

Montana Mental Health System Guidebook

This resource is provided for informational purposes only and is not intended as reimbursement or legal advice.

You should seek independent, qualified professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

Except as otherwise indicated, the information provided is accurate to the best of Otsuka's knowledge as of December 2018. PsychU provides this information for your convenience. In order to obtain the most up-to-date information about a state or its programs, please contact the organization listed within this state's Mental Health System Guidebook.

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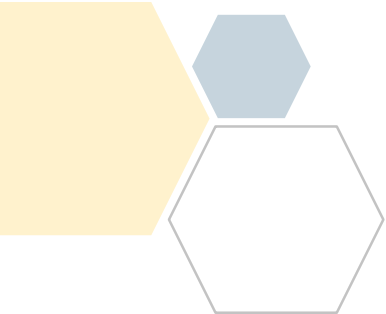
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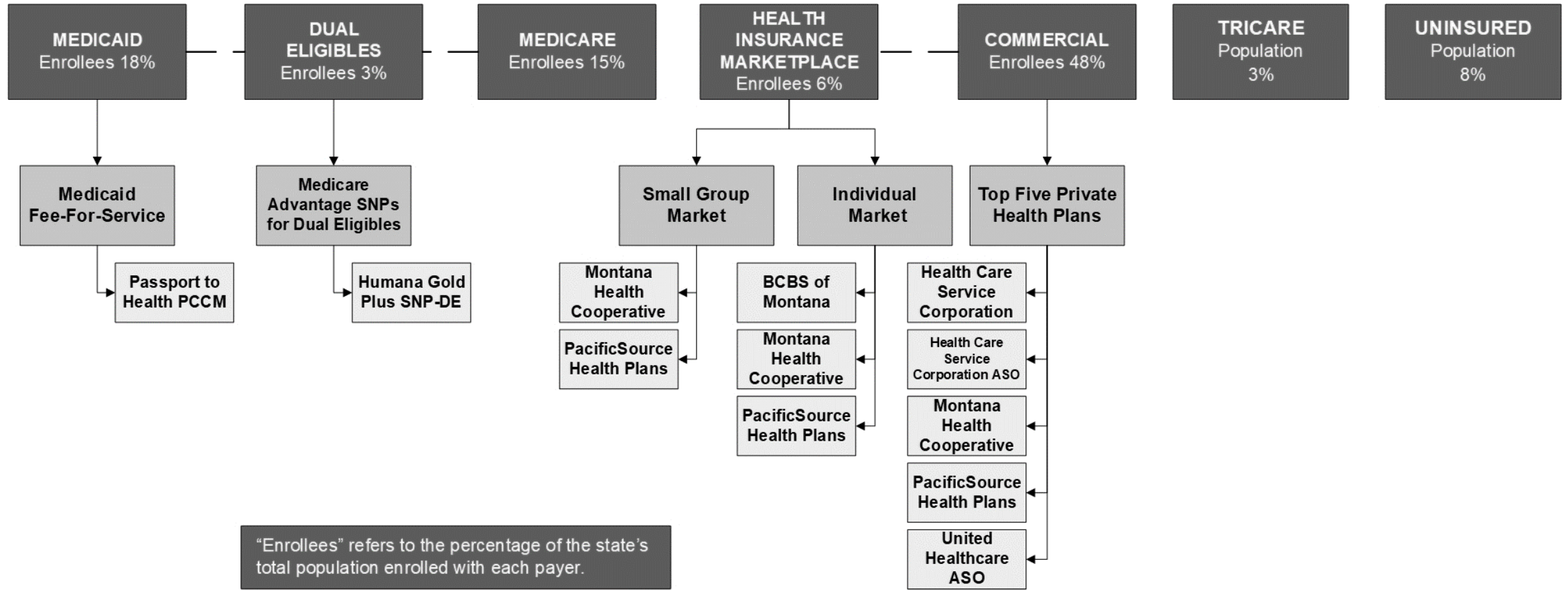
For acronym definitions, please see [Appendices](#).

A. Executive Summary



A.1. Montana Physical Health Care Coverage Map

Total Montana Population- 1,042,520
Estimated SMI Population- 51,761



For acronym definitions, please see [Appendices](#).

A.2. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution	<ul style="list-style-type: none"> The state considers its primary care case management (PCCM) program to be FFS, therefore, 100% of the Medicaid population is enrolled in FFS Of that population, an estimated 78% are enrolled in the PCCM 	
SMI population inclusion in managed care	<ul style="list-style-type: none"> The entirety of the SMI population is enrolled in FFS, as Montana considers its PCCM program to be FFS; within the PCCM program, the SMI population is required to enroll Estimated 66% of population in the PCCM 	
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> Dual eligibles are excluded from enrollment in the PCCM program Estimated 100% of population in FFS, 0% in PCCM 	
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	N/A
Specialty behavioral health	Covered FFS by the state	N/A
Pharmaceuticals	Covered FFS by the state	N/A
Long-term services and supports (LTSS)	Covered FFS by the state	N/A

For acronym definitions, please see [Appendices](#).

A.3. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan		None
PCCM	✓	The state operates a PCCM program called Passport To Health
ACO Program		None
ACA Model Health Home		None
PCMH	✓	Montana has a state-designed patient-centered medical home initiative, and also participates in the CPC+ demonstration with the Centers For Medicare & Medicaid Services

For acronym definitions, please see [Appendices](#).

A.4. Behavioral Health Safety-Net Delivery System

State Agency Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Montana Department Of Public Health & Human Services, Primary Care Office provides funding and coordination for the provision of physical health services for the safety-net population

Mental Health Services

- The Montana Department Of Public Health & Human Services, Addictive & Mental Disorders Division, provides mental health and addiction treatment services to the uninsured population through a network of provider organizations

Addiction Treatment Services

- The Montana Department Of Public Health & Human Services, Addictive & Mental Disorders Division, provides mental health and addiction treatment services to the uninsured population through a network of provider organizations

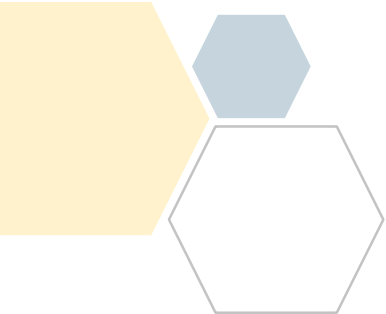
For acronym definitions, please see [Appendices](#).

A.5. Behavioral Health Safety-Net Delivery System (Continued)

- The Montana Department Of Public Health & Human Services, Addictive & Mental Disorders Division, provides mental health and addiction treatment services to the uninsured population through a network of provider organizations
- The regional Service Area Authorities (SAAs) and Local Advisory Councils (LACs) assist the Department in local planning for mental health needs
- The Mental Health Services Program (MHSP) provides limited mental health services to adults with income up to 150% of the federal poverty level who do not qualify for—or are on the waitlist for—the Montana Additional Services and Populations waiver
- Addiction treatment services are available to adults with income up to 200% of the FPL

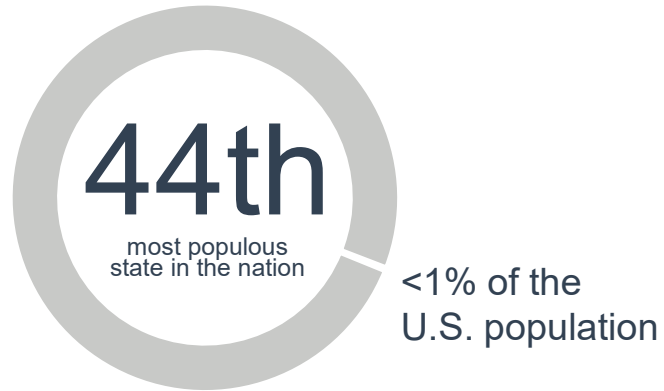
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B. Montana Health Financing System Overview

