

Tribal Consultation  
February 20, 2020

# Welcome and Overview of Meeting

**Severe and Disabling Mental Illness (SDMI) Home and Community Based Services (HCBS) Waiver:** The Severe and Disabling Mental Illness, Home and Community Based Waiver (SDMI Waiver) is available to members experiencing a severe and disabling mental illness who require long-term services and supports at a level typically provided in a nursing facility in order to stay within their community.

**SDMI Waiver Population:**

Individuals experiencing a severe and disabling mental illness are defined as:

- 18 years of age or older;
- a qualifying mental illness diagnosis within the past twelve months; and
- persistent and significant functional impairment such that they have difficulty in community living without supportive or treatment services of a long-term or indefinite duration.

An individual who has been involuntarily committed for at least 30 consecutive days because of a mental disorder at Montana State Hospital or the Montana Mental Health Nursing Care Center within the past 12 months may also be eligible.

**Conflict Free Case Management:**

Case management services offered under the SDMI Waiver are provided through a selective contract for conflict free case management under the authority of a 1915(b)(4) waiver authorized under Section 1915(b) of the Social Security Act (The Act). There are two contracted case management entities providing case management statewide.

**Service Plan Development and Implementation:** Waiver members develop their Person-Centered Recovery Plans (PCRP) with their case management team. Service plans are developed reflecting the member's needs and desired outcomes. Long-term services and supports are authorized to return a member to their highest functioning level as well as fostering new skills when possible.

**Service Overview:** The array of services provided under the waiver include both rehabilitative and habilitative services. Rehabilitative services are those services that assist individual in regaining skills, abilities, or knowledge that may have been lost or compromised as a result of illness, injury, or acquiring a disability. Habilitative services are aimed at helping individuals with disabilities attain, keep, or improve skills and functioning for daily living (Long-Term Services and Supports). Services include support with activities of daily living and instrumental activities of daily living, health and wellness classes, residential options, and skill building and retention.

## Summary of Changes

On or before 03/31/2020, the Montana Department of Public Health and Human Services (DPHHS) will submit a request to the Centers for Medicare and Medicaid Services (CMS) to renew the Montana Medicaid Severe and Disabling Mental Illness (SDMI) 1915(c) Home and Community Based Services (HCBS) Waiver. The department is requesting approval to operate the renewed waiver from July 1, 2020 to June 30, 2025.

The Montana Medicaid Behavioral Health SDMI 1915(c) HCBS Waiver (Waiver) provides long term services in supports to members with a severe and disabling mental illness in a community setting as an alternative to receiving long term care services in a nursing facility setting. It is a combination 1915(c) and 1915(b)(4) waiver, combining a specialized array of services with conflict free case management statewide.

Montana Medicaid Members can access the waiver if they meet a nursing home level of care, have an approved SDMI diagnosis and level of impairment, and are 18 years of age or older. The proposed waiver renewal includes changes in the number of members served, the services offered, and language improvements to clearly describe the program design.

### **Members Served:**

The following increases in the number of members served is proposed:

- The Waiver currently serves up to 357 members statewide.
- DPHHS is proposing to increase the unduplicated members served to 600 in year one, 650 in year two, and 750 in years three through five.
- There is a proposed reserve capacity in the waiver for individuals discharging from Montana State Hospital, Montana Mental Health Nursing Care Center, and individuals accessing Money Follows the Person.

### **Program Design:**

The following changes are proposed to improve the overall program design and operations:

- The SDMI definition has been updated to reflect current terminology. This does not reflect a change in eligibility for the waiver.
- Eligibility groups and Montana post-eligibility treatment of income were amended to reflect the accurate information.
- The SDMI determination form has been replaced with the Severe and Disabling Mental Illness, Home and Community Services Waiver, Evaluation and Level of Impairment form.
- A member's placement on the waitlist will be determined by their combined scores from the level of care assessment and level of impairment evaluation. There will no longer be an additional assessment to determine a member's placement on the waitlist.
- Additional oversight has been added for incident management. The definition for serious occurrences has been updated and classified under critical and non-critical. This also includes generating monthly reports to monitor serious occurrences and a monthly utilization report for emergency room visits.

