

Medicaid Reimbursed Therapeutic Service – Therapeutic Youth Group Homes (TYGH) and Therapeutic Family Foster Care (TFFC)

<b>Definitions</b>	<b>Medicaid Reimbursed Therapeutic Services</b> , for the purpose of this Manual Section 406-2, are Therapeutic Youth Group Homes (TYGH), Therapeutic Family Care (TFC) and Therapeutic Foster Care (TFOC) Services. These programs are all licensed by the Department.
Therapeutic Youth Group Homes	<p>A <b>Therapeutic Youth Group Home (TYGH)</b> is a community or campus-based treatment group home for youth with a serious emotional disturbance. The TYGH programs are operated in single residences located in a community, or in clusters of residences on a campus with access to community resources. Each TYGH facility must be licensed by the Quality Assurance Division, DPHHS, with a therapeutic group home license, and contracted with CFSD, DPHHS to provide TYGH services.</p> <p>All TYGH are licensed the same and have the same requirements for staff to client ratios, treatment, staffing, program manager and lead clinical staff duties. TYGH can vary depending on the number of beds they are licensed for.</p>
Therapeutic Family Care	<p><b>Therapeutic Family Care (TFC)</b> is a home based treatment alternative for youth with a serious emotional disturbance requiring specific and frequent treatment alternatives and/or supports. TFC is provided in an adoptive, regular foster care, kinship or biological home. TFC is appropriate for youth requiring more intensive therapeutic interventions than are available through traditional outpatient therapy services. TFC is provided on one level: moderate. Treatment Supervisors provide direct clinical supervision to Treatment Managers who in turn work with the youth and parents.</p>
Therapeutic Foster Care	<p><b>Therapeutic Foster Care (TFOC)</b> is a home based treatment alternative for youth with a serious emotional disturbance requiring specific and frequent treatment alternatives and/or supports. TFOC is provided in therapeutic foster homes in two levels: moderate and permanency. TFOC room and board costs are not reimbursed by Montana Medicaid. Medicaid reimburses for 14 therapeutic home visits per state fiscal year for youth in moderate level TFOC. Permanency level TFOC is an intensive therapeutic intervention for the foster family, intended to support the foster placement to become an adoptive home. Treatment Supervisors provide direct clinical supervision to Treatment Managers who in turn supervise specially trained treatment parents. TFOC programs are licensed as Child Placing Agencies by a Child and Family Services Division (CFSD)</p>

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Family Resource Specialist. Individual Treatment Homes receive a licensing study by the Child Placing Agency, which is then presented to the CFSD Family Resource Specialist for licensure as a Therapeutic Family Foster home.

**Treatment Services** TYGH, TFC and TFOC agencies employ professional and direct care, relief and other staff who provide care and treatment to seriously emotionally disturbed and dually diagnosed youth who, because of their serious emotional disturbance and/or dual diagnosis, cannot be treated in a less restrictive environment. In TFOC, specially trained treatment parents provide treatment interventions in accordance with the youth's treatment plan. Youth receiving TFC and TYGH services also receive treatment interventions in accordance with the treatment plan.

**TYGH Services** The TYGH therapeutic service requirements are in ARM 37.97.906, and require the lead clinical staff (LCS) and program manager (PM) to provide each youth 75 minutes of therapy and 75 minutes of therapeutic intervention per week. Therapy includes individual and family therapy. Individual therapy must be provided at least 50 minutes per week and may be provided in two 25 minute sessions. Family therapy must be provided to the youth and biological, adoptive, or foster family members with whom the youth previously resided or plans to reside with upon discharge. If family therapy is not appropriate based on the particular youth's situation, the lead clinical staff will indicate the specific reasons why family therapy cannot be provided. Therapeutic services can be suspended for no more than 780 minutes per calendar year per youth, if LCS or PM is out sick or on vacation. The minutes may be prorated for youth in the TYGH for less than one year. Therapy and therapeutic interventions must address the youth's treatment goals and objectives contained in the treatment plan. Internal staff meetings to address the needs of each youth must be conducted weekly by the TYGH.