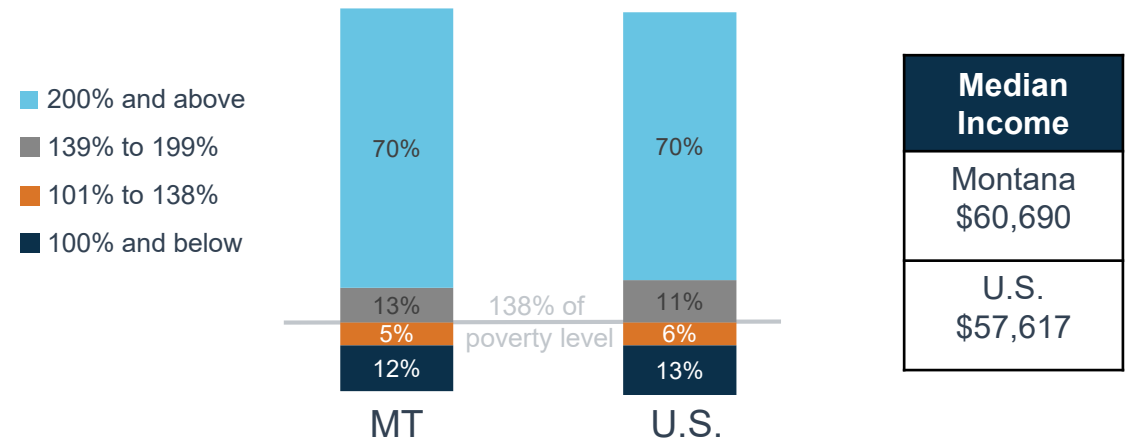


B.1. Population Demographics

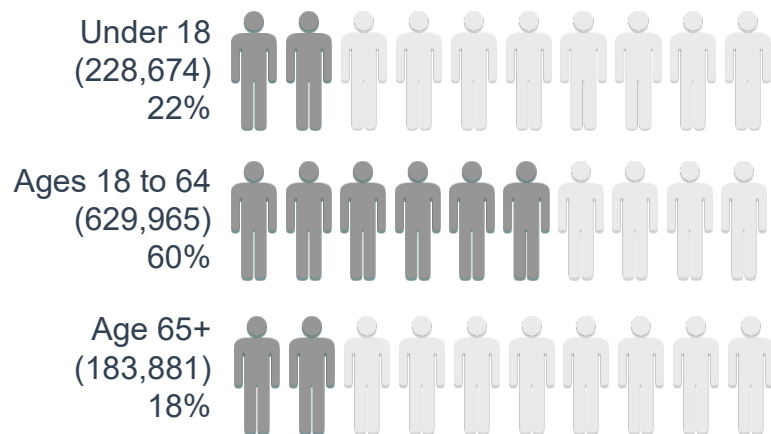
Total Montana Population- 1,042,520
Estimated SMI Population- 51,761



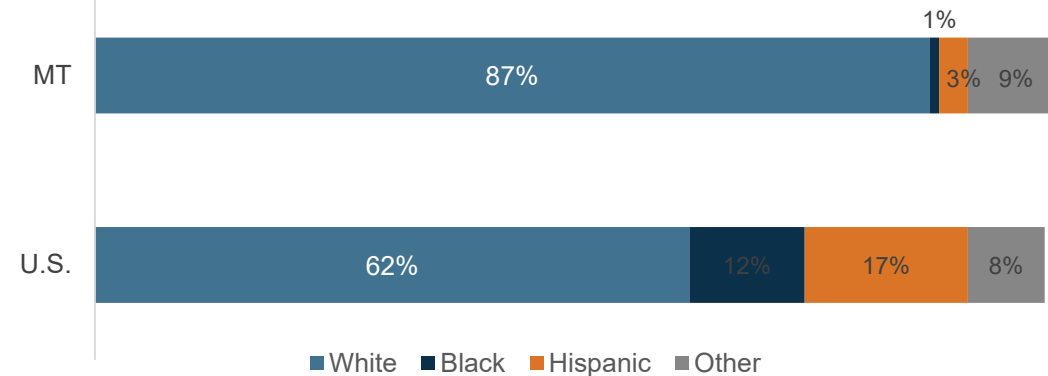
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



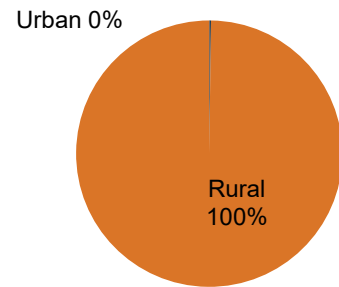
Montana & U.S. Racial Composition



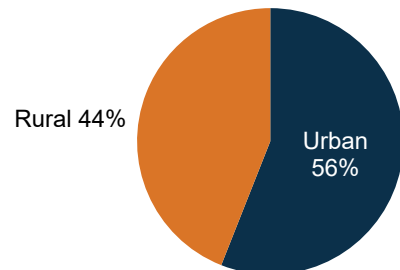
For acronym definitions, please see [Appendices](#).

B.2. Population Centers

Distribution Of Land Area



Distribution Of Population

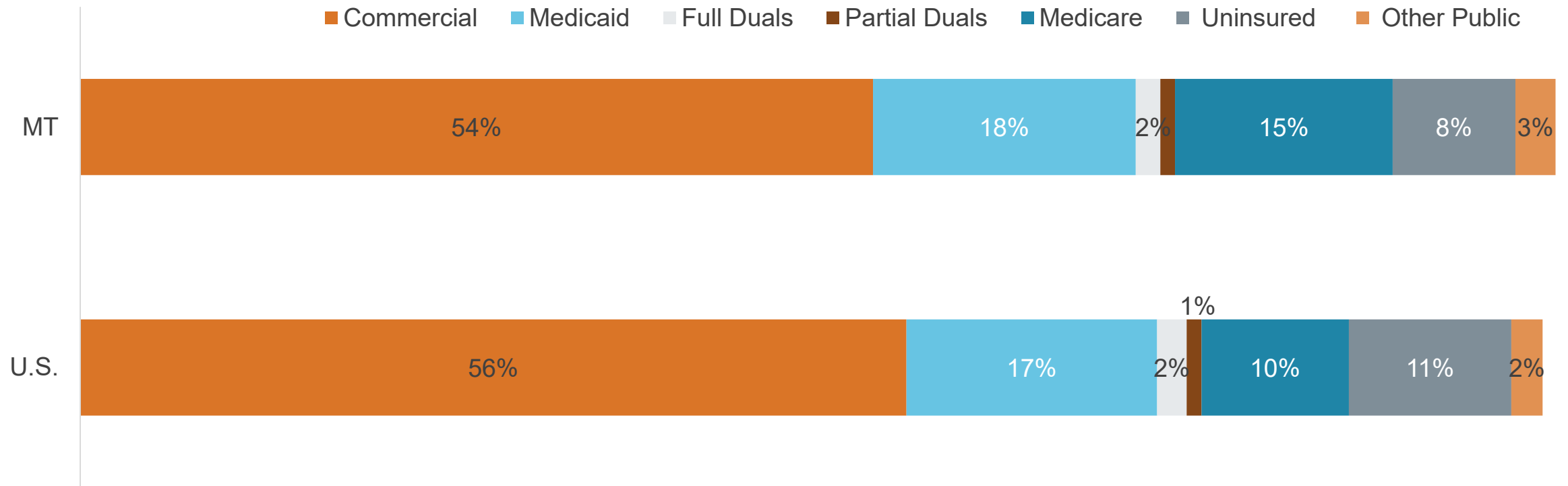


Metropolitan Statistical Areas (MSAs)		
MSA	Montana Residents	Percent Of Population
Total MSA Population	367,613	35%
Billings, MT	169,728	16%
Missoula, MT	116,130	11%
Great Falls, MT	81,755	8%



For acronym definitions, please see [Appendices](#).

B.3. Population Distribution By Payer: National vs. State



For acronym definitions, please see [Appendices](#).