### Services Offered:

- The following changes are proposed to improve to service definitions and/or modify payment rates: Services have been removed, added, and amended/combined to better serve the behavioral needs and symptomology of members with severe and disabling mental illness and to alleviate duplicative services. Four services - Specially Trained Attendant, Habilitation Aide, Homemaker, and Lifecoach - have been removed and combined into one new service: Recovery Assistant.
- Pre-vocational services are removed due to underutilization and an inherent duplication with Support Employment.
- Proposed rates were established for new services: Recovery Assistant, Representative Payee, Intensive Mental Health Group Homes, and Mental Health Group Homes.
- Residential Habilitation has been amended to add two new levels of Group Home services: Mental Health Group Home and Intensive Mental Health Group Home.
- Personal Assistance Services, agency-based and self-directed, have proposed rate increases.
- A new service, Representative Payee, has been added. This service was previously being provided under Life Coach.

The projected average annual cost of services is approximately \$28,600 per member.

The proposed total cost of the waiver is approximately \$16,600,000 with an expected cost offset by state plan services of approximately (-\$10,000,000), for a net proposed cost of approximately \$6,600,000.

The draft of the 1915(c) HCBS SDMI Waiver amendment and a detailed summary of changes is available for review at:

<https://dphhs.mt.gov/amdd/mentalhealthservices/severedisablingmentalillness-sdmi-homeandcommunitybased-hcbs-waiverprogram>. Hard copies are available upon request.

We invite your comments and questions from **February 3, 2020 to March 2, 2020 by 5:00 p.m.** You may direct comments to Mary Eve Kulawik, Medicaid State Plan Amendment and Waiver Coordinator, at (406) 444-2584 or [mkulawik@mt.gov](mailto:mkulawik@mt.gov); or Director's Office, PO Box 4210, Helena, MT 59604-4210.

Enrollment	
Current Process	Process as of 7/1/2020
<ul style="list-style-type: none"> <li>• Member is referred to MPQH for a Level of Care phone evaluation.</li> <li>• Member is screened for a PASRR Level I.</li> <li>• If the PASRR Level I evaluation as positive, then a PASRR Level II is completed.</li> <li>• If a member meets Level of Care, then the SDMI Evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>• Member is referred to MPQH for a Level of Care phone evaluation.</li> <li>• If a member meets Level of Care, the member is referred for the SDMI Determination and Level of Impairment Evaluation.</li> </ul>
Waitlist	
Current Process	Process as of 7/1/2020
<ul style="list-style-type: none"> <li>• Member is referred to the case management team by MPQH to be screened for enrollment.</li> <li>• Case management team completes the Waitlist Tool face to face at the member's residence.</li> <li>• Once face to face evaluation is completed, the member is given a waitlist score.</li> </ul>	<ul style="list-style-type: none"> <li>• Member is referred to the case management team by MPQH to be screened for enrollment.</li> <li>• Case management team combines scores of the Level of Care evaluation and the SDMI Determination and Level of Impairment. Member is admitted into the program or placed on the waitlist.</li> </ul>

## SEVERE AND DISABLING MENTAL ILLNESS (SDMI) WAIVER MEMBER ENROLLMENT PROCESS



Member is referred to Mountain Pacific Quality Health (MPQH).



**Level of Care (LOC)**  
MPQH administers the LOC  
over the phone.



**Level of Impairment (LOI)**  
Member is referred to a Mental  
Health Professional for a face to face  
SDMI determination and LOI.

