

Child and Family Services Policy Manual: Substitute Care for Children Supervision of Out-of-Home Placements

Prepare the Child for Placement A child removed from his or her home must be prepared for placement with a foster care provider. Preparation for placement should include pre-placement visits between the foster care provider and child when possible. When appropriate, the child may participate in the placement decision.

NOTE: Foster care provider in this section includes foster parents (regular and therapeutic), therapeutic family foster care programs, and youth group homes (regular and therapeutic).

**Proximity
To Parent's Home** If the child is not placed in close proximity (the same county) as the parent(s)' home, the reasons why the placement is in the best interests of the child must be documented in the case record.

**To Child's Current
School**

For purposes of educational stability, every effort should be made to help the child remain in his/her current school or school district. This includes coordinating with the schools to determine what resources are needed in order for them to remain in that school, or if remaining in that school is not in the best interests of the child, the child is enrolled immediately in a new school with all of his/her educational records.

**Information provided
to the Foster Care
Provider**

General Case Plan

Foster care providers need to know the general case plan for the child. The Child Protection Specialist (CPS) should ensure that the foster care providers are given information regarding problems and behavior of the child, reasons for placement, life experiences of and medical and psychological information on the child. The providers should also be given information regarding the rate of payment for the child, and other support services which will be available for the child.

**Information on Child
for Placement
Purposes**

When placing a child in a foster home (non-therapeutic), the CPS must provide the foster family with a completed CFS-206 Information on Child for Placement Purposes-Part A, with Part-B included if other information needs to be provided to the foster parent(s). Maintain a copy of the form in the child's case file. In addition to providing information on the child to the foster family, the CPS must indicate if the foster family license and preference information correspond with the child's information in the areas of the number of children in the foster home, age range, gender of the child, and with the behaviors or conditions which the foster family will consider or accept in his/her home.

If the child does not match any of these areas, the CPS will contact the Family Resource Specialist (FRS) or Family Resource Specialist Supervisor (FRSS) to determine if there is a different placement, or if

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the FRS would recommend using the home. If after hours, the CPS will notify the FRS on the next working day of the placement. Within the first working day after placement, the CPS must provide the FRS or FRSS with a completed DPHHS-CFS-035 Request to FRS for License Change and a copy of the DPHHS- CFS-206 Information on Child For Placement Purposes for every child who does not match the foster parent license criteria. If the FRS or FRSS determine that the license for the foster home should not be modified for the child's placement, the FRS will notify the CPS and foster parent(s) immediately, and the FRS and CPS will work to either resolve the issue regarding the placement, or move the child as soon as possible.

Placement
Stabilization Plan

If a foster parent or CPS determines that the foster family will need assistance in addressing the behaviors, conditions, or circumstances of the child, a DPHHS-CFS-207 Placement Stabilization Plan must be completed outlining a plan to address each concern. If concerns arise during placement that the foster family needs assistance to address, a Placement Stabilization Plan should be developed to help the foster family. A copy of this plan should be given to the FRS.

**Assessment of
Physical,
Developmental and
Mental Health Needs**

If the child has not received a medical exam during the investigation, an exam is required prior to placement in the foster home or within the first 30 days after placement. An EPSDT (Early Periodic Screening, Diagnostic, & Treatment) exam should be requested of the physician in order to establish any ongoing or future treatment needs.

Medical
-EPSDT Exam

All EPSDT recommendations must be followed to insure the health of the child. The medical exam serves five main purposes:

- providing immediate medical treatment, if necessary (including treatment for sexually transmitted diseases);
- gathering evidence for court action;
- reassuring the child that he or she is all right and previous abuse, neglect, or sexual assault can be overcome;
- reassuring foster parents or facilities in regard to child's general health status and communicability factors, if any; and
- establishing preventative and treatment needs to prevent future

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complications.

Once a child has an established EPSDT history and becomes a resident of another state, that state must provide any and all necessary medical treatment for his/her diagnosis even if the state does not provide the service under that state's Medicaid program as long as the child is under 21 and Medicaid eligible in that state.