B.4. Largest Montana Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Medicaid FFS	Medicaid	271,170
Medicare FFS	Medicare	170,185
Health Care Services Corporation	Commercial	114,147
Health Care Services Corporation	Commercial ASO	114,105
PacificSource Health Plans	Commercial	35,557
Blue Cross Medicare Advantage	Medicare	34,905
UnitedHealth	Commercial ASO	34,732
Montana Health Cooperative	Commercial	18,124
Cigna	Commercial ASO	8,290
Aetna	Commercial ASO	6,692

* Medicaid enrollment as of March 2018; TRICARE as of April 2018; Commercial as of 4th quarter 2017; Medicare enrollment as of September 2017

For acronym definitions, please see [Appendices](#).

B.5. Largest Montana Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Montana Medicare FFS	Medicare	170,185	24,336
Medicaid FFS	Medicaid	271,170	15,637
Blue Cross Medicare Advantage	Medicare	34,905	4,991
Health Care Services Corporation	Commercial	114,147	2,625
Health Care Services Corporation	Commercial ASO	114,105	2,624
PacificSource Health Plans	Commercial	35,557	818
UnitedHealth	Commercial ASO	34,732	799
Humana Gold Plus	Medicare	3,669	525
Montana Health Cooperative	Commercial	18,124	417
HumanaChoice	Medicare	1,914	274

* Medicaid enrollment as of March 2018; TRICARE as of April 2018; Commercial as of 4th quarter 2017; Medicare enrollment as of September 2017

For acronym definitions, please see [Appendices](#).

B.6. Health Insurance Marketplace

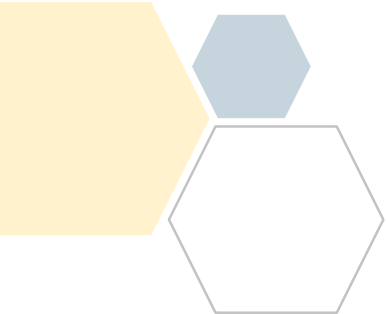
Health Insurance Marketplace	
Type Of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	https://www.healthcare.gov/small-businesses/
	1-800-706-7893

2018 Individual Market Health Plans
<ol style="list-style-type: none"> 1. Blue Cross & Blue Shield Of Montana 2. Montana Health Cooperative 3. PacificSource Health Plans

2018 Small Group Market Health Plans
<ol style="list-style-type: none"> 1. Montana Health Cooperative 2. PacificSource Health Plans

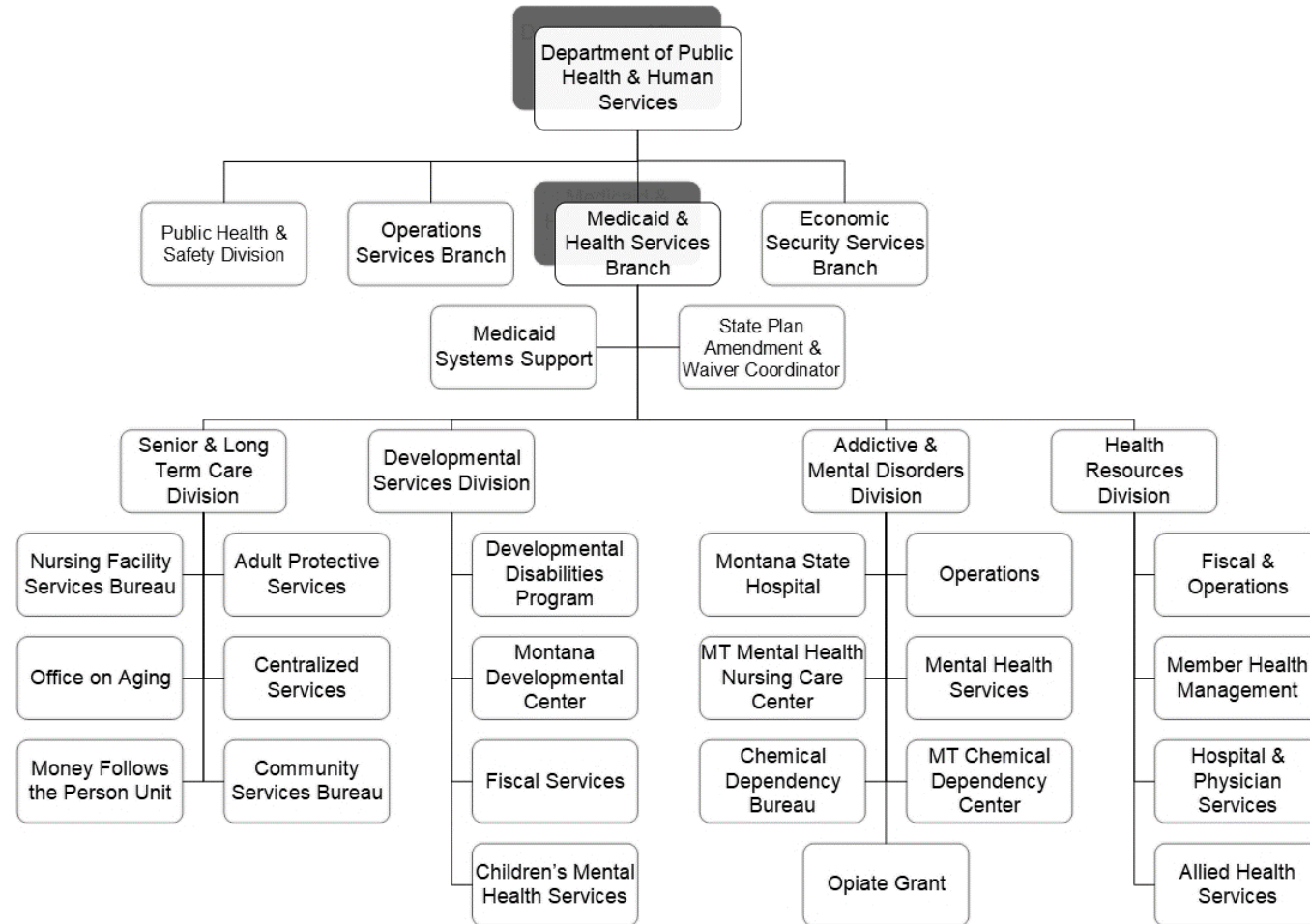
For acronym definitions, please see [Appendices](#).

C. Medicaid Administration, Governance & Operations



C.1. Medicaid Governance

Organization Chart



For acronym definitions, please see [Appendices](#).

C.2. Medicaid Governance

Key Leadership

Name	Position	Department
Sheila Hogan	Director	Department Of Public Health & Human Services
Marie Matthews	Manager, State Medicaid Director	Medicaid & Health Services Branch
Barb Smith	Administrator	Senior & Long-Term Care Division
Rebecca de Camara	Administrator	Developmental Services Division
Zoe Barnard	Administrator	Addictive & Mental Disorders Division
Duane Preshinger	Administrator	Health Resources Division

For acronym definitions, please see [Appendices](#).

C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2016
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of FPL Note: The PPACA requires that 5% of income be disregarded when determining eligibility
Legislation Used To Expand Medicaid	SB 405 of the 2015 Montana Legislature
Number Of Individuals Enrolled In The Expansion Group (December 2016)	68,027
Number Of Enrollees Newly Eligible Due To Expansion	68,027
Benefits Plan For Expansion Population	The alternative benefit plan is identical to the state plan

For acronym definitions, please see [Appendices](#).

C.4. Medicaid Program Benefits

Federally Mandated Services

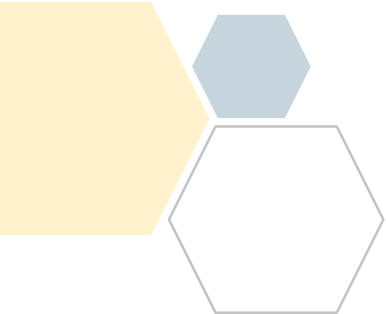
1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Montana's Optional Services

1. Home health care services
2. Private-duty nursing services
3. Dental services
4. Physical therapy services
5. Mental health center services
6. Clinical social worker services
7. Prescribed drugs, dentures, and prosthetic devices
8. Prescribed eyeglasses
9. Other diagnostic, screening, preventive, rehabilitative, chiropractic, and osteopathic services;
10. Inpatient psychiatric hospital services for persons under 21 years of age
11. Hospice care
12. Case management services

For acronym definitions, please see [Appendices](#).

