

 <p><b>DEPARTMENT OF PUBLIC HEALTH &amp; HUMAN SERVICES</b></p>	<p><b>Title: SDMI 376</b>  <b>Section: SERVICE REQUIREMENTS</b>  <b>Subject: RESIDENTIAL HABILITATION, ASSISTED LIVING</b>  <b>Reference: 42 CFR § 441.301, ARM 37.90.451</b>  <b>SDMI Application: (01/28/2024)</b>  <b>Effective Date: (09/1/2025)</b>  <b>Supersedes: SDMI 376 (07/01/2020)</b></p>
--	--

### **Definition**

Assisted living is personal care and supportive services that are furnished to waiver members who reside in a setting that meets the Home and Community-Based setting requirements and includes 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety, and security.

Assisted Living Facilities consist of three categories, A, B, and C, as defined in Administrative Rules of Montana, 37.106.2803.

### **Determination of Need**

Assisted living services are appropriate for members who require a level of nursing assistance that is not available in other residential settings. This setting may be more appropriate for a member who has higher medical needs and less behavioral health needs.

### **Provider Requirements**

- (1) Providers are required to meet the Home and Community-Based setting requirements (setting rule). The provider self-assessment and additional information about the settings rule can be found at: <https://dphhs.mt.gov/hcbs>.
- (2) Assisted Living facilities must be licensed in accordance with ARM Title 37, Chapter 106, subchapter 28.
- (3) Assisted living facilities must be compliant with the Americans with Disabilities Act.

### **Service Requirements**

- (1) Assisted Living may include the provision of medical and health care services that are integral to meeting the daily needs of members.
- (2) Medicaid does not reimburse for room and board in a residential habilitation setting

- (3) Assisted Living is a bundled service that must include:
- (a) personal assistance supports or habilitation to meet the specific needs of the member;
  - (b) homemaker services;
  - (c) medication management and oversight;
  - (d) social activities;
  - (e) personal care;
  - (f) recreational activities;
  - (g) medical escort;
  - (g) non-medical transportation; and
  - (h) 24-hour on-site awake staff to meet the needs of the member and provide supervision for safety and security.
- (4) Staff are required to report all medication errors to their respective management and to the case management team. The case management team must complete a serious occurrence report in the Quality Assurance Management System within five days of receiving the information.
- (5) The provider may not bill Medicaid for services on days the resident is absent from the facility, unless retainer days have been authorized by the CMT. Retainer days are days on which the member is either in hospital, nursing facility, or on vacation and the team has authorized the provider to be reimbursed for services in order to keep their placement in the residential setting.
- (6) Retainer days are limited to 30 days a Person-Centered Recovery Plan year and may not be used for any other service if used for residential habilitation.
- (7) The provider may bill on date of admission and discharge from a hospital or nursing facility. If the member is transferring from one residential care setting to another, the discharging facility may not bill on day of transfer.
- (8) These services may not be provided to a member in Assisted Living:
- (a) personal assistance;
  - (b) behavioral intervention assistant (exception under Utilization below);
  - (b) homemaker chore;
  - (c) respite care;
  - (d) environmental accessibility adaptations;
  - (e) meals; or
  - (f) non-Medical Transportation.
- (9) All members in a residential setting are required to have a signed residential agreement in their electronic file.

- (10) Behavioral Intervention Assistant (BIA) may be provided to assist transition of the member to a new facility or as authorized by the department on a short-term basis.

### **Utilization**

- (1) Assisted Living is based on the member's assessed need and are limited to additional services not otherwise covered under Medicaid state plan.
- (2) If a provider needs additional assistance with the Settings Rule, information can be found at: <https://dphhs.mt.gov/hcbs>.