Mental Health
-Child Assessment by
Foster Care Provider

Within 45 days of removal of the child from the parent, the CPS will request that the foster care provider complete a Child Assessment by Foster Care Provider (DPHHS-CFS-107, Part E) on the child. The Child Assessment by Foster Care Provider will be utilized in the development of the child's case plan. Each time a child is moved out of a foster home (non-therapeutic), the foster parent must complete a Child Assessment by Foster Care Provider unless a Child Assessment by Foster Care Provider has been completed within the last 30 days by the foster parent. The assessment should be used to provide updated information to the next foster care provider. A foster care provider may also complete a Child Assessment by Foster Care Provider to describe new concerns or issues presented by the child.

The CPS will utilize the Child Assessment by Foster Care Provider to determine if the child's behaviors warrant a mental health assessment. In particular, the section on the child's "Emotional/Behavioral Strengths, Conditions, and/or Concerns" should be reviewed, and the child should be referred for a mental health assessment if indications that the child may need mental health support are present.

Therapeutic Family
Foster Care and all
Youth Group Homes

Medical care required of Therapeutic Family Foster Care and all Youth Group Homes are:

- reasonable assistance in obtaining psychological, medical and dental care for children;
- an annual Well Child (EPSDT) screening for all Medicaid eligible child ; and
- notification of the placing CPS when medication changes are made. Changes in therapist and/or psychiatrist should be a team decision, with the CPS having the final determination when CFSD has custody.

Authorization for
STD/HIV/AIDS
Testing

Testing for Sexually Transmitted Diseases and HIV/AIDS may only be completed with the appropriate consents to the testing. Consent must be given by the parent or guardian unless the CFSD has Permanent

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Legal Custody of the child. CFSD may consent only when CFSD has Permanent Legal Custody and the test is ordered by a physician. *A minor may give “self-consent” to receive services for the prevention, diagnosis, and treatment of sexually transmitted diseases, including HIV/AIDS.

NOTE: The authorization by District Court for medical treatment or evaluation in the initial court order (either TIA or TLC) is sufficient to test for sexually transmitted diseases during the initial investigation.

CAPS

MMHD or MEDS should be used to record information from the medical exam.

Contact with Children & Foster Care Providers Purpose of Contact

Federal Child and Family Services Reviews conducted nationwide “found a strong correlation between frequent caseworker visits with children and positive outcomes for these children, such as timely achievement of permanency and other indicators of child well-being” (Child and Family Services Improvement Act, 2006, Public Law 109-288).

Standards of Contact

Visitation between the CPS and children in foster care (including trial home visits) is essential in promoting placement stability. Regular contact allows the CPS to observe and assess the impact of the emotional trauma resulting from the child’s maltreatment and removal, and the child’s progress, and to involve the child in case planning. The CPS must maintain regular contact with the child (ren) and foster care providers to routinely assess the child’s safety, permanency and well-being and ensure that the child’s needs are being met. The vulnerability of the child and the protective capacities of the foster care provider must be assessed and documented. Frequent contact further allows the child the opportunity to express concerns, fears, problems with the placement, or other issues

At a minimum, all children in foster care (including children in trial home visits) will be visited by the CPS face-to-face, every month that the child is in care. At least 50 percent of these monthly visits need to take place in the child’s current residence

Contacts more frequent than every month are dependent upon the CPS’s assessment of the child’s vulnerability and needs, the protective capacities of the provider and whether or not other professionals have routine contact with the child.

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NOTE: It is the responsibility of the CPS to ensure that monthly visits with children in foster care occur every month.

Visits will be conducted by the CPS assigned to the case, unless another person has responsibility for visits per the case plan (DocGen 427). The CPS and his/her supervisor must identify in the child's case plan (DocGen 427) other people who are appropriate to conduct monthly visits. If another person has responsibility for visits and it is clearly documented in the case plan (DocGen 427), visits may be conducted by a CPS (with secondary responsibility), CPS Supervisor, FRS, Permanency Planning Specialist, Visitation Specialist, or Social Service Technician

Regardless of who conducts the visit, it is the responsibility of the CPS to ensure that all visits are documented on ACTD.