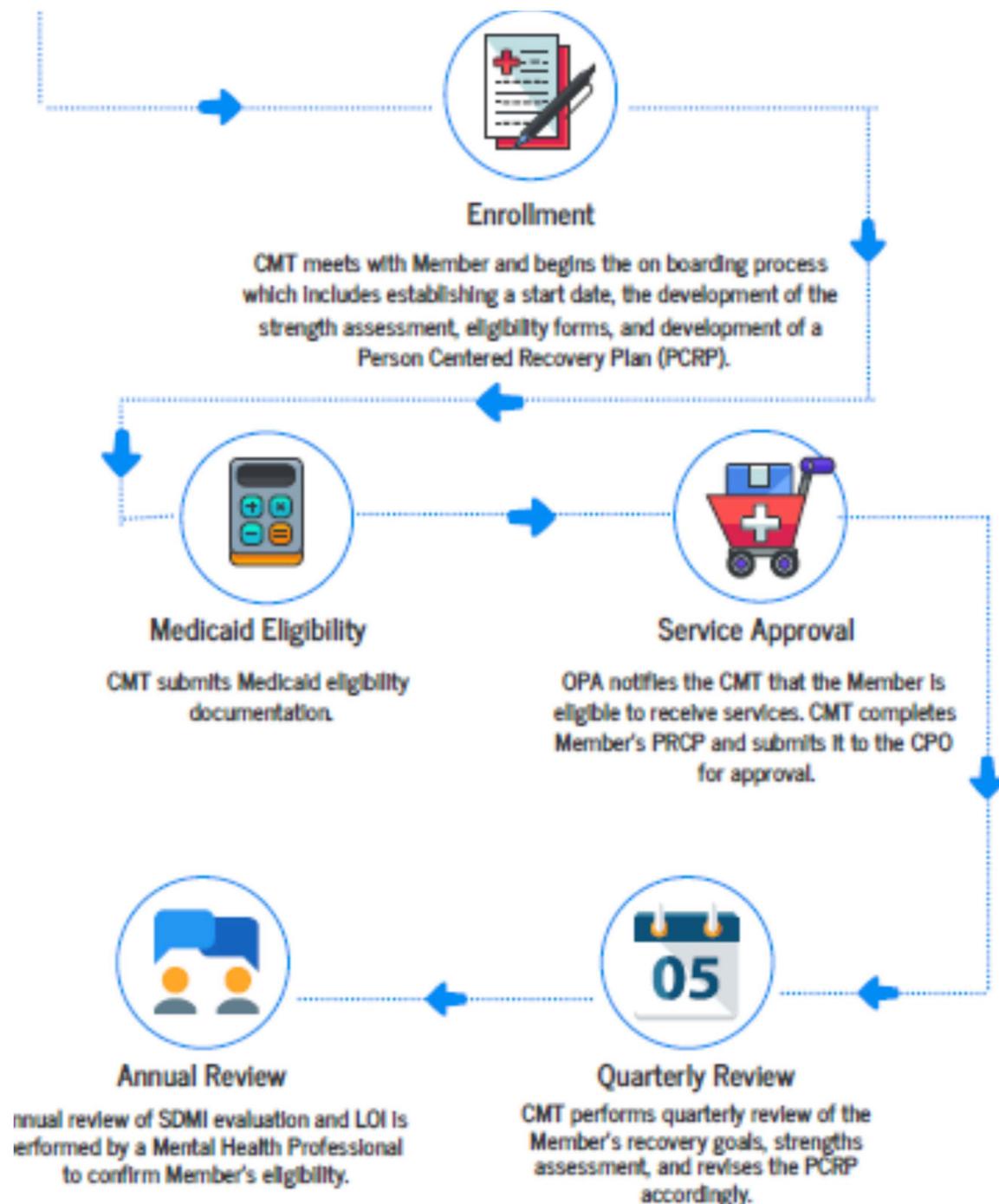


**Member Decision**  
Member chooses whether they want to  
receive services in the community or a  
nursing facility.



**Case Management Team**  
MPQH refers Member to the CMT  
and the enrollment process begins.





# Severe and Disabling Mental Illness and Level of Impairment Determination

## HCBS SDMI WAIVER ELIGIBLE DIAGNOSES

(Effective 07/01/2020)

<u>ICD 10</u>	<u>DSM 5</u>	<u>Diagnosis</u>
F20.0	295.30	Schizophrenia, Paranoid Type
F20.1	295.10	Schizophrenia, Disorganized Type
F20.2	295.20	Schizophrenia, Catatonic Type
F20.3	295.90	Schizophrenia, Undifferentiated Type
F20.5	295.60	Schizophrenia, Residual Type
F22	297.1	Delusional Disorder
F25.0	295.70	Schizoaffective Disorder
F25.1	295.70	Schizoaffective Disorder, Depressive Type
F31.12	296.42	Bipolar I Disorder, Manic, Moderate
F31.13	296.43	Bipolar I Disorder, Manic, Severe without Psychotic Features
F31.2	296.44	Bipolar I Disorder, Manic, Severe with Psychotic Features
F31.32	296.52	Bipolar I Disorder, Depressed, Moderate
F31.4	296.53	Bipolar I Disorder, Depressed, Severe without Psychotic Features
F31.5	296.54	Bipolar I Disorder, Depressed with Psychotic Features
F31.62	296.62	Bipolar I Disorder, Mixed, Moderate
F31.63	296.63	Bipolar I Disorder, Mixed, Severe without Psychotic Features
F31.64	296.64	Bipolar I Disorder, Mixed, Severe with Psychotic Features
F31.81	296.89	Bipolar II Disorder
F32.2	296.23	Major Depressive Disorder, Single, Severe without Psychotic Features
F32.3	296.24	Major Depressive Disorder, Single, Severe with Psychotic Features
F33.2	296.33	Major Depressive Disorder, Recurrent, Severe without Psychotic Features
F33.3	296.34	Major Depressive Disorder, Recurrent, Severe with Psychotic Features
F43.11	309.81	Posttraumatic Stress Disorder, Acute
F43.12	309.81	Posttraumatic Stress Disorder, Chronic
F60.3	301.83	Borderline Personality Disorder
F32.1	296.22	Major Depressive Disorder, Single, Moderate
F33.1	296.32	Major Depressive Disorder, Recurrent, Moderate
F40.01	300.21	Panic Disorder with Agoraphobia
F41.0	300.01	Panic Disorder without Agoraphobia
F44.0	300.12	Dissociative Amnesia Disorder
F44.1	300.13	Dissociative Fugue Disorder
F44.2	300.15	Dissociative Stupor Disorder
F44.81	300.14	Dissociative Identity Disorder