D. Medicaid Financing & Service Delivery System



D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Fee-For-Service (FFS) Without Primary Care Case Management (PCCM)	FFS With PCCM
Enrollment (March 2018)	59,574	211,569
SMI Enrollment	<p>The entirety of the SMI population is enrolled in FFS, as Montana considers its PCCM program to be FFS; Montana does not specifically preclude individuals with SMI from enrolling in managed care, therefore, the majority of the SMI population is enrolled in FFS</p> <p>An estimated 66% of the SMI population is enrolled in the PCCM</p>	
Management	<ul style="list-style-type: none"> • Department Of Public Health & Human Services (DPHHS) • Provider enrollment and claims processing: Conduent Health Care • Prior authorization for physical health: Mountain-Pacific Quality Health • Utilization management for behavioral health: Magellan 	<ul style="list-style-type: none"> • DPHHS • Provider enrollment and claims processing: Conduent Health Care • Prior authorization for physical health: Mountain-Pacific Quality Health • Utilization management for behavioral health: Magellan
Payment Model	FFS	FFS and case management fee
Geographic Service Area	Statewide	Statewide

Total Medicaid: 271,170 | Total Medicaid With SMI: 15,637

For acronym definitions, please see [Appendices](#).

D.2. Medicaid Service Delivery System Enrollment By Eligibility Group

Montana considers its primary care case management (PCCM) program to be FFS, and does not operate a managed care program

Population	Excluded From PCCM Enrollment	Primary Care Case Management Enrollment
Parents and caretakers		X
Children		X
Blind and disabled individuals		X
Aged individuals		X
Dual eligibles	X	
Medicaid expansion		X
Individuals residing in nursing homes	X	
Individuals residing in ICF/IDD	X	
Individuals in foster care		X
Other populations	<ul style="list-style-type: none"> • Receiving home- and community-based services (HCBS) • Enrolled in another managed care program • Eligible for the Breast and Cervical Cancer Program • Eligible for spend-down • Unable to find a primary care provider who will provide case management 	

For acronym definitions, please see [Appendices](#).

D.3. Medicaid FFS Program

Overview

- FFS enrollment as of March 2018 was 271,170
- Montana's primary care case management program, which it considers part of its FFS program, is called Passport To Health; in March 2018, enrollment was 210,925
 - Members must either choose a primary care provider (PCP) or be auto-assigned
 - PCPs act as a medical home, providing education on self-referrals, providing referrals for all other services, providing direction for emergency services 24/7, and maintaining a unified medical record
 - PCPs receive a \$3.00 per member per month (PMPM) case management fee for medically frail and aged, blind, and disabled members; for all other members, the PMPM is \$1.00
- Under Passport to Health, there are two sub-programs that provide additional case management:
 - Team Care – a clinical lock-in program where individuals are restricted to one clinical professional and one pharmacy; approximately 671 individuals are enrolled
 - Tribal Health Improvement Program – Tribes have the option to run their own PCCM program, which can include one or more of three tiers
 - Under the first tier, the tribe works with individual members to improve their health; under tiers two and three, tribes focus on population health initiatives
- The Medicaid expansion population is subject to additional cost-sharing requirements and premium payments under the Montana HELP waiver

For acronym definitions, please see [Appendices](#).

D.4. Medicaid FFS Program

HELP

- Montana operates an alternative Medicaid expansion program—called Health and Economic Livelihood Partnership (HELP)—for childless adults ages 19 to 64 with incomes up to 138% FPL through a section 1115 demonstration waiver from January 2016
 - The demonstration excludes individuals who are medically frail, individuals the state identifies with exceptional health care needs, and individuals who live in an area with an insufficient number of clinical professionals
 - As of July 2018, there were 96,209 enrolled individuals
- HELP participants with incomes above 50% FPL are charged premiums and copayments for some services, not to exceed 5% of the total yearly household income
 - Monthly premiums equal 2% of household income, and are applied to copayments
- Participants with incomes above 100% FPL face disenrollment for failure to make premium payments after a 90-day grace period
 - Unpaid premiums are considered debts to the state, and may be collected against future income tax returns
 - Participants may be reenrolled after the debt is recovered or when the debt is assessed
- The state ended its third-party administrator contract with Blue Cross Blue Shield in December 2017; all administrative functions for the HELP program are now aligned with the traditional Medicaid program

For acronym definitions, please see [Appendices](#).

D.5. Medicaid FFS Program

Behavioral Health Benefits

- All behavioral health and pharmacy services are financed on an FFS basis
- PCCM members may self-refer to mental health and addiction treatment services
- Magellan provides utilization management and utilization management for behavioral health services

FFS Mental Health Benefits	
1.	Acute inpatient hospital
2.	Acute partial hospital program
3.	Intensive community-based rehabilitation
4.	Program of assertive community treatment
5.	Crisis stabilization program
6.	Adult group home and foster care
7.	Day treatment
8.	Dialectical behavior therapy (DBT)
9.	Mental health outpatient therapy
10.	Community based psychiatric rehabilitation support
11.	Illness management and recovery services
12.	Targeted case management

FFS Addiction Treatment Benefits	
1.	Medically monitored intensive inpatient
2.	Residential services
3.	Partial hospitalization
4.	Intensive outpatient therapy
5.	Outpatient therapy biopsychosocial assessment
6.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)
7.	Drug testing
8.	Targeted case management

For acronym definitions, please see [Appendices](#).

D.6. Medicaid FFS Program

SMI Population

- The entirety of the SMI population is enrolled in FFS, as Montana considers its PCCM program to be FFS; within the PCCM program, the SMI population is required to enroll
- It is estimated that as of March 2018, 66% of the SMI population is enrolled in the PCCM

For acronym definitions, please see [Appendices](#).

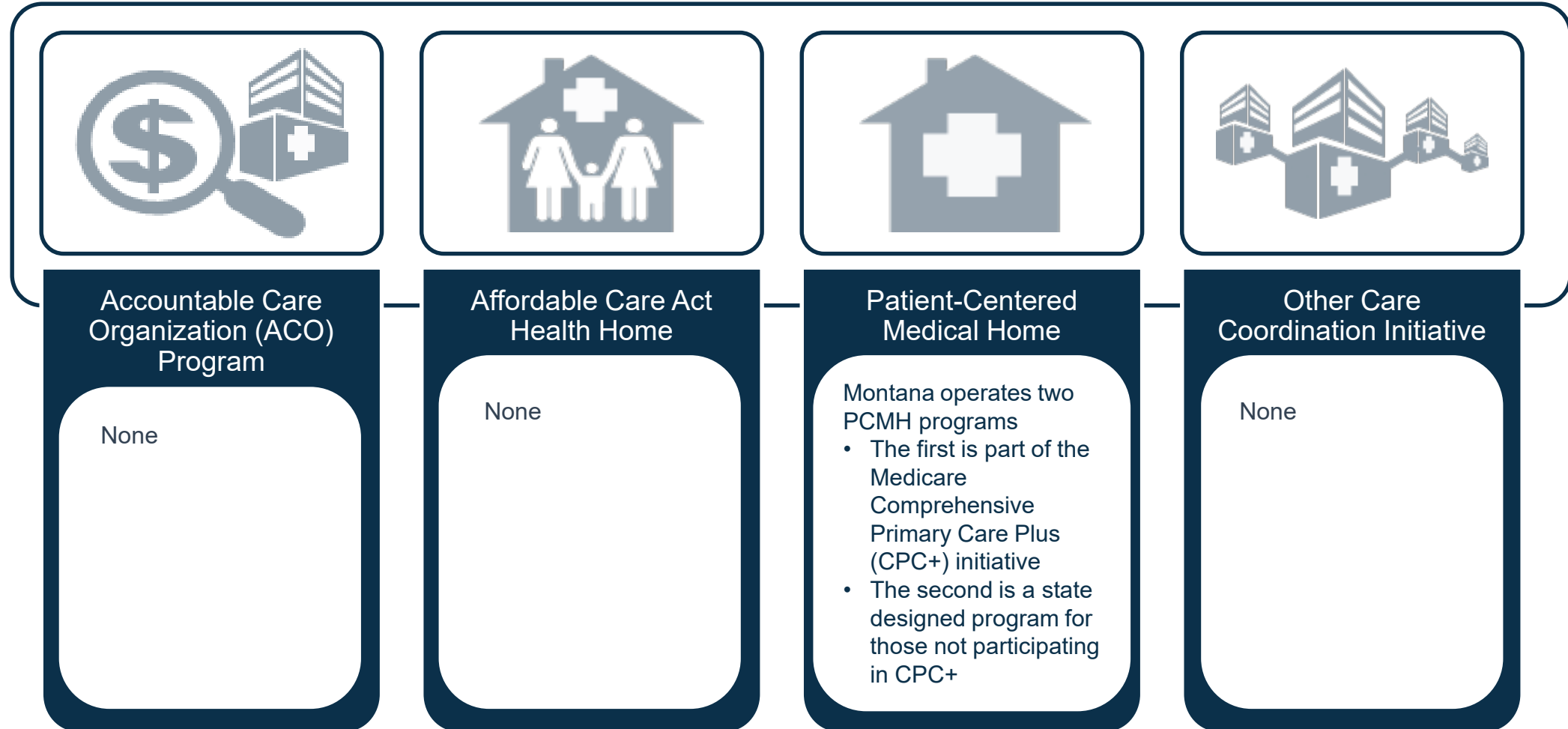
D.7. Medicaid Managed Care Program Overview

