



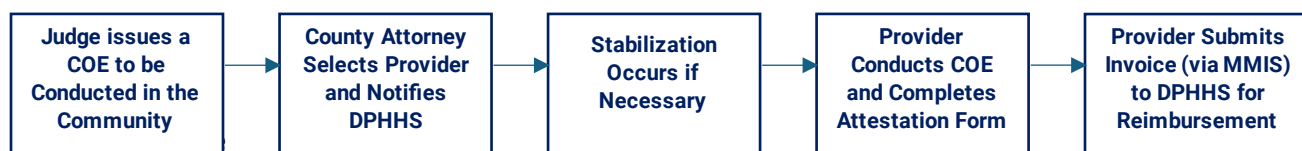
Community COE and Stabilization NTI Overview

NTI Description and Purpose

There are currently very few options for performing court-ordered forensic fitness evaluations (COEs) in the State of Montana, with most conducted by one psychiatrist at the Montana State Hospital Forensic Mental Health Facility (FMHF, also known as Galen). The lack of options to conduct COEs locally (in part driven by the lack of available state funding), the limited number of beds at FMHF, and the lack of additional psychiatrists to process fitness evaluations, treatment, and restoration to fitness, have created a backlog of ordered yet uncompleted evaluations.

To address this problem, the Behavioral Health System for Future Generations (BHSFG) Commission approved a Near-Term Initiative (NTI) to make \$7.5M of HB 872 funding available to compensate providers of local, community-based COEs and related stabilization services. Delivering COEs and stabilization services in the community should help to reduce the waitlist for evaluations at Galen and alleviate the pressure on the facility and its staff.

Summary of COE and Stabilization Process Under The NTI



Steps in the Judicial System

The COE process begins when a judge decides whether a COE will be conducted at FMHF or within a community setting. If a judge specifies that a COE can be completed locally, a court official will notify the relevant County Attorney’s office of a pending community-based COE. The County Attorney’s office will then notify DPHHS that a COE is happening by completing a notification form (based on Microsoft Forms) that DPHHS makes available online. This notification form captures all the information that DPHHS will later need to ensure providers are compensated for performing COEs.

Steps in the Community

Working with DPHHS, the County Attorney’s office reviews, selects, and notifies the provider they would like to complete the COE. The County Attorney then completes the notification form found on the website. The provider then receives all paperwork related to the defendant that they need to complete the COE. This includes the defendant’s medical history as well as information relating to their charges. The provider will then coordinate with the judge and/or County Attorney to schedule the evaluation. These community-based COEs can occur in jails, the provider’s office, in private hospitals, other community-settings, or via telehealth.

Prior to the COE, the judge, County Attorney and the provider determine if the defendant requires stabilization. The nature of the stabilization can vary based on the defendant’s unique circumstances. Given this, stabilization could occur in a community setting, the justice system, or in some instances, at FMHF. DPHHS maintains a list of CPT codes for reimbursable community-based stabilization services to compensate providers who can stabilize defendants in community settings (see table below).



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After a defendant is stabilized, or if they never required stabilization services, the provider performs the COE and submits their findings to the court. Following this, the County Attorney notifies DPHHS of a completed COE by completing an attestation form (as with the notification form, this is based on Microsoft Forms) that DPHHS makes available online. Upon completion of the attestation form, the provider can then bill DPHHS.

Upon completion of the COE, the court will then hold a hearing to determine the defendant's fitness to proceed to trial. If the defendant is found fit, the trial can proceed. If the defendant is found unfit, the filing can be contested by the prosecutor and/or the defendant's counsel. If the court changes course and finds the defendant fit to proceed, the trial will move forward; otherwise, the defendant will be committed to FMHF where they will need to be restored. If the filing was never contested, a defendant found unfit will then be committed to FMHF for restoration.

Restoration Process

The services required to restore a defendant can vary significantly in scope. While many of these services require commitment to FMHF, DPHHS has defined a list of reimbursable community-based restoration services and has identified their related CPT codes (see table below). This will allow restoration to occur in non-FMHF settings if the specific nature of a defendant's needs can be met in the community.

If the defendant can be restored within the statutory time limits, the judge who issued the COE will then issue a new COE, effectively restarting the entire forensic fitness evaluation process. If a defendant cannot be restored within the defined time limits, they will be committed to FMHF.

Billing Process

DPHHS will use an invoice system to reimburse providers who conduct COEs and/or provide stabilization or restoration services in the community. Please ensure that all relevant information is included.

Please submit invoices to Program Manager Macey Curry at Macey.Curry@mt.gov. Questions can be sent to the previous email or (406) 444-2727.

Supporting Information

Notification Form



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* Required

1. Date of Court Order (MM/DD/YYYY) *

Enter your answer

2. Patient First Name *

Enter your answer

3. Patient Last Name *

Enter your answer

4. Patient Date of Birth (MM/DD/YYYY) *

Enter your answer

5. Patient Social Security Number (SSN) *

Enter your answer

6. Patient's Gender *

- Male
- Female
- Unknown

7. Patient Race *

- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKA NATIVE
- HISPANIC
- ASIAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- Other



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8. Does the patient require stabilization and/or restoration services? *

Yes

No

9. Patient Physical Address *

Enter your answer

10. Name of County *

Select your answer

11. Name of Person Submitting Form (First and Last) *

Enter your answer

12. Provider conducting COE *

Select your answer

13. Does this COE Include Evaluating Fitness at the Time of the Crime? *

Yes

No

14. Provider Conducting Restoration and/or Stabilization Services *

Select your answer

15. County Attorney Name (First and Last) *

Enter your answer

16. County Attorney office's phone number *

Enter your answer

17. County Attorney office's email address *

Enter your answer

18. Alleged Charges Against Patient *

Enter your answer

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Attestation Form

* Required

1. Date of Completed COE (MM/DD/YYYY) *

2. Name of Patient (First and Last) *

3. Name of County *

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4. Name of Person Submitting Form (First and Last) *

5. Role of Person Submitting Form *

6. Provider that Conducted COE *

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7. I attest that the provider listed in this form completed a court-ordered evaluation for the identified defendant, in accordance with the court order and Montana code, and in a timely and appropriate manner on the date specified above. *

Yes

No

Invoice Example

