



ADMINISTRATIVE RULES OF MONTANA

37.87.1414 HOME SUPPORT SERVICES (HSS), PROVISIONS OF SERVICE

- (1) Home support services (HSS) providers must support the strengths of youth and caregivers by:
 - (a) identifying behavioral health abilities and needs across key areas such as school, family, social, community, and vocational environments;
 - (b) identifying strengths that can form the basis of the treatment plan in the areas of school, family, social, community, and vocational functioning; and
 - (c) prioritizing the most critical behavioral health needs and concerns as the focus of the treatment planning and delivery.
- (2) HSS providers must engage in treatment planning that:
 - (a) clearly states the treatment goals identified in the clinical eligibility recommendation;
 - (b) is based on the functional assessment conducted pursuant to the manual adopted and incorporated by reference in ARM 37.87.903;
 - (c) is a collaborative process that involves youth and caregivers in developing a treatment plan with a manageable number of prioritized needs along with goals and strategies for addressing each need and goal;
 - (d) includes goals with measurable and observable outcomes;
 - (e) includes monthly summaries and updates every 90 days, which include outcome measurements of treatment goals; and
 - (f) unifies treatment plans with a targeted case manager, if applicable, and identifies all services and supports to caregivers.
- (3) The provider must conduct a treatment team meeting with the caregiver to develop an individualized treatment plan in accordance with ARM 37.106.1916.
- (4) The provider must measure progress on individualized treatment goals, using both the department-approved standardized assessment and treatment goal indicators to measure progress from baseline. Progress towards individualized treatment goals must be considered as part of discharge planning.
- (5) The provider must collaborate and coordinate with the TCM provider, if youth and caregivers are engaged in TCM services.
- (6) The provider must collaborate with youth and caregivers to identify and address suicidality, risk, and safety concerns at home, in school, and in the community to develop an individualized safety plan for each youth. Individual safety plans must be completed within 21 days of admission to HSS

and must be reviewed monthly and after crisis with updates as necessary. Individual safety plans must contain the following components:

- (a) delineate required safety planning and processes, youth and caregiver involvement, and plan dissemination;
 - (b) identification of what is considered a crisis for youth and caregivers;
 - (c) natural supports currently accessible to the youth and caregivers;
 - (d) current resources and skills accessible to the youth and caregivers;
 - (e) crisis escalation patterns and triggers;
 - (f) de-escalation strategies that are easily understood and can be implemented by the youth and caregivers;
 - (g) if indicated by suicidality screening, a specific plan to address suicidal thoughts or ideations;
 - (h) when to call the HSS team; and
 - (i) when to call 911.
- (7) The provider must maintain requirements for crisis response as defined in ARM 37.106.1945. Individual treatment and safety plans must be immediately available to mental health center employees engaged in crisis response.

Authorizing statute(s): 53-2-201, 53-6-113, MCA

Implementing statute(s): 53-2-201, 53-6-101, MCA

History: NEW, 2020 MAR p. 2435, Eff. 1/1/21.