**TFOC Services** TFOC provides specially trained treatment parents who receive regular supervision from the program's clinical staff. Treatment interventions are provided to children and youth with serious emotional disturbances or dual diagnosis in accordance with their treatment plan. When medically necessary for a youth in moderate level TFOC, community based psychiatric rehabilitation and support (CBPRS) services may also be provided on a short term basis.

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CBPRS services are rehabilitation services provided in home, school, and community settings for youth with serious emotional disturbance (SED) who are at risk of out of home or residential placement, or risk of removal from current setting for youth under six years of age. CBPRS services are provided for a short period of time, generally 90 days or less, to improve or restore the youth's functioning in one or more of the impaired areas identified in the SED definition in ARM [37.87.303](#). Services are provided by trained mental health personnel under the supervision of a licensed mental health professional and according to rehabilitation goals on the youth's treatment plan.

**TFOC Limitations:  
TFOC Home with  
Provisional  
Licenses**

A child or youth may not be initially placed in a Therapeutic Foster Family home that has a "Provisional" Therapeutic Foster Care license. If a child or youth is placed in a TFOC Home with a "regular" license that is changed to a "provisional" license, the TFOC program will immediately notify the child protection specialist of the license change and explain the reason for the change. If the TFOC program determines that the child is safe and recommends continued placement with the TFOC home that has received the provisional license, the CFSD child protection specialist and CFSD supervisor have the final determination regarding the placement of the child.

**Authorization for  
Double Placements**

A Maximum of two children will be in a TFOC home, and only with the approval of the appropriate child protection specialist supervisors, family resource specialist, and child placing agency staff. Prior to authorizing a second child to be placed, consideration should be given to ensure that the intensity and needs of each child can be addressed within one treatment home. The DPHHS-CFS-031 must be completed for authorization of a double placement. Authorization must be obtained prior to the placement of the second child in the home.

When considering TYGH or TFOC as a treatment option, refer to Policy Manual Section 401-1, Philosophy, for additional information.

**Payment for  
Services**

The Department enters into foster care contracts with individual providers for reimbursement of room and board services for youth placed by the Department.

**IV-E Funding**

If the child in placement is IV-E eligible, IV-E funding should be utilized for foster care payments made for therapeutic care in

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TYGH ONLY IF:

- the TYGH has a “regular” therapeutic group home license; or
- the TFOC treatment foster home has a “regular” therapeutic foster care license. If a IV-E child is in a TFOC home that receives a “provisional” license, the funding source must be changed to GFO **or** the child may be placed elsewhere.

**IV-E funding changes with provisional license**

The Department may not use IV-E funding for placements with a “provisional” license. In the case that the therapeutic provider (either the therapeutic group home or the therapeutic foster family) receives a “provisional” license, IV-E funding may not be used to pay for a placement during the provisional license, but must be changed to General Fund (GFO). (Note: Medicaid will not pay for TYGH or TFOC services if the provider has a provisional license.)

**Magellan Medicaid Administration (formerly First Health Services of Montana)**

For TYGH, TFC and TFOC Magellan Medicaid Administration (MMA) is the utilization review contractor the Children’s Mental Health Bureau (CMHB) contracts with to determine whether or not these services are medically necessary and reimbursable by the Montana Medicaid Program. MMA uses clinical management guidelines to determine whether or not these services are medically necessary and requires the youth to have a serious emotional disturbance. (Note: The Medicaid definition of serious emotional disturbance is in ARM 37.87.303. The clinical management guidelines can be found in the Children’s Mental Health Bureau’s Provider Manual and Clinical Guidelines for Utilization Management on the CMHB or MMA website.

<https://montana.fhsc.com/Providers/YouthManuals.asp>

**Prior Authorization and The Certificate of Need (CON)**

Prior authorization (PA) and a Certificate of Need (CON) is required for TYGH, TFC and TFOC services to be reimbursed by Medicaid. The CON must be signed by the involved licensed mental health professional (LMHP), and a physician who has competency in diagnosis and treatment of mental illness and knowledge of the youth’s condition. In most cases, the CON is provided to MMA by a mental health targeted case manager (TCM). If the youth does not have a TCM, a referral for TCM services can be made or the social worker can coordinate completion of the CON with the LMHP and physician, and prior

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authorization requirements.