Contact with Foster Care Providers

In addition to meeting with the child, the CPS should visit with foster care providers face-to-face on a regular basis in order to assess the foster care provider's abilities and needs as well as the child's safety, permanency and well-being. If a foster care provider identifies any new behaviors or concerns presented by the child for whom they need assistance, a DPHHS-CFS-207 Placement Stabilization Plan will be developed between the CPS and the foster care provider. The child and professionals involved with the child may be consulted or involved in the actual development of the plan.

The CPS must also maintain contact with therapeutic family foster care programs and youth group homes. The CPS should be involved in the development and review of the child's case plan and treatment plan and participate in monthly and quarterly reviews. Case plans, treatment plans, monthly progress reports, quarterly case plans, treatment plan reviews and discharge summaries should be provided regularly to the CPS. Monthly progress reports should include the child's progress on the case plan goals, foster care or group home incident reports, and updates on medical and dental care, medication changes and personal account information over \$50.

Documentation of Contacts

Contacts should be well-planned and focused on issues pertinent to case planning, service delivery, safety, permanency and well-being (including ongoing assessment and monitoring of emotional trauma).

All visits should be recorded on ACTD under the mother's CAPS ID

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and then copied to the child's, unless parental rights have been terminated, in which case entries are made under the child's CAPS ID. Face-to-face contacts with the child in the child's residence should be designated on ACTD as "HVC Home visit with child". Face-to-face contacts with the child held anywhere else (school, office, etc.) should be designated on ACTD as "VWC Visit with child". The CPS should include a description of who conducted the contact, the location of the contact and the content in the narrative on ACTD.

Visits with children in care (including children in trial home visits) will be documented on ACTD within 14 days of the contact with specific, objective information about the content of the visit.

Listed below are several questions for the CPS to consider during contacts with children in care (including trial home visits), specific to case planning, safety, permanency and well-being. The CPS should document on ACTD how these topic areas were addressed during ongoing contacts with the child.

Case Plan:

- Does the child know what his/her permanency plan is?
- What are his/her feelings about the permanency plan?
- What services does the child need to assist them in reaching his/her permanency goal?
- If the goal is reunification, is there visitation in place and how is the child feeling about visitation?
- Is the child visiting with siblings, extended family or other significant people? If not, does s/he want contact? Is there a plan in place to assist him/her in having more contact?
- Is the child able to practice cultural and religious beliefs?
- What are the child's requests for how s/he wants his or her life to look? What is the plan to help the child achieve his or her goals?
- What are the child's interests, hobbies and activities? Is the child able to actively pursue these?
- What does the child feel is going well? What does the child feel is not going well? How does s/he think it should change?
- What are the child's dreams? What are his or her personal goals for the future?
- Does the child wish to attend the FCRC meeting and/or court

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hearings?

- Is s/he working? Does s/he want employment?
- If the child is over age 16, is s/he actively participating in the CFCIP? If not, is there a way the CPS can help the child participate?

For youth age 14 and older the case plan must:

- Document the child's education, health, visitation and court participation rights, the right to receive a credit report annually, and an acknowledgment signed by the youth that they were provided these rights and that they were explained to the youth in an age and developmentally appropriate way.
 - The attached hyperlink <https://dphhs.mt.gov/Portals/85/cfsd/documents/cfsdmanual/MTFosterYouthRights.pdf> will provide you with the form that will be used to review the rights with the youth and document the rights were explained in an age appropriate way. After the rights have been explained to the youth they will sign and receive a copy of the form. The form will provide the contact number for the Foster Care Program Officer. The youth will be informed that if they believe they have not been provided any of the rights listed or those rights have been impeded they are to contact the Foster Care Program Officer, who will be responsible to follow-up on the youth concerns. Concerns may be reported anonymously should the youth choose to do so.
- Be developed in consultation with the youth , and at the option of the youth, 2 members of the case planning team, who are not the caseworker or the foster parent.
- Describe the services to help the youth transition to successful adulthood.

