

COMPREHENSIVE SCHOOL & COMMUNITY TREATMENT (CSCT) PROGRAM

Montana DPHHS
Children's Mental
Health Bureau

May 2019

OVERVIEW OF THIS 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

Note: The bulleted points on these slides do not include the full wording of the Administrative Rules of Montana (ARM) that pertain to CSCT. ARMs are subject to change so always consult the Montana Secretary of State's website before making decisions related to billing or program development.

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 can be provided for students without an IEP; this is different from all other school-based services in Montana.
- If students receiving CSCT services also have an individualized education plan (IEP), the CSCT program must coordinate with the special education program of the youth.

ARM 37.106.196(1)

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

ARM 37.106.1965(2)

WHY IS CSCT SCHOOL-BASED?

Where are the children? 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 PBIS service

ARM 37.87.1802(6)

CSCT DEFINED

- Comprehensive School and Community Treatment is a Mental Health Center service under contract with a public school district. The school district is the Provider.

ARM 37.87.1803(6)

- A CSCT treatment team includes a Licensed or supervised In-training Practitioner and a Behavioral Aide

ARM 37.106.1956(7) and (8)

- Once admitted into the program, a SED youth may receive services at the school, the home, and in the community

ARM 37.106.1956

WHAT CSCT IS NOT

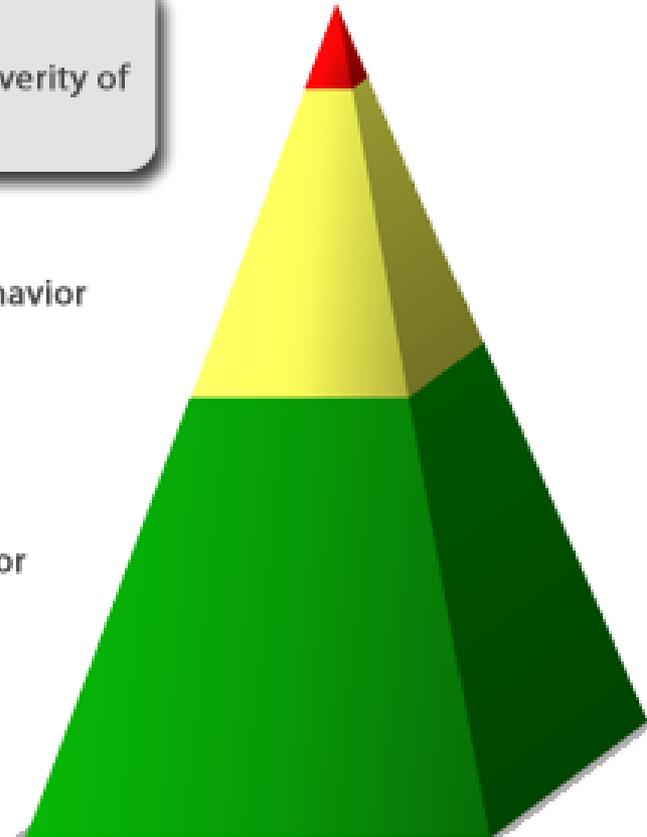
- Academic support
- Extra school staff
- A replacement for school Counselors or Psychologists
- A Tier 1 or Tier 2 intervention
- Habilitation service

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) [ARM 37.87.1803\(2\)](#)
- 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 [ARM 37.87.1803\(2\)](#)
- 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 [Children's Mental Health Bureau Medicaid Services Provider Manual](#) (dated July 1, 2018)

SERVICES FOR NON-SED YOUTH

A 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. [ARM 37.87.1803\(40\)](#)

- 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
ARM 37.87.1803(7)
- Bill all available financial resources for support of services including third party insurance and parent payments.
ARM 37.87.1803(6a)
- Youth must be served in order as described in ARM 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

Refer to ARM 37.106.1961 for complete list of record requirements.

