

**ADMINISTRATIVE RULE OF MONTANA**

**HEALTHCARE FACILITIES**

**37.97 Subchapter 9**

**Therapeutic Group Homes**

**RULE**

**37.97.903 STAFFING**

***RULES 37.97.904 RESERVED***

**37.97.905 THERAPEUTIC SERVICE REQUIREMENTS**

***RULES 37.97.906 RESERVED***

**37.97.907 TREATMENT PLAN**

37.97.903 STAFFING (1) In addition to the requirements specified in ARM [37.97.141](#), TGH providers must meet staffing requirements specified in this rule to provide a therapeutic environment and treatment interventions identified in the youth's individual treatment plan.

(2) A TGH with four or fewer youth must have a ratio of youth to direct care staff of no more than 2:1 present for 15 hours each day between 7:00 a.m. and 7:30 a.m. or beginning at some other reasonable morning half hour which is approximately 15 hours prior to the bedtime of the youth.

(3) A TGH with five or more youth must have a minimum of two direct care staff present for 15 hours each day between 7:00 a.m. and 7:30 a.m. or beginning at some other reasonable morning half hour which is approximately 15 hours prior to the bedtime of the youth.

(4) Exceptions to youth to direct care staff ratio:

(a) During regular school hours when youth are not normally present, at least one on-call staff must be available only if there are no other staff in the facility. Staff must report to work at the TGH within 30 minutes of notification that they are needed.

(b) If no more than two youths do not attend school and remain in the TGH, the program manager may be counted in the direct care staff ratio.

(c) The program manager may be counted in the direct care ratio during the morning hours between 6:00 a.m. and 8:00 a.m. or beginning at some other reasonable two-hour time frame prior to the youth leaving for school.

(5) A minimum of one direct care staff must be present and awake nine hours each night at or between 10:00 p.m. and 7:00 a.m., or no earlier than 15 hours from the time daytime staffing start working. In addition, one on-call staff must be available each night and report to work within 30 minutes of notification that they are needed.

(6) A TGH must employ a program manager who is responsible for no more than 16 youth. The program manager may not be counted in the direct care staffing to youth ratio except as provided in (4)(b) and (c).

(7) A TGH must employ or contract with a mental health professional as defined in ARM [37.97.102](#)(13). Services must be provided on-site or as specified in the treatment model. The mental health professional must not be counted in the direct care staffing to youth ratio.

(8) Program managers and mental health professionals may be the same employee as long as they meet the minimum qualifications of both positions and have sufficient time to carry out the functions of both positions.

(9) The mental health professional shall be responsible for the supervision and overall provision of treatment services to youth in the TGH. The mental health professional must not be counted in the direct care staff to youth ratio.

(10) The TGH must have nursing services available 24 hours a day seven days a week as described in the TGH's treatment model.

(11) Adequate staff must be employed to implement each youth's individualized treatment plan.

History: 52-2-111, 52-2-603, 52-2-622, MCA; IMP, 52-2-113, 52-2-603, 52-2-622, MCA; NEW, 2011 MAR p. 387, Eff. 3/25/11; AMD, 2019 MAR p. 1526, Eff. 10/1/19; AMD, 2021 MAR p. 1217, Eff. 10/1/21.

37.97.905 THERAPEUTIC SERVICES REQUIREMENTS (1) The TGH must provide therapeutic services to all youth. Therapeutic services include therapy and therapeutic interventions. The purpose of therapeutic services is to:

(a) reduce the impairment of the youth's mental disability and to improve the youth's functional level.

(b) alleviate the emotional disturbances.

(c) reverse or change maladaptive patterns of behavior; and

(d) encourage personal growth and development.

(2) Each youth must receive 75 minutes of therapy and 75 minutes of therapeutic intervention services per week (Sunday through Saturday).

(3) Therapy requirements must be provided by the mental health professional and include the following:

(a) Individual therapy must be provided at least 50 minutes out of the required 75 minutes per week as outlined in the youth's treatment plan.

(b) Family therapy must be provided to the youth and family members as defined in ARM [37.97.102](#)(9) and provided as outlined in the youth's treatment plan.

(c) If no identified family members as defined in ARM [37.97.102](#)(9) are able to participate in family therapy, specific reasons why family therapy cannot be provided must be documented in the youth's treatment plan.

(d) If the youth is on a home visit or the family is unable to participate in therapy on-site, the mental health professional may provide therapy electronically via video conferencing or telehealth.

(4) In the event the mental health professional is unavailable due to vacation, illness, or other similar circumstance for more than 150 minutes in a 24-week period per youth, arrangements for therapy must be made based on the program's policy and procedures.

(a) The TGH must document in the youth's case record why the mental health professional could not provide therapy and what arrangements for therapy were made.

(b) The 24-week time period will be based on the youth's admission date.

(5) Therapeutic interventions may be provided by the mental health professional, program manager, or direct care staff as outlined in the youth's treatment plan.

(6) Therapy sessions and therapeutic interventions must address the youth's treatment goals and objectives in the treatment plan, and each session must be documented in the case record by the individual providing the service. Documentation must include the signature of the person who provided the service and the date, start and end times of each session.

(7) Internal staff meetings to address the needs of each youth must be conducted weekly and must include the program manager, lead clinical staff, and direct care staff. Staff meeting time spent addressing the needs of youth may not be included as therapy or therapeutic intervention time.

History: 52-2-111, 52-2-603, 52-2-622, MCA; IMP, 52-2-113, 52-2-603, 52-2-622, MCA; NEW, 2011 MAR p. 387, Eff. 3/25/11; AMD, 2021 MAR p. 1217, Eff. 10/1/21.

37.97.907 TREATMENT PLAN (1) A TGH must develop and implement a treatment plan for each youth in care based on the results of the clinical assessment.

(2) The initial treatment plan must be developed within 10 business days of admission and include:

(a) names of treatment team members including the youth's family, relatives, and fictive kin of the youth, appropriate school personnel, placing agency representative, and other professionals as appropriate.

(b) contact information for all treatment team members.

(c) the youth's physical and medical needs.

(d) behavior management issues.

(e) short-term and long-term mental and behavioral goals with corresponding time frames.

(f) specific interventions with corresponding time frames in accordance with the TGH treatment model.

(g) identifying how the TGH will facilitate participation of family in the treatment of the youth, including siblings.

(h) identifying how the TGH will facilitate family visitation or contact outside of family therapy.

(i) criteria for the youth's completion of the program.

(j) education plans; and

(k) a discharge plan, including planning for aftercare services, and estimated discharge date.

(3) Treatment plans must be reviewed and updated at least every 30 days from the date of development and:

(a) be conducted face-to-face with the youth and document the input of the youth (over the age of 5), parent/legal guardian, and placing agency.

(b) include all treatment team members.

(c) be conducted at a time that is convenient for the youth's family; and

(d) if treatment team members are unable to attend face-to-face, telecommunication must be provided at a time that is convenient for the parent/legal guardian and placing agency.

(4) The TGH must document in the youth's case record notification to all treatment team members of the time and place of the treatment plan review.

(5) All direct care staff and treatment team members, including the mental health professional involved in the care of the youth, must read, and sign off on the treatment plan within seven days of its development and update.

(6) A copy of the treatment plan must be provided to the youth's placing agency and parent/legal guardian within ten days of the plan's development or update.

History: 52-2-111, 52-2-603, 52-2-622, MCA; IMP, 52-2-113, 52-2-603, 52-2-622, MCA; NEW, 2011 MAR p. 387, Eff. 3/25/11; AMD, 2021 MAR p. 1217, Eff. 10/1/21.