Montana Foster Youth
Rights

Safety:

- Is the placement free of safety hazards? What positive safety precautions are in place? (fire escape route, emergency phone list, etc.)
- What discipline techniques work or do not work with the child? How has the provider responded to the child misbehaving?
- Do other family members feel safe with the child?
- Are the child's clothes clean and appropriate for the weather?

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- Is the child clean? Are his/her hygiene needs being taken care of?
- Does the child have privacy and/or his or her own space in the placement?

Permanency:

- How does the child talk about the placement? Is s/he happy and content or scared and anxious?
- How is the child adjusting to the placement? How is the child adjusting to the rules and expectations?
- Are there significant events in the provider's life or circumstances that might impact the ongoing care of the child?
- Does the child look to the provider(s) for support, encouragement or comfort?
- Are the child's connections to extended family, siblings and other important persons being encouraged and maintained?

Well-Being:

- What is the child's daily schedule? Is the child getting enough sleep?
- Is the child being provided with regular and healthy meals?
- What is the child's progress in school? Are there problems/successes?
- Does the provider have enough supports in place to meet the child's needs? Are they in need of additional services?
- Are there concerns about the child's behavior/emotional state? How are these being addressed?

Is the provider getting the child to scheduled medical, dental and mental health appointments?

Out-of-State Placements

In out-of-state placements, a CPS from either the sending or receiving state must visit the child in the child's residence every month that the child is in care.

When a Montana child is placed in an out-of-state **facility** the placing CPS is responsible for face-to-face contact with the child in the child's residence each month.

For all other placements this requirement may be met by submitting the request for the required supervision through the Interstate Compact on the Placement of Children (ICPC) at the time the ICPC-100A is submitted. In Section III of the ICPC-100A, the CPS should

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check “Request Receiving State to Arrange Supervision” and “Other”. Next to the word “Other”, the CPS should write in the words “each month”.

When supervising a placement **on behalf of another state**, the Child Protection Specialist must submit a progress report on the visit via the Montana ICPC Administrator to the worker in the sending state.

See section 402-7, Interstate Compact on the Placement of Children.

CPS Contact with Birth Parents

- The CPS is also expected to maintain contact with the birth parents. The parameters of the contact will be outlined in the case plan.

Visitation Parent/Child

It is a fundamental right for children in foster care to have visits with his/her parents. Visitation provides an opportunity for the child and parent to reconnect and to maintain the parent/child relationship without which successful reunification is unlikely to occur.

In addition to maintaining the parent/child relationship, visits between the parent and child:

- reduce the sense of abandonment that children experience due to placement;
- provide an opportunity for assessing the parent/child relationship;
- provide an opportunity for parents to practice parenting skills (e.g., demonstrate skills they have learned in parenting classes); and,
- Provide the parents an opportunity to assess his/her own ability to parent.

The child’s CPS is responsible to complete a DPPHS-CFS-208, Parent-Child Interaction Plan with the parent(s) of the child in placement. It is the responsibility of the CPS to ensure that visits between parents and child are scheduled. It is not the responsibility of the parent to request visits in order to see his/her child.

Reduction or denial of visits

In rare circumstances, if the child’s CPS believes that the child’s health, safety and well-being can not be protected during visits, justification of the concerns must be reviewed with the supervisor.

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The CPS must obtain supervisory approval that is documented in the case record, and as necessary, approval from the court, prior to a reduction or denial of visits. The CPS must provide written notification to the parent(s) advising them of the reduction or denial of visits within five days of receiving supervisory (and if necessary) court approval. If the parent is present in court when the judge agrees to the reduction or termination of visits, the CPS does not need to send a letter of notification.

Supervision of visits

The initial visit between a parent and child must be supervised and should be supervised by the CPS whenever possible. The DPHHS-CFS-209 Summary of Parent-Child Visitation must be used to record the activities and interactions at the visit.

