

Individual Specialized Services Program (Goal 189)

Population Description:

The Individual Specialized Services Program (Goal 189) helps to manage the census at Montana State Hospital (MSH) by providing transitional funding for individuals discharging from the Montana State Hospital or at risk of admitting to the Montana State Hospital.

Program Objectives:

This program was established to facilitate a more timely discharge of individuals from the Montana State Hospital and to divert admissions to the Montana State Hospital by creating opportunities and leveraging resources for integration back into the community. Services available through the Goal 189 Program:

- Housing options such as rent and/or deposit;
- Cell phone, utilities, non-covered medications, transportation costs, furniture, food, clothing, laundry, and personal hygiene items.
- Other items that would reduce barriers to discharge from the Montana State Hospital or divert admission to the Montana State Hospital.

Program Eligibility/Limits:

Eligibility requirements include:

- be 18 years of age or older; and
- have been discharged from a crisis facility, inpatient, or outpatient psychiatric facility within the last six months.

Provider must use documents provided by the department to request authorization under the Goal 189 program.

Program Participation:

In fiscal year 2022, 189 adults received Goal 189 through State General Fund.

Provider Requirements:

Providers must be a Montana Medicaid provider to provide reimbursement for approved expenditures.

Program Authorization: State General Fund

CONTACT

Violet Bolstridge
Special Populations Section
Supervisor
(406) 444-3733
Violet.Bolstridge@mt.gov

RESOURCES:

- ARM 37.89.201, which incorporates the BHDD Non-Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health located at:
<https://dphhs.mt.gov/amdd/BHDDNonMedicaidServicesProviderManual>

Provider Utilization Instructions:

Prior to applying for Goal 189 funds, the provider must ensure that the client meets the minimum Determination of Need requirements, as outlined in [Policy 305NM](#). Those requirements outline that an individual must:

1. be 18 years of age or older; and
2. have been discharged from a crisis facility, inpatient, or outpatient psychiatric facility within the last six months.

NOTE: Funding may be approved for up to 30-day increments and for a maximum of 180 days. The provider can only submit one claim per approved request form. For additional information on this policy, see the [BHDD Non-Medicaid Services Provider Manual for SUD and Adult Mental Health](#).

If the individual meets the Determination of Need requirements, the provider must complete the following steps to utilize Goal 189 funding:

1. Complete *Part 1- Request Form* with the client and send to the BHDD Treatment Bureau using the State of Montana's Electronic File Transfer System (<https://transfer.mt.gov/>) to the following email address: CrisisServices@mt.gov.
 - a. Approved request forms will be secure file transferred back to the provider and will specify the total amount approved.
2. Provider may then purchase and/or pay for approved requests.
3. Complete *Part 2 – Payment Confirmation* form on the second page of the approved *Part 1 - Request Form*. Send signed form (parts 1 and 2) with all accompanying receipts and/or invoices for each purchase/payment, to the BHDD Treatment Bureau using the State of Montana's Electronic File Transfer System (<https://transfer.mt.gov/>) to the following email address: CrisisServices@mt.gov.
 - a. Approved form will be secure file transferred back to the provider and will include all information needed to submit a claim for reimbursement in the grey box labeled "BHDD USE ONLY" on page 2.
4. Provider should then use the information provided by BHDD to submit the claim through the [MPATH Provider Services Portal](#). The following resources are available to providers to support the claims process:
 - a. Informational videos and presentations are available under the "Provider Services Portal Trainings" tab here: <https://medicaidprovider.mt.gov/training>.
 - b. Provider Relations can be contacted at mtprhelpdesk@conduent.com and (800) 624-3958.

If you have any questions, please email CrisisServices@mt.gov or call (406) 444-3964.