



ADMINISTRATIVE RULES OF MONTANA



37.87.1410 THERAPEUTIC FOSTER CARE (TFC), PROVIDER REQUIREMENTS

- (1) The TFC provider must be a mental health center as described in ARM Title 37, chapter 106, subchapter 19.
- (2) The provider must also be a child-placing agency.
- (3) A full-time clinical lead is responsible for not more than five full-time family support specialists (FSS).
- (4) The clinical lead must:
 - (a) provide direction and consultation to the FSS to address the clinical needs of the youth and the needs of the caregiver as identified in the youth's individualized treatment plan (ITP);
 - (b) respond to the youth's and the caregiver's needs when the FSS is not available;
 - (c) orient, train, and coach the FSS; and
 - (d) provide one-on-one supervision at least monthly to the FSS.
- (5) A full-time FSS is responsible for not more than ten youths at a time.
- (6) The following requirements must be met by either the clinical lead, the FSS, or both:
 - (a) provide contacts at the frequency, location, and duration that are sufficient to meet the identified needs of the youth and the caregiver, with the duration of the contacts not limited;
 - (b) conduct a minimum of four scheduled contacts or sessions with the caregiver in each four-week period, two of which must be face-to-face within the home and community environment, excluding the provider's office or facility, based on the needs of the caregiver that are documented in the ITP;
 - (c) conduct a minimum of two scheduled treatment sessions with the youth, one of which must be face to face, within the home and community environment, excluding the provider's office or facility, in each four-week period, based on the needs of the youth that are documented in the ITP;
 - (i) For both requirements in (b) and (c), face-to-face delivery of the treatment services is preferred. Telehealth may be substituted if clinically indicated or if the youth does not have access to face-to-face services. Case notes must include the reason(s) for telehealth delivery of service, including documentation of attempts to identify local supports, if the need for telehealth delivery of services is related to access issues; and

- (d) services provided above the minimum face-to-face contact requirements in (b) and (c) may be provided in the provider's office or facility to further meet the identified needs of the youth and the caregiver documented in the ITP. The duration of the contacts are not limited.
- (7) 24/7 face-to-face and telephonic crisis response is expected.
- (8) The provider of TFC must use a research-based practice curriculum to provide family-based services. Staff training in the research-based practice must be documented in the provider's personnel records.

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

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

History: NEW, 2013 MAR p. 166, Eff. 2/1/13; AMD, 2013 MAR p. 2153, Eff. 11/15/13; AMD, 2017 MAR p. 607, Eff. 5/13/17; AMD, 2020 MAR p. 2435, Eff. 1/1/21; AMD, 2024 MAR p. 611, Eff. 3/23/24.