- Montana does not operate a managed care program

For acronym definitions, please see [Appendices](#).

D.8. Medicaid Program

Care Coordination Initiatives



For acronym definitions, please see [Appendices](#).

D.9. State Medicaid CPC+ Initiative

CPC+ Characteristics	
Target Population	<ul style="list-style-type: none"> All Montana full benefit enrollees who are not dually eligible for Medicare As of June 30, 2018, 61,105 attributed Medicaid members
Enrollment Model	<ul style="list-style-type: none"> 19 organizations with approximately 48 locations Attribution is based on selection of a participating practice as primary care provider, or auto-assignment to a participating practice based on the state's PCCM algorithm if the individual does not choose
Geographic Service Area	Statewide
Care Delivery Model	<p>Two tracks of care delivery:</p> <ul style="list-style-type: none"> Track one: Care team assignment, 24/7 patient access, risk stratification, relationship-based care management, emergency room visit, and hospital follow-up Track two: All track one requirements, plus remote alternatives to traditional office visits, additional risk stratification, psychosocial needs assessment, behavioral health integration, and development of care plans for individuals who are high-risk and those with chronic conditions
Payment Model	<ul style="list-style-type: none"> Track one: Care management fees vary between \$5 and \$20 per member per month (PMPM), but must average \$15 PMPM; Performance-based incentive opportunity of \$2.50 PMPM Track two: Care management fee must average \$28 per member per month (PMPM), including \$100 PMPM for individuals with complex needs; Performance-based incentive opportunity of \$4.00 PMPM
Practice Performance & Improvement	CMS measures for depression remission, blood pressure control, diabetes management, high-risk medication use, dementia assessment, fall screening, initiation of substance abuse treatment, closing the loop on specialist reports, cervical cancer screening, colorectal cancer screening, eye exam for individuals with diabetes, tobacco use screening and cessation, low back pain imaging studies, and breast cancer screening

For acronym definitions, please see [Appendices](#).

D.10. State Medicaid Patient-Centered Medical Home Initiative

Patient Centered Medical Home Characteristics	
Target Population	<ul style="list-style-type: none"> All Montana full benefit enrollees who are not dually eligible for Medicare or children part of the foster care system As of June 30, 2018, 38,610 attributed Medicaid beneficiaries
Enrollment Model	<ul style="list-style-type: none"> Attribution is based on selection of a participating practice as primary care provider, or auto-assignment to a participating practice based on the state's PCCM algorithm if the individual does not choose
Geographic Service Area	Statewide
Care Delivery Model	<ul style="list-style-type: none"> Must have NCQA patient-centered medical home recognition Provide enhanced services
Payment Model	<p>Primary care providers receive a tiered case management per member per month:</p> <ul style="list-style-type: none"> Members with no chronic conditions Members with a single chronic disease—hypertension, asthma, or depression Members with diabetes, ischemic vascular disease (IVD), or multiple chronic conditions
Practice Performance & Improvement	Provider organizations are required to report on quality measures

For acronym definitions, please see [Appendices](#).

D.11. Medicaid Program

Demonstration & Care Management Waivers Overview

- The section 1115 Montana Additional Services & Populations waiver provides standard Medicaid benefits to:
 - Individuals age 18 years and older with severe disabling mental illness, otherwise ineligible for Medicaid, who have incomes up to 138% FPL and are eligible for Medicare
 - Individuals age 18 years and older with severe disabling mental illness, otherwise ineligible for Medicaid, who have incomes between 139% and 150% FPL, regardless of Medicare status
- Individuals enrolled in the program have the same cost-sharing obligations as the traditional Medicaid population
- Enrollment is capped at 3,000 individuals

For acronym definitions, please see [Appendices](#).

D.12. Medicaid Program

Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Montana Plan First	Authorizes the state to provide family planning services to women between the ages of 19-44 with income up to 211% of the federal poverty level	1115	4,000	05/30/2012	11/30/2018
Montana Additional Services & Populations	<ul style="list-style-type: none"> Provides standard Medicaid benefits to persons with SMI who are otherwise ineligible for Medicaid with income up to 150% FPL; the enrollment cap applies to this population Authorizes a 12-month continuous eligibility period for non-expansion adults Provides dental services above the state plan limit to aged, blind, and disabled adults 	1115	3,000	02/01/2004	12/31/2022
Montana Passport to Health (MT-02)	Authorizes the state's primary care case management program, its lock-in program, nurse advice line, and tribal PCCM	1915 (b)	None	04/01/2017	03/31/2019

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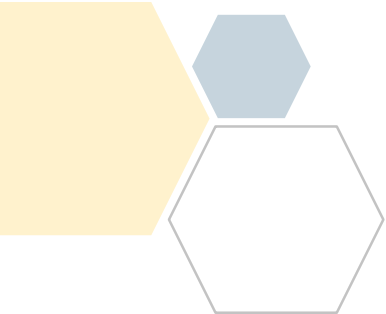
D.13. Medicaid Program

