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: *445*	**Subject:** Behavioral Health Group Home (BHGH)

Definition

A BHGH provides short-term supervision, stabilization, treatment, and behavioral modification in order for the member to be able to reside outside of a structured setting. Trained staff members are present 24/7 to provide care and assistance with daily needs like medication, daily living skills, meals, paying bills, transportation and treatment management.

Medical Necessity Criteria

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

(2) The member meets the Level of Impairment for this level of care; and

(3) The member requires the provision of service for BHGH level of care.

Provider Requirements

(1) A provider of BHGH must be a licensed MHC with an endorsement to provide group home services.

(2) BHGHs must have the following full-time equivalency (FTE) staff:

(a) Program Supervision, .5 FTE;

(b) Residential Manager, 1 FTE;

(c) Care Manager, 1 FTE;

(d) 24-hour awake staff; and

(e) Certified Behavioral Health Peer Support Specialist, .5 FTE.

(3) The role of the program supervisor is to:

(a) provide clinical oversight to the treatment team within the group home;

(b) conduct and supervise the treatment plan;

(c) provide clinical treatment to the member, as medically necessary;

(d) have knowledge of each member in the house; and

(e) have at least one contact with the member per week.

(4) The role of the residental manager is to:

(a) coordinate and manage the operation of group homes and supervise staff;

(b) provide training and supervision to staff in accordance with state and federal regulations;

(c) participate as part of an interdisciplinary team in the development and implementation of each member's individual treatment plans;

(d) maintain staff schedule according to staffing limitations;

(e) seek input and maintain effective communication with clinical program supervisor;

(f) plan and participate directly in recreational, therapeutic, and training activities of the members;

(g) provide on-call services and respond to house needs;

(h) comply with all standards to assure the health and safety of member and staff; and

(i) report any suspected abuse, neglect or exploitation to the department.

Service Requirements

(1) BHGH must be billed as a bundled rate and includes the following:

(a) residential services for supervision and safety, 24-hours a day;

(b) behavioral modification and management; and

(c) care management.

(2) BHGHs must complete the following documentation for all services billed, as described in the AMDD Medicaid Provider Manual:

(a) an annual clinical assessment;

(b) a social determinants of health assessment upon admission and annually for each member who is authorized to receive services for more than 365 days;

(c) an individualized treatment plan;

(d) a Serious and Disabling Mental Illness and Level of Impairment worksheet upon admission and updated with each treatment plan update; and

(e) a progress note for each shift.

(3) Members receiving BHGH may choose to receive Day Treatment services concurrently with BHGH.

Utilization Management

(1) Prior authorization is required.

(2) Continued stay reviews are required every 60 days.

(3) If a member requires services beyond 120 days, the member must be referred for screening and evaluation for the SDMI, Home and Community Based Services(HCBS) waiver. If the member does not qualify for the SDMI HCBS waiver, the provider may request additional continued stay reviews as directed in (2) of this section.

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