MONTANA DPHHS Healthy People. Healthy Communities. Department of Public Health & Human Services	**Behavioral Health and Developmental Disabilities (BHDD) Division** Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: October 1, 2022
Policy Number: *410*	**Subject:** Illness Management and Recovery Services (IMR)

Definition

Illness Management and Recovery Services (IMR) is an evidenced-based service program that teaches a broad set of individualized strategies for managing mental illness. IMR is designed to assist the member with reducing disability and restoring functioning by providing information about mental illness and coping skills to help them manage their illness, develop goals, and make informed decisions about their treatment. There is a strong emphasis on assisting members to set and pursue personal goals and converting strategy into action in their daily lives. The goals are reviewed on an ongoing basis by the provider, behavioral aide, and member.

Medical Necessity Criteria

(1) Member must meet the Severe and Disabling Mental Illness (SDMI) criteria as described in this manual; and

(2) The member has chosen IMR as his/her choice of treatment as indicated in the most current ITP.

Provider Requirements

IMR may be provided by a licensed mental health professional, a licensed MHC, or a paraprofessional or Certified Behavioral Health Peer Support Specialist under clinical supervision within a licensed MHC. The clinical supervisor and the practitioner providing IMR services must be trained in IMR services.

Service Requirements

(1) The following materials, found on the Substance Abuse and Mental Health Services Administration (SAMHSA) website, must be used in the provision of IMR:

(a) IMR Practitioners Guide; and

(b) IMR Educational Handouts.

The SAMHSA website is located at: https://www.samhsa.gov/.

(2) IMR is not a bundled service and must be billed using the appropriate HCPCS code.

(3) Medically necessary services that are billed must be documented in the individualized treatment plan in the member's file.

Utilization Management

(1) Prior authorization is not required.

(2) Continued stay reviews are not required

(3) The provider must document in the file of the member that the member meets the medical necessity criteria.