Section 1915 (c) HCBS Waivers

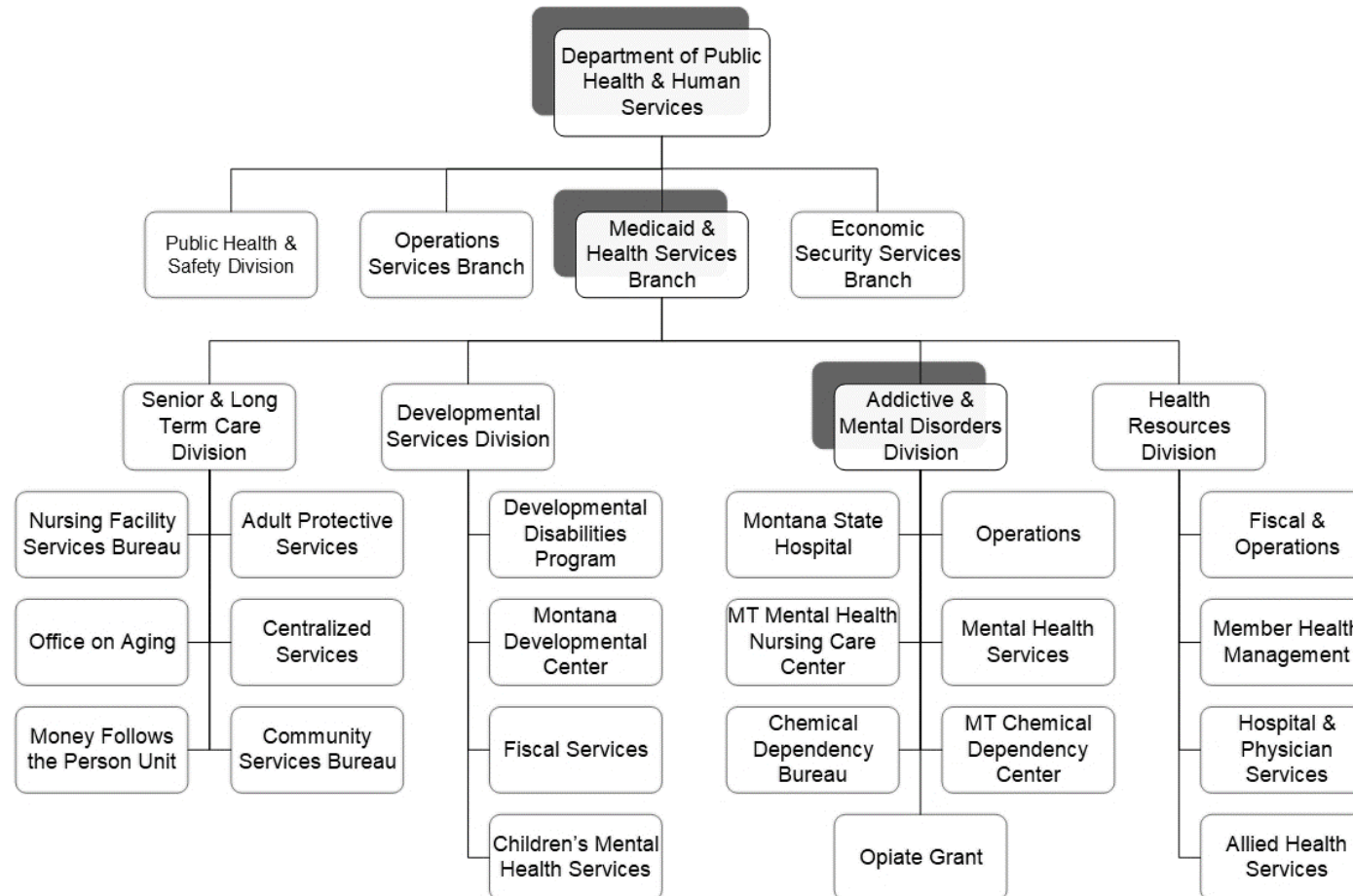
Waiver Title	Target Population	2018 Enrollment Cap	Operating Unit	Concurrent Management Authority
MT HCBW For Individuals w/DD (0208.R06.00)	Individuals with I/DD of any age	2,880	Developmental Disabilities Program of the Developmental Services Division	No
MT Montana Big Sky (0148.R06.00)	Individuals who are physically or disabled in other ways ages 0 to 64, and individuals ages 65+	2,580	Senior & Long Term Care Division	No
MT Behavioral Health Severe & Disabling Mental Illness HCBS (0455.R02.00)	Individuals who have a mental illness ages 18+	345	Addictive & Mental Disorders Division	Yes; 1915 (b) waiver
MT Children's Autism Waiver (0667.R02.00)	Individuals with autism ages 1 to 4	39	Developmental Disabilities Program of the Developmental Services Division	No
MT Supports For Community Work & Living (1037.R00.00)	Individuals with I/DD ages 16+	30	Developmental Disabilities Program of the Developmental Services Division	No

For acronym definitions, please see [Appendices](#).

E. State Behavioral Health Administration & Finance System



E.1. Addictive & Mental Disorders Division Organization Chart



For acronym definitions, please see [Appendices](#).

E.2. Addictive & Mental Disorders Division

Key Leadership

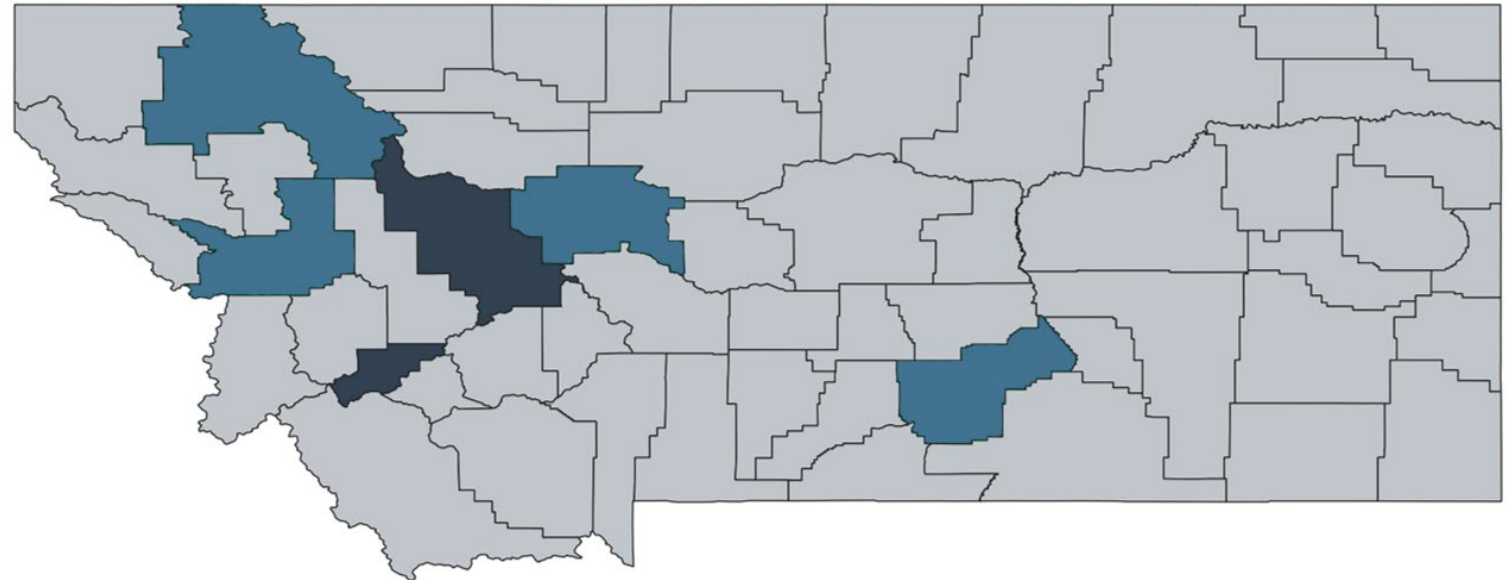
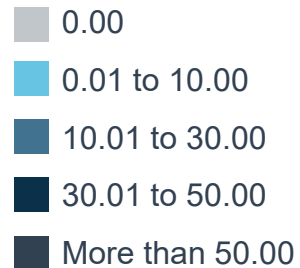
Name	Position	Department
Sheila Hogan	Director	Department Of Public Health & Human Services
Marie Matthews	Manager, State Medicaid Director	Medicaid & Health Services Branch
Zoe Barnard	Administrator	Addictive & Mental Disorders Division
Chris Currie	Chief	Addictive & Mental Disorders, Operations Bureau
Jo Thompson	Chief	Addictive & Mental Disorders, Mental Health Services Bureau
Bobbie Perkins	Chief	Addictive & Mental Disorders, Chemical Dependency Bureau
Jay Pottenger	Administrator	Addictive & Mental Disorders, Montana State Hospital
Dianne Scotten	Administrator	Addictive & Mental Disorders, Montana Mental Health Nursing Center
Kyle Fouts	Administrator	Addictive & Mental Disorders, Montana Chemical Dependency Center

For acronym definitions, please see [Appendices](#).

E.3. Mental Health & Addiction Hospital Bed Distribution

Mental Health & Addiction Treatment Bed Capacity	
Total number of hospitals with mental health and addiction beds	7
Number of mental health and addiction beds	322
Number of mental health and addiction beds per 100,000 population	30.89

Mental Health & Addiction Hospital Beds Per 100,000 Population



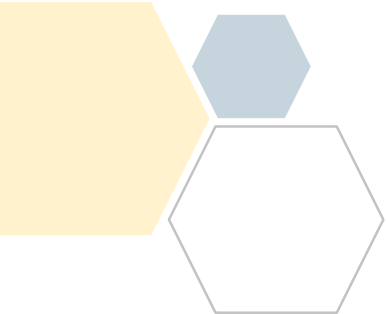
For acronym definitions, please see [Appendices](#).

