Licensed or In-training Practitioner (minimum 40%) and a Behavioral Specialist (Aide)
- Caseload for program cannot exceed 720 units (15 minutes each) per month per team
- The Licensed Practitioner is defined in ARM 37.87.702(3)

Training (ARM 37.106.1960)

- A behavioral aide must work under the clinical oversight of a Licensed Mental Health Professional and provide services for which they have received training that do not duplicate the services of the licensed or In-training Mental Health Professional
- All program staff are required to receive a minimum of 18 hours training per year in behavior management strategies that focus on the prevention of behavior problems for youth with serious emotional disturbance (SED)

Waiting List (ARM 37.87.1801)

- Youth referred to the CSCT program must be served in sequential order as determined by the priorities below based upon acuity and need, **regardless of payer:**
- (a) without treatment the youth may become at risk of self-harm or harm to others;
- (b) the youth requires support for transition from intensive out-of-home or community-based services;
- (c) the youth meets the serious emotional disturbance criteria;
- (d) the youth has not responded to positive behavior interventions and supports; or
- (e) the youth is not attending school due to the mental health condition of the youth.

The Bureau may audit waiting lists

Individualized Treatment Plan (ITP) (ARM 37.106.1916)

Each youth enrolled in the program must:

- Have an individualized treatment plan (ITP) in accordance with ARM 37.106.1916. The clinical assessment directs the ITP; the ITP directs the service
- Meetings for establishing an ITP and for treatment plan review must be conducted face-to-face

- The treatment plan must be reviewed at least every 90 days for each client and whenever there is a significant change in the client's condition. A change in level of care or referrals for additional mental health services must be included in the treatment plan.
- ITP team must mutually assess program effectiveness (ARM 37.106.1956)

ITP Team

For CSCT, the school is the Provider and must be involved in the ITP, 90 day review, and more.

- The CSCT ITP team must include:
 - mental health professional;
 - school administrator or designee;
 - parent(s) or legal representative/guardian;
 - the youth, as appropriate
 - other person(s) who are providing services, or who have knowledge regarding the youth, as requested

CSCT and SPED (ARM 37.106.1965)

The CSCT program must be coordinated with the special education program of the youth, if the youth is receiving special education services under the individuals with disabilities education act (IDEA).

- The licensed or in-training mental health professional or behavioral aide, as appropriate, must attend the individualized education plan (IEP) meeting when requested by the parent(s)/legal representative/guardian or the school.

Discharge

- A discharge plan must be formulated upon admission of a youth into a service and:
 - be reviewed and updated during the treatment team meetings;
 - identify specific target dates for achieving the goals and objectives of the youth;
 - define criteria for conclusion of treatment at the current level of care; and
 - identify alternatives, if applicable.

- A youth must be discharged when the treatment plan goals have been sufficiently met such that the youth no longer meets the clinical guidelines of the level of care for the service.

Record Requirements (ARM 37.106.1961)

- A CO signed written referral and coordination verification (if denied admission a detailed reason for denial must be kept)
- A copy of the clinical assessment which documents the presence of SED
- The Individualized Treatment Plan for CSCT and 90 day reviews
- Discharge plan

Additional requirements as described in Administrative Rule

School and MHC

➤ Must

- identify an enrollment process that includes CSCT and a school administrator or designee
- ensure youth have access to services prioritized according to acuity and need
- consider the current caseload of the CSCT program in terms of a wait list and near-term discharges.
- describe information provided to personnel, parents, and students concerning
 - CSCT program and services, referral process and criteria
 - signs and symptoms that indicate a need for mental health services for a youth
 - FERPA/HIPAA/HITECH

CSCT Summer Program

- The summer program needs to be provided by the team a minimum of 16 hours per month. The service needs to be delivered during summer the same as during the school year.

Where to go for more information

➤ **Children's Mental Health Bureau:**

<http://dphhs.mt.gov/dsd/CMB.aspx>

➤ **CMHB Medicaid Services Provider Manual**

<http://dphhs.mt.gov/dsd/CMB/Manuals.aspx>

➤ **Montana Medicaid Provider Information:**

<http://medicaidprovider.mt.gov/>

➤ **Montana Secretary of State**

<http://www.mtrules.org>



Linda McCulloch

MONTANA SECRETARY OF STATE



[HOME](#) [SEARCH](#) [ABOUT US](#) [CONTACT US](#) [HELP](#)

How to ...

[Learn](#) more about the administrative rule process

[Find](#) Register publication dates

[Subscribe](#) to the ARM and Register

Related Resources

[Official State Website](#)

[Secretary of State](#)

[Administrative Rules](#)

[ARM Templates](#)

[Montana Code Annotated \(MCA\)](#)

[Code of Federal Regulations \(CFR\)](#)

Using ARM and MAR

Locate rules that are effective but not yet available online, please view new issues of the Montana Administrative Register.

Please take a [survey](#) about the Montana Administrative Rules to help improve this website.

Administrative Rules of Montana

(Updated through December 31, 2015)

Full Text Search ?

Go

Match words within current rules in Administrative Rules of Montana

By Rule Number ?

Go

e.g., 42.26.203

By Chapter Number ?

Go

e.g., 42.26

By Department, Chapter, and Rule Table of Contents

Go

By MCA Number ?

Go

e.g., 2-3-103

By Title Number ?

Go

e.g., 10, 37

Montana Administrative Register

Full Text Search (from January 2007) ?

Go

Match words within notices published in Montana Administrative Register.

Browse all Register issues

Go

View the most recent issue, [2016 # 10](#)
Archived issues [2000 to present](#).

Search By Notice No. (from January 2007) ?

Go

Search MAR notices published in Montana Administrative Register by the Notice No.

Contacts

➤ Family and Communication Liaison

➤ Kandis Franklin, kfranklin@mt.gov, 406-444-6018

➤ Bureau Chief

➤ Eric Higginbotham, ehigginbotham@mt.gov 406-444-1290

