



ADMINISTRATIVE RULES OF MONTANA

37.87.823 TARGETED CASE MANAGEMENT SERVICES FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE, PROVIDER REQUIREMENTS

- (1) The requirements in this subchapter are in addition to those contained in provisions generally applicable to Medicaid providers.
- (2) Targeted case management services for youth with SED must be provided by a licensed mental health center as defined in ARM 37.87.102. A mental health center must:
 - (a) have a current license endorsement permitting the mental health center to provide targeted case management services; and
 - (b) be enrolled in the Montana Medicaid program as a targeted case management services provider.
- (3) Targeted case management services for youth with SED must be supported by narrative documentation in accordance with ARM 37.85.414 record keeping requirements.
- (4) Targeted case management services for youth with SED must be provided under a case management plan in accordance with ARM 37.86.3305.
- (5) Case management plans for youth with SED must be completed within the first 21 days of admission to targeted case management services and updated at least every 90 days or whenever there is a significant change to the youth's condition. The case management plan must:
 - (a) use the standardized assessment tool approved by the department to determine the appropriate level of service intensity needed by the youth and the youth's family or caregivers;
 - (b) incorporate standardized assessment tool findings into the plan;
 - (c) support continued benefits from TCM reflected in youth service planning;
 - (d) reflect the least restrictive and appropriate level of care;
 - (e) identify the strengths of the youth and the youth's family or caregivers;
 - (f) include a crisis response plan;
 - (g) include a plan for each youth age 16 1/2 and older to transition to adult mental health services; and
 - (h) include a discharge and transition plan from targeted case management services.
- (6) Upon admission to TCM services and prior to all treatment team meetings of TCM services, the targeted case manager shall meet face-to-face with the youth's family or caregivers to complete a

family treatment team meeting preparation checklist and questionnaire. If the meeting cannot be accomplished face-to-face, the targeted case manager shall document in the youth's file the reason for conducting the meeting through phone contact or telehealth. The checklist and questionnaire must contain and document the following components:

- (a) explanation of the purpose of the treatment meeting and documentation of the youth's family or caregivers understanding;
 - (b) identification of natural supports in the youth's life;
 - (c) a notice to the family that the youth's treatment plan shall be delivered at times and in locations that are flexible, accessible, and convenient to the youth and the youth's family or caregivers, including evenings and weekends;
 - (d) evaluation with the youth and the youth's family or caregivers to identify and address risks and safety concerns at home and in the school and in the community; and
 - (e) evaluation with the youth and the youth's family or caregivers to identify strengths that can be used as the basis of the treatment plan in the areas of school, vocational, family, social, and community functioning as well as towards meeting developmental skills and abilities.
- (7) Individual treatment plans and those participating in treatment team meetings must:
- (a) use language that is understandable to the youth and the youth's family or caregivers and, where necessary, translate clinical terminology including but not limited to diagnoses and acronyms into language that is understandable; and
 - (b) actively seek to understand and demonstrate respect for the unique and diverse backgrounds of the youth and the youth's family or caregivers including but not limited to roles, values, beliefs, races, ethnicities, sexual orientations, gender expressions, gender identities, languages, traditions, communities, and cultures.
- (8) In addition to the requirements outlined in (7), individual treatment plans must include:
- (a) identification of natural supports or treatment goals intended to develop natural supports; and
 - (b) a crisis plan that identifies safety concerns, potential crises, triggers, de-escalation and coping strategies, actionable stabilization steps, prevention measures, and identified supports of the youth and the youth's family or caregivers.
- (9) Targeted case management providers shall share with the youth and the youth's family or caregivers baseline and updated outcome measurements including measurements of the youth's emotional and behavioral functioning, living situation, school outcomes, risk of harm to self or others, substance use, and progress toward individualized goals. Targeted case management providers shall meet with the youth and the youth's family or caregivers at least every 90 days for the purpose of sharing this information.
- (10) In addition to the discharge requirements outlined in ARM 37.106.1917, a youth must be discharged from targeted case management services when treatment plan goals have been met, when the youth no longer desires targeted case management, or when the youth no longer meets the criteria for entry into targeted case management services.
- (11) Mental health centers with a youth targeted case management endorsement must have policies and procedures in place to provide timely access to services for youth by:

- (a) ensuring mental health centers have adequate resources to provide timely access to the standard assessment tool for intake of youth; and
- (b) detailing a communication plan to the youth's family or caregivers if the youth is placed on a waitlist, including a process for referral to other services providers.

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

Implementing statute(s): 53-1-601, 53-1-602, 53-1-603, 53-2-201, MCA

History: NEW, 2009 MAR p. 266, Eff. 2/27/09; AMD, 2020 MAR p. 691, Eff. 11/1/20.