E.4. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	Location	Beds	FY 2016 Average Daily Census
Montana State Hospital	Warm Springs	270	245

For acronym definitions, please see [Appendices](#).

F. State Behavioral Health Stakeholder Organizations



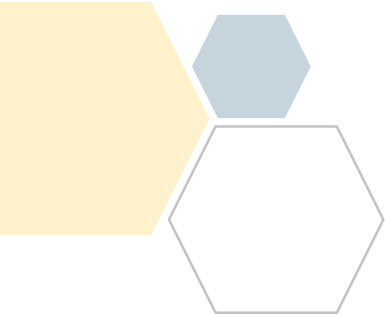
F.1. Accountable Care Organizations

Medicare Shared Savings Program

1. Billings Clinic
2. Mountain West ACO
3. Rocky Mountain Accountable Health Network, Inc

For acronym definitions, please see [Appendices](#).

G. Appendices



Acronym Legend

Acronym	Definition	Acronym	Definition	Acronym	Definition	Acronym	Definition
ACA	Affordable Care Act	FFS	Fee-For-Service	IVD	Ischemic Vascular Disease	PMPM	Per Member Per Month
ACO	Accountable Care Organizations	FPL	Federal Poverty Level	LAC	Local Advisory Council	PPACA	Patient Protection & Affordable Care Act
ASO	Administrative Services Organization	FQHC	Federally Qualified Health Center	LTSS	Long-Term Services & Supports	SAA	Service Area Authorities
BCBS	Blue Cross Blue Shield	FY	Fiscal Year	MHSP	Mental Health Services Program	SB	State Bill
CMS	Centers For Medicare & Medicaid Services	HCBS	Home- & Community-Based Services	MSA	Metropolitan Statistical Area	SBIRT	Screening, Brief Intervention, & Referral To Treatment
CPC+	Comprehensive Primary Care Plus	HCBW	Home- & Community-Based Waiver	MT	Montana	SMI	Serious Mental Illness
DBT	Dialectical Behavior Therapy	HELP	Health & Economic Livelihood Partnership	NCQA	National Committee For Quality Assurance	SNP-DE	Dual Eligible Special Needs Plan
DD	Developmental Disabilities	I/DD	Intellectual/Developmental Disability	PCCM	Primary Care Case Management		
DPHHS	Department Of Public Health & Human Services	ICF/IDD	Intermediate Care Facility / Intellectual Or Developmental Disabilities	PCMH	Patient-Centered Medical Home		
EPSDT	Early & Periodic Screening, Diagnosis & Treatment	IMD	Institutions For Mental Disease	PCP	Primary Care Physician		

Glossary Of Terms

Word	Abbreviation	Definition
Accountable Care Organizations	ACO	ACOs are groups of providers—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of consumers. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The organization bears the risk for all claims.
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(1) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2018, the FPL is \$12,140 for an individual and \$25,100 for a family of four.

Glossary Of Terms

Word	Abbreviation	Definition
Fee-For-Service	FFS	A system in which provider organizations are reimbursed for each covered service such as an office visit, test, or procedure according to rates set by the payer.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive residential addiction treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions and/or age.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.

Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Metropolitan Statistical Area	MSA	An urbanized area of 50,000 or more population plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided. Some states consider PCCM a managed care delivery model, while other states consider it an FFS delivery model.

Glossary Of Terms

Word	Abbreviation	Definition
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.

Sources

A.1. Physical Health Care Coverage Map

- Information compiled from sources provided throughout the profile.

A.2. Medicaid System Overview

- Information compiled from sources provided throughout the profile.

A.3. Medicaid Care Coordination Initiative

- Information compiled from sources provided throughout the profile.

A.4. State Behavioral Health Safety-Net Delivery System

- Montana Department of Public Health and Human Services. (2018, May 25). Mental Health Block Grant, Planning Step 1. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/amdd/documents/AdultMHGeneralDocs/MentalHealthBlockGrant.PDF>
- Montana Department of Public Health and Human Services. (2018, June 14). Non-Medicaid CD Provider Manual FY2018. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/amdd/documents/SubstanceAbuse/CDProvider%20Manual/CDProviderManualSFY18.pdf>

A.5. State Behavioral Health Safety-Net Delivery System (Continued)

- Montana Department of Public Health and Human Services. (2018, May 25). Mental Health Block Grant, Planning Step 1. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/amdd/documents/AdultMHGeneralDocs/MentalHealthBlockGrant.PDF>
- Montana Department of Public Health and Human Services. (2018, June 14). Non-Medicaid CD Provider Manual FY2018. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/amdd/documents/SubstanceAbuse/CDProvider%20Manual/CDProviderManualSFY18.pdf>

Sources

B.1. Population Demographics

- United States Census Bureau. 2016 American Community Survey 1-Year Estimates K200104 Population By Age. Retrieved November 29, 2017 from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United States Census Bureau. 2016 American Community Survey 1-Year Estimates K200104 Population By Age. Retrieved November 29, 2017 from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United States Census Bureau. 2016 American Community Survey 1-Year Estimates B03002 Hispanic or Latino Origin By Race. Retrieved November 29, 2017 from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United States Census Bureau. 2016 American Community Survey 1-Year Estimates S1903 Median Income In the Past 12 Months. Retrieved November 29, 2017 from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United States Census Bureau. 2017 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved November 29, 2017 from <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pov/pov-46.html>

B.2. Population Centers

- United States Census Bureau. Percent Urban and Rural in 2010 By State. Retrieved December 4, 2017 from <https://www.census.gov/geo/reference/ua/urban-rural-2010.html>
- United States Census Bureau. 2016 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved December 21, 2017 from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United State Department of Commerce. (2013, February 28). Counties in Metropolitan Statistical Areas. Retrieved December 21, 2017 from <https://www.bea.gov/regional/docs/msalist.cfm?mlist=45>

B.3. Population Distribution By Payer: National vs. State

- OPEN MINDS. (2018). Serious Mental Illness Prevalence Estimates.

B.4. Largest State Health Plans By Enrollment

- OPEN MINDS. (2017, December). Health Plans Database.
- TRICARE. (2018, April 16). Beneficiaries by Location. Retrieved May 4, 2018 from <http://www.tricare.mil/About/Facts/BeneNumbers/States>
- Health Plans USA. (2017, September). Subscription Database. Available from <http://www.markfarrah.com/products/health-plans-usa.aspx>

Sources

B.5. Largest State Health Plans By Estimated SMI Enrollment

- OPEN MINDS. (2017, December). Health Plans Database.
- TRICARE. (2018, April 16). Beneficiaries by Location. Retrieved May 4, 2018 from <http://www.tricare.mil/About/Facts/BeneNumbers/States>
- Health Plans USA. (2017, September). Subscription Database. Available from <http://www.markfarrah.com/products/health-plans-usa.aspx>

B.6. Health Insurance Marketplace

- United States Department of Health and Human Services. (2017, October 25). Plan Year 2018 Individual Medical Coverage Landscape. Retrieved November 1, 2017 from <https://data.healthcare.gov/dataset/QHP-PY2018-Medi-Indi-Land-10-23-2017/hd64-a3rh>
- United States Department of Health and Human Services. (2017, October 25). Plan Year 2018 SHOP Medical Landscape. Retrieved November 1, 2017 from <https://data.healthcare.gov/dataset/QHP-PY2018-Medi-SHOP-Land-10-23-2017/7r3j-8gje>

C.1. Medicaid Governance: Organizational Chart

- Montana Department of Public Health and Human Services. (2018, August). Department of Public Health and Human Services Organizational Chart. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/Documents/dphhsorganizationalchart.pdf>

C.2. Medicaid Governance: Key Leadership

- Montana Department of Public Health and Human Services. (2018, August). Department of Public Health and Human Services Organizational Chart. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/Documents/dphhsorganizationalchart.pdf>