NON-REIMBURSABLE ACTIVITIES

- Documentation time/reports and notes
- Observation & monitoring (watching movies etc.)
- Non face-to-face services
- Time in meetings
- More than 720 units of service per month per team
- Educational/Academic assistance with schoolwork
- Less than 8 minutes of service in the 15 minute unit that is billable

**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.*

SERVICES: ARM 37.106.1956(1)

- Individual, group and family therapy
- Behavioral intervention
- Other evidence and research-based practices effective in the treatment of youth with SED
- Direct crisis intervention services during the time the youth is present in a school-owned or operated facility
- Crisis plan that identifies a range of potential crisis situations with a range of corresponding responses
- Treatment plan coordination with substance use disorder and mental health treatment services the youth receives outside of the CSCT program
- Access to emergency services
- Referral and aftercare coordination with inpatient facilities, Psychiatric residential treatment facilities, or other appropriate out-of-home placement programs
- Continuous treatment that must be available twelve months of the year. The program must have a minimum of 16 hours per month of CSCT services in summer months.
- 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 (4)
- Treatment plan coordination with Substance Use Disorder and Mental Health treatment services the youth receives outside the CSCT program (1 f)

CSCT TEAM REQUIREMENTS:

ARM 37.106.1956

- Services must be provided by a Licensed or In-training Practitioner (must provide at least 40% of units) and a Behavioral Aide [ARM 37.87.1803\(3\)](#)
- Caseload for program cannot exceed 720 units (15 minutes each) per month per team [ARM 37.87.1803\(3\)](#)
- 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 [ARM 37.106.1956\(8\)](#)
- 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(9)

ITP TEAM: ARM 37.106.1956(3)

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:
 - ❖ Licensed or in-training 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 by the parent(s), legal representative/guardian, or the agencies

CSCT AND SPECIAL EDUCATION (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.

Refer to ARM 37.106.1916.

RECORD REQUIREMENTS:

ARM 37.106.1961

- A cosigned 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

See additional requirements as described in Administrative Rule.

SCHOOL AND MENTAL HEALTH CENTER (MHC) CONTRACT REQUIREMENTS: ARM 37.87.1802

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.
- The school must describe the implementation of a school-wide positive behavior intervention and supports program (PBIS)
- 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

Refer to ARM for complete list of contract requirements.

CSCT SUMMER PROGRAM: ARM 37.106.1956(1)

- 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. CSCT services provide continuous treatment available twelve months of the year.

WHERE TO GO FOR MORE INFORMATION

- **Children's Mental Health Bureau**

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

- **CMHB Medicaid Services Provider Manual**

<https://dphhs.mt.gov/dsd/CMB/Manuals>

- **Montana Medicaid Provider Information**

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

- **Montana Secretary of State - Administrative Rules of Montana (ARM)**

<http://www.mtrules.org/default.asp>

ENROLLING OR CHANGING CSCT TEAMS

To enroll, go to the Children’s Mental Health webpage and click on the “Montana Healthcare Programs Provider Information” link on the right. For paper enrollment, go to “Provider Enrollment” and scroll down to “Paper Enrollment Forms.” For online enrollment select the “MATH Web Portal.” From the Montana Access to Health (MATH) web portal, begin the online enrollment process, submit electronic claims, and other tasks.

CSCT Services Contract:

<https://medicaidprovider.mt.gov/Portals/68/docs/enrollment/2018enrollmentforms/13csctservicescontract02142018.pdf>

CSCT Team Change Form:

<https://medicaidprovider.mt.gov/Portals/68/docs/forms/CSCTChangeContractorVersion211012018.pdf>



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

To locate rules that are effective but not yet available online, please review issues of the Montana Administrative Register.

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

Administrative Rules of Montana

(Updated through December 31, 2018)

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, [2019 # 4](#)
Archived issues [1976 to present](#).

Search By Notice No. (from January 2007) ?

[Go](#)

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

CONTACTS

- Bureau Chief
Meghan Peel, MPeel@mt.gov 406-444-1290
- Grants and Program Coordinator/CSCT Medicaid Program Officer
Christine White, ChWhite@mt.gov 406-444-5916
- Medicaid Program Officer
Renaef Huffman, RHuffman@mt.gov 406-444-7064

Acute Inpatient Hospitalization
Community-Based Psychiatric Rehab and Support (CBPRS)
Extraordinary Needs Aid (ENA)
Home Support Services (HSS)
Mental Health Therapeutic Group Home (TGH)
Outpatient Therapy (OP)

Partial Hospitalization Program (PHP)
Psychiatric Residential Treatment Facility (PRTF and PRTF-AS)
Targeted Youth Case Management (TYCM)
Therapeutic Foster Care (TFOC)
Therapeutic Foster Care- permanency (TFC-P)
Youth Day Treatment

