

# **COMPREHENSIVE SCHOOL & COMMUNITY TREATMENT (CSCT) PROGRAM**

Montana DPHHS  
Children's Mental  
Health Bureau

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# WELCOME, INTRODUCTIONS, AND HOUSEKEEPING

## Children's Mental Health Bureau

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# 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

# WHAT IS CSCT?

Comprehensive School and Community Treatment is a mental health center service provided by a public school district. CSCT services are provided by treatment teams of licensed or supervised in-training practitioners and a behavioral aides. Teams are assigned a unique team number for billing purposes.

Once admitted into the program, a youth may receive services at the school, the home, or in the community. Services are focused on improving the youth's functional level by facilitating the development of skills related to exhibiting appropriate behaviors in the school and community settings.

Comprehensive School and Community Treatment includes:

- Individual, Group and Family Therapy
- Behavioral and life skills training

# 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 37.106.1965\(1\)](#)
- 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)

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

ARM 37.106.1956

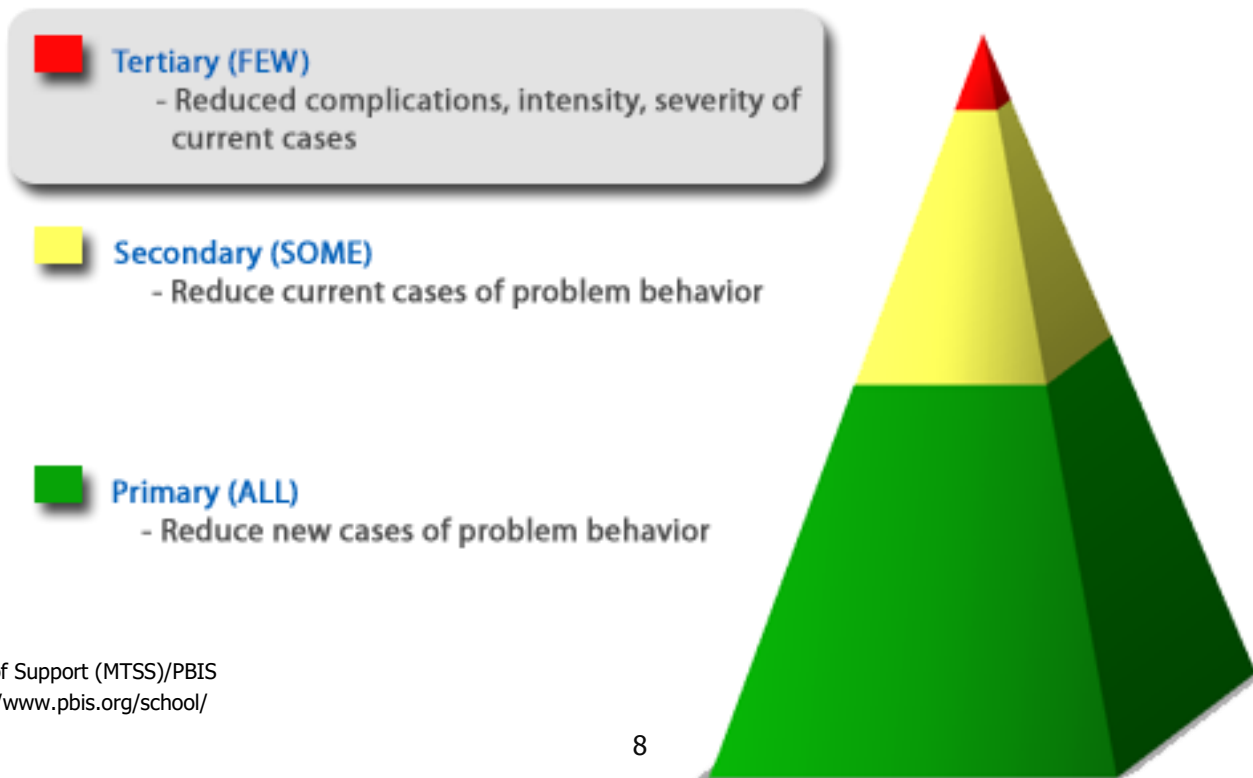


# WHAT CSCT IS NOT

- 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

At the tertiary or Tier 3 level, support is provided to the 1-5% of students who may have very serious problem behaviors and may require more intensive and individualized supports. The supports are organized to reduce the frequency, duration, and intensity of externalizing and internalizing problem behaviors and improve life outcomes. (Source [www.PBIS.org/schools](http://www.PBIS.org/schools))



# 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 January 1, 2021)*

# 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.

ARM 37.87.1803(40)

- Code **H2027**- Assessment, Intervention, and Referral services
- For a youth to qualify for additional services, 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
  - ❖ Includes individual, family (with/without youth as directed by the ITP) and group counseling
- **Behavioral Interventions/Redirection** with student

# 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
- 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 (IEP, member care, ITP)
- Educational/Academic assistance with schoolwork



# 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

# CSCT TEAM REQUIREMENTS: ARM 37.106.1956

- Services must be provided by both Licensed or In-training Practitioners and Behavioral Aides.  
ARM 37.87.1803(3)
- The Licensed Practitioner is defined in ARM 37.87.702(3)

# 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 (1f)
- Medicaid services must not be provided to a youth at the same time as another service that is the same in nature and scope regardless of source, including Federal, State, local, and private entities. Youth receiving CSCT services may **not** concurrently receive the following Children's Mental Health services\*:
  - Acute Hospital
  - PRTF
  - PRTF-AS
  - Day Treatment
  - Outpatient\*
  - Partial Hospitalization
  - CBPRS\*
  - ENA

\*The exceptions are:

- CBPRS may be provided but not during the regular school hours of the youth when enrolled in CSCT.
- See Coordination of OP with TGH and CSCT section in the CMHB Provider Manual for exceptions and coordination.

\*The complete list of requirements are in the [Children's Mental Health Bureau Medicaid Services Provider Manual](#) (dated 1/1/2021)

# 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 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 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.

# MEDICAID CSCT BILLING CODES FOR MENTAL HEALTH CENTERS

Service	Procedure	Modifier 1	Modifier 2
Comprehensive School and Community Treatment (CSCT)	H0036	No modifier	No modifier
CSCT Intervention, Assessment and Referral (IAR)	H2027	No modifier	No modifier

For the complete Medicaid Youth Mental Health Fee Schedule, please click on the following link: <https://medicaidprovider.mt.gov/59>

# 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>

# 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>

## How to ...

- [Learn](#) more about the administrative rule process
- [Find](#) Register publication dates
- [Subscribe](#) to the ARM

## 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 June 30, 2021)

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### By Rule Number ?

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e.g., 42.26.203

### By Chapter Number ?

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e.g., 42.26

By Department, Chapter, and Rule Table of Contents

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### By MCA Number ?

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e.g., 2-3-103

### By Title Number ?

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e.g., 10, 37

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View the most recent issue, [2021 # 14](#)  
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