**SSI Determination** When a youth is authorized for TYGH, TFC or TFOC and the youth has not been previously determined to be eligible for SSI benefits, the child protection specialist should contact the local Social Security Office immediately to begin SSI eligibility determination.

**Absent Youth** In the event a youth placed by DPHHS is absent from the TYGH or TFOC due to runaway status, home visit, or for another reason such as admission into an in-patient medical or psychiatric facility, the appropriate Regional Administrator may authorize room and board payments for up to five days. Additional days may be authorized on a case by case basis. (Medicaid pays for 14 Therapeutic Home Visit (THV) days for TYGH and TFOC moderate in a state fiscal year).

When a youth leaves the TYGH, TFC or TFOC and enters an in-patient facility (such as a hospital or psychiatric residential treatment facility (PRTF)), Medicaid reimbursement to the TYGH, TFC or TFOC provider will stop. If the youth was placed by DPHHS and will be returning to the TYGH, the appropriate Regional Administrator may authorize room and board payments to the TYGH for up to five days. If the bed is to be held longer than five days, special payment arrangements must be approved by the Regional Administrator. Prior to authorizing these room and board payments, verify that return to the TYGH or TFOC is part of the youth's discharge plan from the hospital or PRTF.

**Eligibility for Other Medicaid Reimbursed Mental Health Services** Medicaid reimbursable physical health and other services, including transportation, are available to Medicaid eligible youth. Authorization for Medicaid reimbursement of these services is the responsibility of the individual Medicaid provider.

**Reimbursement Prohibitions** TYGH and TFOC providers are not eligible for DPHHS payments of foster care clothing allowances and/or special needs payments.

**TFOC Room and Board Respite** The Department's foster care contract for room and board services to TFOC providers includes an allowance for 38 days of respite care. Medicaid reimburses the TFOC providers at a daily rate for treatment interventions. No distinction is made between treatment provided in the primary treatment home and

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treatment provided in a respite care home.

**CMHB (Non-Medicaid) Respite**

Additional respite may be covered by the CMHB. CMHB reimbursed respite care services are non-Medicaid funded services. Youth must have a serious emotional disturbance and be receiving Medicaid funded mental health services, to receive CMHB reimbursed respite.

CMHB reimbursed respite is limited to 6 hours (or 24 units) in a 24 hour time period and limited to 12 hours (or 48 units) in a month. Providers of respite care services must accept the amounts payable under this rule as payment in full for the respite care services provided to youth with SED.

Respite services are provided through a licensed mental health center. The respite provider must be:

- (1) physically and mentally qualified to provide this service to the youth;
- (2) aware of emergency assistance systems and crisis plans;
- (3) knowledgeable of the physical and mental conditions of the youth;
- (4) knowledgeable of common medications and related conditions of the youth; and
- (5) capable of administering basic first aid.

**Qualifications of Respite Providers for CFSD TFOC Room and Board**

Respite providers must be:

- licensed and trained therapeutic foster parents; **or**
- a member of the child's family or other person familiar with and known to the child who has been identified in the treatment plan as a respite provider and approved by the responsible child protection specialist and/or supervisor.

**Third Party Liability**

Under federal law, Medicaid is always the payor of last resort to all other insurance programs. Third party resources, including Medicare, must make payment or denial before Medicaid can consider the claim for payment. The exception to this law is Indian Health Services which need not be billed before Medicaid.

**NOTE:** When children or youth receiving services in Medicaid reimbursed TFOC are discharged from this treatment level, they may remain with the treatment family

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and continue to receive services through the provider's foster care contract. Youth who are not authorized for admission to Medicaid reimbursed TFOC or who are not Medicaid eligible may be referred to therapeutic foster care with services paid under the same contract. (Refer to Section 406-3, Therapeutic Foster Care - 100% General Fund Foster Care Budget.)

**CAPS**

The worker should close any existing open foster care services including respite care, and open foster care in the therapeutic facility using the appropriate service codes.

**TYGH CAPS  
Payment and  
Placement Codes**

Use CAPS code PTGHI for all therapeutic youth group home placements.  
Clothing is purchased through the Foster Care Contract.

**References**

Mont. Code Ann. § § 52-2-601 to 603  
Mont. Admin. R. 37.37.101-336  
Mont. Admin. R. 37.93.101-716

