

Subchapter 9

Therapeutic Group Homes

Rules 37.97.901 and 37.97.902 reserved

37.97.903 THERAPEUTIC GROUP HOMES (TGH): STAFFING (1) In addition to the requirements specified in ARM 37.97.142, 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 shall 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 shall 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.

(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) Each program manager shall be 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).

(7) An individual providing mental health professional services shall meet the requirements of ARM 37.87.702.

(8) Program managers and lead clinical staff 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) Lead clinical staff shall be responsible for the supervision and overall provision of treatment services to youth in the TGH. The lead clinical staff must not be counted in the direct care staff to youth ratio.

(10) 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.)

Rule 37.97.904 reserved

37.97.905 THERAPEUTIC GROUP HOMES (TGH): CLINICAL ASSESSMENT (1) A clinical assessment must be completed on a youth admitted to a TGH within ten business days (Monday through Friday), of admission unless a current clinical assessment that has been completed within the last 12 months is submitted with the youth's referral packet. (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.)

37.97.906 THERAPEUTIC GROUP HOMES (TGH): THERAPEUTIC SERVICE REQUIREMENTS

(1) The therapeutic services provided by the lead clinical staff and the program manager are "therapy" and "therapeutic intervention" services. The purpose of both 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). Therapy includes individual and group or family therapy as clinically indicated based on the specific treatment needs of the youth. Therapy requirements include the following:

(a) Individual therapy must be provided at least 50 minutes out of the required 75 minutes per week. Individual therapy may be provided in two 25- minute sessions per week as clinically appropriate. The lead clinical staff shall document specific reasons why a 50-minute therapy session cannot be provided.

(b) 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 situation of the youth, the lead clinical staff shall document specific reasons why family therapy cannot be provided.

(3) In the event the lead clinical staff and/or program manager is unavailable due to vacation, illness, or if the youth is on a home visit, or similar circumstance, therapeutic services can be suspended for no more than 780 minutes per calendar year per youth. The amount of minutes will be prorated for youth placed in the facility for less than one year.

(4) 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 lead clinical staff. Documentation must include the signature of the person who provided the therapy and the date, start and end times of each session.

(5) Each youth shall receive from the program manager or lead clinical staff 75 minutes of therapeutic interventions per week. Therapeutic interventions are as clinically indicated based on the specific needs of the youth.

(6) 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.)

37.97.907 THERAPEUTIC GROUP HOMES (TGH): TREATMENT PLAN

(1) In addition to the requirements specified in ARM 37.97.148, the treatment plan must document specific and measurable objectives and interventions based on a clinical assessment related to the youth's mental health needs.

(2) Treatment plans must be reviewed and updated at least every 30 days.

(3) All direct care staff and treatment team members, including the lead clinical staff involved in the care of the youth, shall read and sign off on the treatment plan within seven days of its development or update.

(4) A copy of the treatment plan must be provided to the youth's placing agency and custodial parent or 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.)