A determination as to whether subsequent visits need to be supervised to ensure the safety of the child must be made and the justification for the type and level of supervision included in the written visitation plan. Factors to be considered in determining the need for supervised visits include:

- the age of the child;
- the severity and chronicity of the abuse/neglect;
- the potential for abduction of the child ;
- emotional reactions of the child;
- the risk of inappropriate or unpredictable behavior by the parent; and
- the progress of the parent(s) learning new parenting skills.

While the safety and well-being of the child may be the primary reason to have visits supervised, a determination may also be made that supervision of at least some visits is warranted in order to:

- facilitate interactions between the parent and child;
- model positive parenting;
- mediated conflict between the parent and child; or

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- assess and evaluate the parent/child interaction.

Visits may be supervised by the CPS or other Children and Family Services Division (CFSD) staff person, in-home service provider or other contracted party; by the foster care provider; relative of the child or other person determined by the child's CPS and supervisor.

The DPHHS-CFS-209 Summary of Parent-Child Visitation must be used to record the activities and interactions during all supervised visits between a parent and child.

ACTD must also be completed in addition to the DPHHS-CFS-209 Summary of Parent-Child Visitation so that there is electronic documentation of the visit. Entry on ACTD can reference the completed DPHHS-CFS-209 Summary of Parent-Child Visitation, rather than rewriting the information.

Location of visits

Visitation should take place at a location that ensures the safety of all parties and will produce the most interaction between the parent and child.

Factors to be considered when choosing the site for a visit include:

- what site provides the greatest opportunity for positive interaction conducive to the child's development?
- what are the parent(s)' attitudes and feelings toward the foster parents and what is his/her ability/willingness to handle contact with the foster parent?
- what are the foster parents' attitudes and feelings toward the birth parents and how does this impact the foster parents' willingness and capacity to work with the child's parent(s)?
- what sites will protect the child's physical safety and emotional stability?
- what are factors that preclude visitation in the child's or foster parents home?
- what is the goal of the visit and where can this goal best be met?

Visits which involve parents in routine parenting activities such as

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preparing meals, feeding and diapering, attending school functions and medical appointments, helping children with homework or school projects, etc., should be incorporated into the visitation plan.

Sibling Visitation

If siblings in foster care have not been placed in the same home, or if there are some siblings that remain in the parent(s)' home when others are placed in foster care, the CPS must ensure that visits between all the siblings occur. The frequency and plan for visits should be discussed at FGDM meetings, at permanency staffings and at FCRC meetings. Sibling visits may be combined with parental visits, visits with relatives or with other significant people as determined appropriate by the CPS.

Visitation with other persons significant to the child

When relatives, other than parents or siblings, or other persons significant to the child request to visit the child, these persons may accompany the parent to visits with the consent of the parent(s) and the CPS. Separate visits for persons significant to the child may be arranged if there is a determination that visits would contribute to the child's well-being. Factors that may be considered when determining the appropriateness of visits include the person's support of the CFSD's case plan and the attitudes and feelings toward the child's parents, including reunification with the parent(s)

Documentation

[Information regarding visits or other contacts between the CPS and child or foster care provider, between the CPS and the birth parents, and between the child and his/her parents must be recorded on ACTD.](#)

Out-of-Country

The CPS will submit a request to the Regional Administrator for travel authorization for the foster children. The request shall include:

1. child's name
2. birth date
3. custody status
4. names of foster care providers
5. names of parents (if parental rights have not been terminated)
6. specific itinerary and anticipated length of travel
7. a copy of the parent's authorization or court order, when required
8. if the child will not be traveling with the foster care provider, information regarding the persons or group with whom the child will be traveling; and
9. specific information as to how any necessary medical care will

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be paid for. (It may be necessary to purchase travel insurance in order to ensure that medical costs will be covered.)

A sample request may be found at the end of this policy.

Approval Process **Approval must be obtained from the Regional Administrator and the original signed authorization provided to the foster care provider prior to the travel.**

A copy of the signed authorization must be maintained in the case file. A sample authorization is on page 24 of this section.

