



MCA 52-2-311: OUT-OF-STATE PLACEMENT ANNUAL REPORT SFY 2024

Children, Families, Health, and Human Services Interim Committee

Reporting Period: July 1, 2023, through June 30, 2024

August 29, 2024

OVERVIEW

The following statutorily required report is completed by the Department of Public Health and Human Services (DPHHS), Children's Mental Health Bureau (CMHB), in coordination with the Child and Family Services Division (CFSD), the Youth Services Division of the Department of Corrections (DOC), and Youth Court or Juvenile Justice (JJ) within the Office of the Court Administrator.

The following report is organized by section according to MCA 52-2-311 reporting requirements.

52-2-311. Out-of-state placement monitoring and reporting.

(1) The department shall collect the following information regarding high-risk children with multiagency service needs:

- (a) the number of children placed out-of-state;
- (b) the reasons each child was placed out-of-state;
- (c) the costs for each child placed out-of-state;
- (d) the process used to avoid out-of-state placements; *and*
- (e) the number of in-state providers participating in the pool.

(2) For children whose placement is funded in whole or in part by Medicaid, the report must include information indicating other department programs with which the child is involved.

(3) On an ongoing basis, the department shall attempt to reduce out-of-state placements.

(4) The department shall report annually to the children, families, health, and human services interim committee concerning the information it has collected under this section and the results of the efforts it has made to reduce out-of-state placements.

RESULTS

A) THE NUMBER OF CHILDREN PLACED OUT-OF-STATE

The following table represents the total number of youth who received treatment in an out-of-state (OOS) residential program, whether in a psychiatric residential treatment facility (PRTF) or a therapeutic group home (TGH), by agency, during the reporting period July 1, 2023, through June 30, 2024, as well as the results from the annual report for SFY 2023 for reference.

Table 1: Number of Youth who Received Treatment in an OOS Residential Program

REPORTING AGENCY	SFY 23 (07/01/22-06/30/23)		SFY 24 (07/01/23-06/30/24)	
	PRTF	TGH	PRTF	TGH
CMHB / Medicaid (Parent/Guardian Placement)	90	16	108	13
CFSD	68	20	67	19
JJ	15	28	18	21
JJ & CFSD	0	0	1	2
EPSDT, CFSD, and JJ	0	0	1	0
EPSDT	0	0	2	1
DOC	1	1	1	0
Totals	174	65	198	56

To provide context to these numbers, the CMHB served 22,264 youth in SFY 2023. In addition to receiving mental health services from primary care providers and local qualified health centers, Montana Medicaid youth received the following community-based mental health services:

Table 1(a): Number of Youth who Received Community-Based Treatment for Mental Health

SERVICE	YOUTH SERVED
Licensed Professional Counselor (LCPC)	7,738
Licensed Clinical Social Worker (LCSW)	5,976
Comprehensive School and Community Treatment (CSCT)	2,131
Targeted Case Management – Mental Health	3,188
Psychiatrist	1,783
Mental Health Center	1,554
Psychologist	989
Home Support Services / Therapeutic Foster Care	837

B) THE REASONS EACH CHILD WAS PLACED OUT-OF-STATE

The CMHB is not a placing agency. Medicaid funding is only available if a youth placed OOS has been determined to meet medical necessity criteria for PRTF level of care *and* has been denied admission by all in-state PRTFs. To meet medical necessity criteria for PRTF, a youth must exhibit behaviors or symptoms of serious emotional disturbance of a severe and persistent nature requiring 24-hour treatment under the direction of a physician. In addition, the prognosis for treatment at the PRTF level of care must reasonably be expected to improve the clinical condition/serious emotional disturbance of the youth or prevent further regression based upon a physician’s evaluation.