**SDM Determination Results: (Please fill out and fax back to MPQH 1-800-413-3890)**

Does not meet SDMI  
Meets SDMI  
Is there active dementia?  
Date:  
Diagnosis:  
SSN: \_\_\_\_\_ Date: \_\_\_\_\_  
O Y e s                      N o

**Please indicate any ongoing functioning difficulties because of mental illness that have been present for a period of at least**

Medical professional with prescriptive authority has determined that medication is necessary to control symptoms of mental illness.  
*As Evidenced by:*

The person is unable to work in a full-time competitive situation because of mental illness.  
*As Evidenced by:*

The person has been determined to be disabled due to mental illness by the Social Security Administration.  
Determination Date:  
*As Evidenced by:*

The person maintains a living arrangement only with ongoing supervision, is homeless, or is at risk of homelessness due to mental illness  
*As Evidenced by:*

The person has had or will predictably have repeated episodes of decompensation (increased symptoms of psychosis, self-injury, suicidal or homicidal intent, or psychiatric hospitalization.)  
*As Evidenced by:*

**Other Comments:** \_\_\_\_\_

**Mental Health Evaluator:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Severe and Disabling Mental Illness  
Home and Community Services Waiver  
Evaluation and Level of Impairment**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**ELIGIBILITY CRITERIA –**

Does this member have a diagnosis of Schizophrenia?  
 Yes (If yes, this individual does not qualify for the waiver. Do not continue with the evaluation.)  
 No

Member is 18+ years old.

Member is transitional age -- specify age) \_\_\_\_\_. (Please call the HCBS program before continuing)

**MENTAL HEALTH DIAGNOSIS (Both DSM V and ICD-10 codes are required in this section)**

Primary SDMI Diagnosis:

DSM V:

ICD-10:

**SDMI Eligibility Criteria**

Member has been involuntarily hospitalized for at least 30 consecutive days because of a mental disorder at Montana State Hospital Montana Mental Health Nursing Care Center (MMHNCC) at least once in the past 12 months **OR** has a primary qualifying SDMI diagnosis (see attached eligible diagnoses) **AND** has 2 areas of at least high level of impairment as indicated by a LOI score of 3 or above (see attached Level of Impairment {LOI} worksheet)

\_\_\_\_\_ has a SDMI as defined by HCBS waiver criteria.

\_\_\_\_\_ does not have a SDMI as defined by HCBS waiver criteria.

Signature below indicates that you assessed the individual named above and certify the information in this form is true to the best of your knowledge and that this individual meets the HCBS waiver SDMI criteria.

Mental Health Professional

\_\_\_\_\_  
Credentials: \_\_\_\_\_

Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Severe Disabling Mental Illness (SDMI) Home and Community Base Waiver (HCBS)**

**Level of Impairment (LOI)**

This worksheet must be used to determine if a member has a HCBS waiver SDMI. The form must be completed by a licensed mental health professional. The mental health impaired functioning must tie back to mental health diagnosis for a period of at least 6 months or for a predicable period over 6 months within the past 12 months. Score each area with a range of 0 to 5 with 0 being no impairment and 5 being grave. Score one time in each area of functioning.