Unplanned Absence

If a child is on the run or missing, the CPS still has case management responsibilities for the child and must pursue all avenues to locate the child. See Policy 401-4 "Missing or Runaway Foster Youth Protocol"

CPS Responsibility

Foster Care Reviews/hearing must continue to be held if a child is on runaway status or missing, unless the court order giving the CFSD placement and care responsibility expires prior to the time for the scheduled review, or an order is issued terminating CFSD's placement and care responsibility.

If a child is on runaway status or missing for any length of time and placement and care responsibility continues to be with CFSD, the time-frame for Foster Care Reviews/hearings is not impacted and all required reviews and hearings should be held.

Planned Absence

When a child has a planned absence for five days or less from a YCF (i.e., return home for visit), the payment may continue.

Payment Suspension

If a child is absent from the YCF for more than five days (i.e., summer camp, summer visit to a relative) which does not affect the court order, it is considered a suspension.

Situations of more than 5 but less than 30 days absence are reviewed on a case-by-case basis with the supervisor and Regional Administrator to determine what action should occur.

Hospitalization and Medical Emergencies Parental Agreement

When the child returns to the YCF, the payment shall be resumed at the full amount.

The CPS shall seek written authorization from the parent for obtaining emergency medical services for the child when he or she is placed. If t

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parent has signed a parental agreement, the standard form includes an authorization for emergency medical services. Based upon the written authorization of the parent, a CPS may authorize emergency medical services if the parent cannot be contacted to authorize the services. The parent shall be notified as soon as possible in cases of emergencies.

Court Order

When a petition is filed, the CPS should request of the County Attorney the petition include a request for authority to consent to emergency medical treatment. When the court order is issued, the CPS should review the order to determine if the CFSD has been given authorization to consent to medical treatment. If the court order does not specifically provide authorization to consent to medical treatment, the CPS should request the County Attorney obtain an amended order.

In no case shall the CPS sign for emergency medical treatment without written parental consent or a court order granting CFSD authority to consent to medical treatment.

Other Medical Care and Hospitalization

When non-emergency medical care or hospitalization is recommended by a physician for a child with a foster care provider, whenever possible, the parents shall be consulted before any services are provided. The parent shall sign any consent for non-emergency medical services or hospitalization unless a court order has been issued which gives CFSD the right to consent to medical treatment or which terminated parental rights.

If CFSD has Permanent Legal Custody, the CPS may consent to necessary medical services or hospitalization recommended by the child's physician. If there is a question regarding either the necessity for such services or the risk to the child, the CPS shall discuss the case with his or her supervisor before authorizing the provision of services. A second medical opinion or consultation may be appropriate.

Parent Cannot be Found

In those circumstances where attempts to notify the child's parents concerning any non-emergency medical services or hospitalization have been unsuccessful, the CPS shall obtain the approval of his or her supervisor before consenting to medical services or hospitalization. **In no case shall the CPS sign for treatment without written parental consent or a court order granting CFSD authority to consent to medical treatment.**

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**Searches,
Urinalysis and
Breathalyzer
Testing**

Therapeutic Family Foster Care (TFFC) programs and all Youth Group Homes should inform the child and CPS at intake of the program's search, urinalysis, video surveillance, and breathalyzer policy. In addition, all urinalysis and breathalyzer testing and all searches must be reported to the CPS at least monthly, including results of the testing and searches.

**Consent for
Urinalysis and
Breathalyzer
Testing**

Urinalysis and breathalyzer testing may only be conducted with proper written authorization with children in care. Those who may authorize testing are:

- the parent/guardian if they retain custody;
- CFSD CPS if CFSD has Permanent Legal Custody; or
- District Court may order the testing.

"Over the counter" kits for urinalysis and breathalyzer testing are prohibited.

Searches

TFFC programs and all Youth Group Homes must have reasonable cause to search a child or his/her room, and must clearly document the reasonable cause, the search, and any contraband (including what happened to the confiscated contraband). Strip searches, body cavity searches, video surveillance in any private area and routine opening of personal correspondence are prohibited.