C.3. Medicaid Expansion Status

- Centers for Medicare and Medicaid Services. (2017, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2, 2018 from <https://www.macpac.gov/macstats/>
- Centers for Medicare and Medicaid Services. (2017, December). Medicaid Enrollment Data Collected Through MBES. Retrieved February 2, 2018 from <https://www.medicare.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html>
- US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved February 2, 2018 from <https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315>
- Centers for Medicare and Medicaid Services. (2018, May 3). State Plan Amendment#: 18-0009. Retrieved October 9, 2018 from <https://www.medicare.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0009.pdf>

Sources

C.4. Medicaid Program Benefits

- Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved December 6, 2017 from <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>
- Montana Legislative Branch. Montana Code Annotated 2017, Montana Medicaid Program – Authorization of Services. Retrieved October 9, 2018 from https://leg.mt.gov/bills/mca/title_0530/chapter_0060/part_0010/section_0010/0530-0060-0010-0010.html

D.1. Medicaid Financing & Service Delivery System

- Montana Department of Public Health and Human Services. (2018, April 27). Provider Training - Montana Severe Disabling Mental Illness. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/amdd/documents/ProviderTrainingSDMIMH.PDF>
- State of Montana. General Information for Providers Manual. Retrieved October 9, 2018 from <https://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual#604026807-complete-general-information-for-providers-manual>

D.2. Medicaid Service Delivery System Enrollment By Eligibility Group

- Centers for Medicare and Medicaid Services. Montana Passport to Health 19(b) (MT-02). Retrieved October 9, 2018 from <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=24349>

D.3. Medicaid Fee-For-Service Program: Overview

- Montana Department of Public Health & Human Services. (2018, June 21). Passport to Health. Retrieved October 9, 2018 from <https://medicaidprovider.mt.gov/Portals/68/docs/training/2018/PassportUpdateWebex06212018.pdf>
- Centers for Medicare and Medicaid Services. (2018, July 1). 1915(b)Waiver: MT.0002.R03.02. Retrieved October 9, 2018 from https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/MT_Passport-to-Health_MT-02.pdf

D.4. Medicaid Fee-For-Service Program: HELP

- Centers for Medicare and Medicaid Services. (2017, December 20). HELP Program Letter of Approval. Retrieved October 9, 2018 from <https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-HELP-program-ca.pdf>
- Centers for Medicare and Medicaid Services. (2018, May 3). State Plan Amendment#: 18-0010. Retrieved October 9, 2018 from <https://www.medicare.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0010.pdf>
- Montana Department of Public Health & Human Services. (2018, July 1). Medicaid Expansion Member Profile. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/Documents/healthcare/MedicaidExpansionMemberProfile.pdf>

Sources

D.5. Medicaid FFS Program: Behavioral Health Benefits

- Montana Department of Public Health & Human Services. (2018, May 1). Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/amdd/documents/McdSerProvManSUDAMH.pdf>

D.6. Medicaid FFS Program: SMI Population

- Montana Department of Public Health & Human Services. (2018, June 21). Passport to Health. Retrieved October 9, 2018 from <https://medicaidprovider.mt.gov/Portals/68/docs/training/2018/PassportUpdateWebex06212018.pdf>

D.7. Medicaid Managed Care Program: Overview

- Montana Department of Public Health & Human Services. (2018, June 21). Passport to Health. Retrieved October 9, 2018 from <https://medicaidprovider.mt.gov/Portals/68/docs/training/2018/PassportUpdateWebex06212018.pdf>

D.8. Medicaid Program: Care Coordination Initiatives

- HELP Act Oversight Committee. (2018, August). 2018 Report to the Governor and Legislative Finance Committee. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/Documents/healthcare/HELP-ActOversightCommitteeReport2018.pdf>
- Centers for Medicare and Medicaid Services. (2018, May 3). State Plan Amendment#: 18-0005. Retrieved October 9, 2018 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0005.pdf>
- Centers for Medicare and Medicaid Services. (2018, May 3). State Plan Amendment#: 18-0004. Retrieved October 9, 2018 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0004.pdf>

D.9. State Medicaid CPC+ Initiative

- Centers for Medicare and Medicaid Services. (2018, May 3). State Plan Amendment#: 18-0004. Retrieved October 9, 2018 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0004.pdf>
- State of Montana. CPC+ Overview. Retrieved October 9, 2018 from <https://dphhs.mt.gov/MontanaHealthcarePrograms/cpcplus#ParticipatingPractices>
- HELP Act Oversight Committee. (2018, August). 2018 Report to the Governor and Legislative Finance Committee. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/Documents/healthcare/HELP-ActOversightCommitteeReport2018.pdf>

Sources

D.10. State Medicaid Patient-Centered Medical Home Initiative

- HELP Act Oversight Committee. (2018, August). 2018 Report to the Governor and Legislative Finance Committee. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/Documents/healthcare/HELP-ActOversightCommitteeReport2018.pdf>
- Centers for Medicare and Medicaid Services. (2018, May 3). State Plan Amendment#: 18-0005. Retrieved October 9, 2018 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0005.pdf>

D.11. Medicaid Program Care Management and Demonstration Waivers Overview

- Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved January 5, 2018 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html
- Centers for Medicare and Medicaid Services. (2017, December 15). Approval Letter for Montana Medicaid Section 1115 Demonstration Extension. Retrieved October 9, 2018 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-basic-medicaid-ca.pdf>

D.12. Medicaid Program Care Management and Demonstration Waivers

- Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved January 5, 2018 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html
- Centers for Medicare and Medicaid Services. (2017, December 15). Approval Letter for Montana Medicaid Section 1115 Demonstration Extension. Retrieved October 9, 2018 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-basic-medicaid-ca.pdf>

D.13. Medicaid Program Section 1915 (c) HCBS Waivers

- Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved January 5, 2018 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

E.1. Public Behavioral Health System Governance: Organization Chart

- Montana Department of Public Health & Human Services. (2018, August 30). Department of Public Health and Human Services Organizational Chart. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/Documents/dphhsorganizationalchart.pdf>

Sources

E.2. Public Behavioral Health System Governance: Key Leadership

- Montana Department of Public Health & Human Services. (2018, August 30). Department of Public Health and Human Services Organizational Chart. Retrieved October 9, 2018 from <https://dphhs.mt.gov/Portals/85/Documents/dphhsorganizationalchart.pdf>

E.3. Mental Health & Addiction Hospital Bed Distribution

- OPEN MINDS. (2017, May). Hospital Database.

E.4. State Psychiatric Institutions

- Montana Department of Public Health and Human Services. (2017, January 10). Presentation to the 2017 Health and Human Services Joint Appropriation Commission. Retrieved October 9, 2018 from https://dphhs.mt.gov/Portals/85/Documents/biennialreports/33_FINAL%20AMDD%20Legislative%20Presentation%202017%200110.pdf

F.1. State Behavioral Health Stakeholder Organizations

- OPEN MINDS. (2018). Stakeholder Database.

G. Glossary Of Terms

- US Department of Health & Human Services. (2014, July 23). A Primer On Using Medicaid for People Experiencing Chronic Homelessness & Tenants In Permanent Supportive Housing – 7.1. Medicaid Fee-For-Service Payment Mechanisms. Retrieved September 27, 2018 from <https://aspe.hhs.gov/reports/7-medicaid-payment-mechanisms-and-innovative-service-delivery-structures/71-medicaid-fee-0>
- US Government Publishing Office. (2014, December 8). Definitions Relating To Institutional Status. Retrieved September 27, 2018 from <https://www.gpo.gov/fdsys/pkg/CFR-2002-title42-vol3/pdf/CFR-2002-title42-vol3-sec435-1009.pdf>
- United States Government Accountability Office. Report to the Co-Chair, Caucus on International Narcotics Control, US Senate. Retrieved September 27, 2018 from <https://www.gao.gov/assets/690/686456.pdf>
- Medicaid and CHIP Payment and Access Commission. Medicaid 101. Retrieved September 27, 2018 from <https://www.macpac.gov/medicaid-101/>