Table 2 shows the denial reasons as reported on initial stay requests for OOS PRTF placements. The most common reasons youth are denied admission to in-state PRTFs are:

- No beds were available (facility was at max capacity or had limited staffing)
- Facility was unable to treat current condition (co-occurring medical conditions, maladaptive sexualized behaviors, requires acute care, in need of substance abuse treatment)

- Youth had aggression issues (physical, verbal, or combination)
- Youth did not meet age requirement (too young for program, too old for program)
- Youth was not a good fit for the current milieu
- Youth had an elopement risk (runs away)
- Youth has met the maximum benefit for PRTF treatment

The following table displays the reasons noted by each reporting agency as to why the youth needed an OOS placement during the reporting period July 1, 2023, through June 30, 2024. Information in this section is obtained from prior authorization records for Medicaid-funded placements. Reporting agencies using non-Medicaid funding sources did not list denials, as this is not required within their agencies.

Table 2: Reasons for PRTF OOS Placement

IN-STATE DENIAL REASONS	PERCENTAGE OF YOUTH WITH IN-STATE DENIALS IN SFY 2024 (07/01/23-06/30/24)	
	PRTF 1	PRTF 2
Aggression	35.7%	28.0%
At max capacity	28.7%	37.1%
Other (special circumstances or needs the facility cannot address and/or meet)	14.7%	11.9%
Does not meet age requirement	9.8%	11.2%
Not a good fit for the current milieu	5.6%	6.3%
Unable to treat current condition (too acute, sexualized behaviors or substance abuse)	2.8%	3.5%
Elopement risk (runs away)	2.1%	0.0%
Met maximum benefit from PRTF treatment	0.7%	2.1%

*Percentages may not total 100 due to rounding.

C) THE COSTS FOR EACH CHILD PLACED OUT-OF-STATE

Table 3 displays the average cost per youth for PRTF and TGH OOS for state fiscal years 2023 and 2024.

Table 3: Cost Per Youth

AVERAGE DAYS AND COST	SFY 23		SFY 24	
	07/01/22-06/30/23		07/01/23-06/30/24	
	PRTF	TGH	PRTF	TGH
Average days in SFY	140 days	156 days	146 days	183 days
Average cost per youth per day	\$494*	\$199*	\$497*	\$229*
Average cost per youth per year	\$68,943	\$30,867	\$75,760	\$44,497

*Average cost per day varies due to variance in daily payment from non-Medicaid funded stay.

Table 3a: Montana Medicaid Reimbursement Rates

SFY 23		SFY 24	
Out-of-State PRTF	TGH*	Out-of-State PRTF	TGH*
50% of usual and customary charges, not to exceed \$456.56	\$203.84	\$458.92	\$218.17

*In-state and out-of-state TGHs are paid at the same rate.

D) THE PROCESS USED TO AVOID OUT-OF-STATE PLACEMENTS

The CMHB is not a placing agency; however, CMHB has policies in place to reduce OOS placements for youth with Medicaid funding. CMHB requires specific utilization reviews of medical necessity criteria for both in-state and OOS TGHs and PRTFs, including reviews of medical necessity every 30 days for PRTFs. Additionally assigned care coordinators and regional resource specialists are assigned to each child placed in an OOS PRTF to assist with discharge planning to ensure that youth are being treated in the least restrictive level of care at the earliest possible time in their home communities.

For a youth to be admitted into an OOS PRTF:

- (1) The provider must request admission from of all Montana PRTFs and be denied admission. The provider must document the denials in the file of the youth.
- (2) The Montana PRTFs may deny services for one of the following reasons:
 - (a) the facility cannot meet the clinical and/or treatment needs of the youth; or
 - (b) an opening is not available.
- (3) The Montana PRTFs must specify the reasons the facility is unable to meet the needs of the youth or state when the next bed opening will be available for the youth.
- (4) Legal representatives of all Montana Medicaid youth who are admitted to OOS PRTFs must complete an Interstate Compact Agreement before the youth leaves the state as part of the prior authorization process. The form is located on the department's website at: Interstate Compact on the Placement of Children (ICPC)

Reference: Children’s Mental Health Bureau Medicaid Services Provider Manual, pg. 23.