Video Surveillance

No child shall be subjected to video surveillance in any private areas of a facility, i.e. bedrooms, bathrooms, showers, etc. However video surveillance may be used in common areas if the provider demonstrates to the CFSD Residential Specialist that there is a compelling need in order to maintain the safety of the child in his/her care. Video surveillance is not to be used in place of awake supervision by facility staff. The provider is also required to obtain written permission from the CFSD Residential Specialist allowing video surveillance in specific common areas of the facility. (Provider will complete "DPHHS Certification Form Regarding Video Surveillance" as part of the contract process)

Any facility requesting written permission to use video surveillance must also provide the CFSD Residential Specialist with a copy of their facility's written policy and procedures pertaining to video surveillance. This will include a policy regarding how frequently

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resulting media is reviewed, how long media will be kept, how it will be stored and destroyed, and the procedure for keeping media safe if it contains information that can be construed as a civil or criminal infraction.

Any CPS with questions about a facilities use of video surveillance should direct his/her questions to the CFSD Residential Specialist.

Polygraph Testing

Polygraph testing may only be conducted with written consent from the parent for polygraph testing of his/her child as a component of treatment or therapy (provided that parental rights are intact). If a parent consents and the child is a teenager, the consent of the child is also advised. CFSD shall not consent for polygraph testing even when CFSD has Permanent Legal Custody of the child. If polygraph testing is believed necessary for treatment or other purposes, District Court must order the polygraph testing.

Medicaid

Medicaid will only pay for medically necessary service. The DPHHS Health Resources Division determines the definition of medically necessary services, not the physician. If a CPS has a question as to whether Medicaid will provide payment for a particular medical service, treatment or travel, the CPS or foster care provider may call 1-800-362-8312.

General information regarding Medicaid services may be found in in the recipient booklet entitled, Medicaid - Your Health Care Program and What You Need to Know (DPHHS-HPS-165). Copies of this booklet are available on-line at :

<https://dphhs.mt.gov/MontanaHealthcarePrograms>

Travel

Routine local transportation is part of the daily rate for all Therapeutic Family Foster Care programs and Youth Group Homes.

Medicaid travel reimburses only necessary covered services from the nearest provider, and is limited to the least costly means to meet the child's needs. Reimbursement is only available when there is no other way of reimbursing the travel.

The Mountain Pacific Quality Health Foundation (Medicaid Transportation Center) reviews transportation requests and grants authorization for reimbursable travel. The Medicaid Transportation

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Hotline (1-800-292-7114) should be called as soon as a medical appointment is made if travel reimbursement will be requested and must be called and authorization given before the travel occurs in order for reimbursement to be made.

Mental Health Services

Financial eligibility will be determined by the OPA. Clinical assessments must be provided by a licensed mental health professional to determine the mental health needs. Travel is approved by Mountain Pacific Quality Health in the same manner as authorizing Medicaid travel.

For information on Mental Health covered services, or for assistance with problems accessing services, call 1-888-866-0328 toll free.

References

Mont. Code Ann. § 41-1-402
Mont. Admin. R. 37.50.310-37.50.320
Montana Constitution, Article II
[The Child and Family Services Improvement and Innovation Act \(P.L. 112-34\)](#)

Rev. 10/03
Rev. 10/04
Rev. 10/07
Rev. 10/09
Rev. 12/10
Rev. 01/12
Rev. 05/12
Rev. 09/14
Rev. 02/15
Rev. 06/15
Rev. 09/15

SAMPLE AUTHORIZATION FOR OUT-OF-COUNTRY TRAVEL BY
FOSTER CHILD

_____ are authorized to travel with _____ to _____ between _____ and _____.

_____ may request emergency medical treatment for _____.

If other medical treatment or surgery is necessary, authorization must be requested by calling

_____ at _____ Monday through Friday between 8:00-5:00 Mountain time or

1-866-820- 5437 after hours, on weekends and holidays.

Name and phone number of CPS: _____

Name and phone number of Child Protection Supervisor: _____

Regional Administrator Signature

Date