Complex Case Qualified Provider Pool

Pursuant to § 52-2-301, MCA CMHB has created a Qualified Provider Pool Pilot (QPP) Project. The goal of the QPP is to increase the capacity of in-state providers to serve high-risk children with multiagency service needs in the least restrictive and most appropriate setting for a child’s needs by promoting collaboration and cooperation among the agencies that provide services to children in Montana. Participating agencies must be willing and able to meet the significant needs of high-risk children who are currently placed or at risk of being placed OOS. Participating providers qualify to receive incentive payments.

- CMHB has contracted with the University of Montana Center for Children, Families and Workforce Development (Center) to facilitate monthly case staffing with participating providers.
- QPP case staffing process is collaborative; it is anticipated that youth served will require involvement from more than one provider agency.

- Participating providers will develop comprehensive, individualized services plans and submit them to CMHB for review and approval.
- Participating providers must agree to deliver services as described in comprehensive, individualized service plans they have developed as well as comprehensive service plans that other pool members have developed.
- Participating providers agree to regularly share data related to successes and barriers to plan implementation, progress toward discharge, and a summary of project impact.

Parent Outreach Letter

In SFY 2022, CMHB began sending letters to parents and guardians when their child began receiving treatment in a PRTF. The letter serves to provide information and resources to family members to help families know what to expect with residential treatment and assist them with services post discharge. Favorable discharge is one component that may reduce readmission to PRTF level of care, including OOS PRTFs.

Warm Hand-Off Policies

CMHB has a policy which allows Home Support Services and Targeted Case Management to be delivered concurrently with residential treatment to support families and youth in successful discharge from a facility. Community-based services provided concurrently with residential care must be coordinated with the TGH or PRTF and directly involve the youth's parents or guardians.

Guidehouse Study – Provider Rate Increases

The 2023 Legislative Session authorized significant provider rate increases for many children's mental health services; DPHHS anticipates growth in community-based services because of these rate increases. Increasing access to community-based services is a critical component to reducing residential care and OOS residential treatment.

Additionally, parallel to the Guidehouse Rate Study, CMHB worked with Guidehouse to identify other policy or reimbursement changes to support the goal of reducing reliance on OOS residential programs. Effective, July 1, 2023, CMHB aligned the reimbursement rates of in-state and OOS PRTFs.

Behavioral Health System for Future Generations (BHSFG) Residential Grant Near Term Initiative (NTI)

The BHSFG Commission awarded over \$15 million to congregate community living providers who primarily serve individuals with a serious mental health or developmental disability diagnosis. Over \$5.5 million was awarded to youth mental health providers. The goal of the grants is to stabilize or increase residential service provision as needed across the state and build sustainable capacity. As identified in this report, providers being at maximum capacity was a top reason for youth requiring treatment OOS in SFY 24 and the number two reason in SFY 23. These awards will support CMHB service providers to build capacity to serve more youth within Montana.

E) THE NUMBER OF IN-STATE PROVIDERS PARTICIPATING IN THE POOL

See list of provider pool in **Appendix A**.

2) For children whose placement is funded in whole or in part by Medicaid, the report must include information indicating other department programs with which the child is involved.

Table 4 represents the number of youth placed in an OOS facility and which agency funded whole or in part for the reporting period of July 1, 2023, through June 30, 2024.

Table 4: Funding Source

FUNDING SOURCE	SFY 23		SFY 24	
	07/01/22-06/30/23		07/01/23-06/30/24	
	PRTF	TGH	PRTF	TGH
Parent or Guardian placement authority with Medicaid funding	89	16	108	13
Parent or guardian placement authority with EPSDT single case agreement funding	1	2	4	1
CFSD placement authority with Medicaid funding only or Medicaid and CFSD funding	48	18	41	14
DOC placement authority with Medicaid funding	0	0	0	0
JJ placement authority with Medicaid funding only or Medicaid and JJ funding	10	21	12	11
CFSD only	20	2	24	4
DOC Only	1	0	1	0
JJ Only	4	6	6	10
Both CFSD and either JJ or DOC involvement, funding by Medicaid	0	0	0	0
Placed by and funding with both CFSD and either DOC or JJ	1	0	2	3
Total	174	65	198	56

Table 5 displays the instances of a Serious Emotional Disturbance (SED) diagnosis for youth being treated in OOS residential programs. The primary diagnosis is found in either the Qualitrac database operated by Telligen, in claims data, or as reported by the placement agency.

Table 5: Percentage of Instance of SED Diagnosis 07/1/23-06/30/24

SED DIAGNOSIS	PERCENTAGE OF YOUTH WITH DIAGNOSIS	
	PRTF	TGH
Disruptive and Impulse Control Disorders	32.1%	32.5%
Depressive Disorders	29.1%	27.3%
Trauma and Stressor Related Disorders	19.4%	24.7%
Autism Spectrum Disorders	8.9%	5.2%
Bipolar Disorders	5.1%	3.9%
Other / Unknown	2.1%	5.2%
Anxiety Disorders	1.7%	1.3%
Schizophrenia Spectrum	1.7%	0.0%

*Percentages may not total 100 due to rounding.

Appendix A: Provider Pool between July 1, 2023, through June 30, 2024

Number of In-State Providers Participating in Pool in SFY 2024

In-State Psychiatric Residential Treatment Facilities:

- Shodair Children’s Hospital, Helena, MT
- Yellowstone Boys and Girls Ranch, Billings, MT

In-State Therapeutic Group Homes:

AWARE

- Clark Fork Group Home, Anaconda
- Pintler Group Home, Anaconda
- Washoe Group Home, Anaconda
- Timberline Group Home, Billings
- Whiteway Group Home, Butte
- Ottawa Group Home, Butte
- Renz Group Home, Butte
- Pinski Group Home, Great Falls
- Castle Pines Group Home, Great Falls

Intermountain

- Intermountain Children’s Home Cottages (two cottages), Helena

New Day

- New Day Inc, Units 2, 3, 4, and 7, Billings

Partnership for Children

- Sunrise Children’s Home, Missoula

Youth Dynamics

- Rimview Group Home, Billings
- S.T.A.R. Group Home, Billings
- Rivers Edge Group Home, Billings
- North Skyline Youth Home, Great Falls
- New Beginnings Group Home, Boulder
- Opportunity Group Home, Boulder
- Lewis and Clark Group Home, Helena

Youth Homes

- Radtke Home for Boys, Missoula
- Talbot Boys Home, Missoula
- Talbot Girls Home, Missoula

Temporary Closures in SFY24

- Partnership for Children – Gallagher Children’s Home, Missoula (March 2023)
- Intermountain Children’s Home, (multiple cottages) (September 2023)
- Aware-Gold Creek Group Home, Anaconda (December 2023)
- Aware-Mount Powell Group Home, Anaconda (December 2023)
- Aware-Lost Creek Group Home, Anaconda (January 2024)
- Youth Dynamics-Lakeview Group Home, Billings (November 2023)
- Youth Dynamics-Choices Group Home, Boulder (February 2024)
- Youth Dynamics-New Journey Group Home, Boulder (May 2024)

OOS Medicaid Enrolled Providers as of 7/1/2023 - 6/30/2024

OOS Psychiatric Residential Treatment Facilities:

- Benchmark Behavioral Health, Woods Cross, UT
- Coastal Harbor, Savannah, GA
- Copper Hills Youth Center, West Jordan, UT
- Dakota Boys and Girls Ranch, Minot, ND
- Little Creek Behavioral Health, Conway, AR
- Millcreek of Arkansas, Fordyce, AR
- Millcreek of Magee, Magee, MS
- Norris Academy, Andersonville, TN
- Resource Treatment Center, Indianapolis, IN
- Rolling Hills Hospital, Ada, OK
- UHS of Provo Canyon, Inc., Provo, UT
- Sierra Sage, Minden, NV
- Wyoming Behavioral Institute, Casper, WY

OOS Therapeutic Group Homes

- Falcon Ridge Ranch, Virgin, UT
- Lava Heights, Toquerville, UT
- Woodward Youth Corporation, Estherville, IA
- Youth Health Associates, Clearfield, UT