<b>Area 1 Self-Care/Basic Needs</b>	<b>Area 2 Employment/Education/Housing/Financial</b>
<b>Description of Mental Health Impairment</b>	<b>LOI    Description of Mental Health Impairment</b>
No problems in this area: Able to care for self and provide for own needs; hygiene is good; demonstrates acceptable grooming; follows treatment recommendations/medication compliant at this time	<input type="checkbox"/> 0    No problems in this area: has an adequate income, housing, and manages finances appropriately at this time
Mild level of impairment: No assistance needed in caring for self and obtaining basic needs; household cleanliness and/or hygiene are sporadic; misses 1 of 4 appointments; medication compliant 5 out of 7 days	<input type="checkbox"/> 1    Mild level of impairment: problems in this area are by report only with minimal consequences
Moderate level of impairment: occasional assistance required in caring for self and obtaining basic needs; household cleanliness and/or hygiene are marginal; regularly misses 50 percent of appointments; medication compliant 50 percent of the time	<input type="checkbox"/> 2    Moderate impairment: occasional problems due to limited income, some difficulties with finances (pays bills but often 30+ days behind); reprimands at work/school (2 or more incidents of absenteeism/tardiness, inappropriate behavior in the past 30 days); received housing complaints
High level of impairment: assistance needed in caring for self and obtaining basic needs due to inability to care for self with poor household cleanliness and hygiene; lack of groceries and/or basic needs; inconsistent treatment and medication compliance	<input type="checkbox"/> 3    High level of impairment: assistance needed managing finances (impulsive with money, debt higher than income due to spending habits); job/school instability/insecurity due to disciplinary action in last 60 days; housing instability due to eviction or living in group home
Severe level of impairment: unable to care for self and obtain basic needs in safe and sanitary manner (will only attend to grooming with assistance, will not go to grocery shop without assistance, not taking medication)	<input type="checkbox"/> 4    Severe level of impairment: easily overwhelmed by finances (has not maintained checkbook in past 60 days or has a representative payee); easily overwhelmed by demands of work/school; unable to work/attend school; receives social security benefits due to severity of mental illness (homeless, living with family/friends, couch surfing)
Gravely disabled: in extreme need of complete supportive care (shut in and requires grocery delivery, not taking medication)	<input type="checkbox"/> 5    Gravely disabled: severe and chronic difficulties no income, risky/inappropriate financial behaviors (collection/garnishment repossession); homeless with no options, (living on the street/homeless shelter)

<b>Area 3 Family/Interpersonal Relationships</b>
<b>Description of Mental Health Impairment</b>
No problems in this area: has an adequate support system with family and friends; gets along well with others
Mild level of impairment: problems in this area are by report only with minimal consequences
Moderate impairment: difficulty developing or maintaining healthy relationships (difficulty meeting/greeting people, lack of eye contact, presents as odd, identifies 1+ friends); strained family relationships
High level of impairment: inadequate relational skills resulting in tenuous and strained relationships (argumentative, lack of give and take, does not wait turn, identifies 1 friend but not close)
Severe impairment: impaired relational skills resulting in poor relationship formation and maintenance (poor boundaries, intense love/hate interactions, impulsive, frequent angry outbursts)
Gravely disabled: interpersonal relationships are virtually nonexistent (has no friends, isolative or others avoid due to strange or intense behaviors/interactions)

<b>Area 4 Mood/Thought Functioning</b>	
<b>LOI</b>	<b>Description of Mental Health Impairment</b>
<input type="checkbox"/> 0	No problems in this area: mood within normal limits, cognitive and thought process appropriate
<input type="checkbox"/> 1	Mild level of impairment: mild impairment mood; exhibits cognitive impairment 10% of time (poor judgment, memory loss, insight orientation); thought disturbance 10% of the time (worries, ruminations, obsessions, compulsions)
<input type="checkbox"/> 2	Moderate impairment: moderate impairment mood, exhibits cognitive impairment 25% of time (poor judgment, memory loss, insight orientation); odd or impoverished thought process/content 25% of the time (worries, ruminations, obsessions, compulsions)
<input type="checkbox"/> 3	High level of impairment: severe impairment mood, exhibits cognitive impairment 50% of time (poor judgment, memory loss, insight orientation); odd or impoverished thought process/content 50% of the time (worries/ruminations/obsessions/compulsions)
<input type="checkbox"/> 4	Severe impairment: severe impairment in mood, persistent cognitive impairment 75% of the time (poor judgment, memory loss, insight, orientation); odd or impoverished thought process/content 75% of the time (worries, ruminations, obsessive compulsions)
<input type="checkbox"/> 5	Gravely disabled: severe impairment in mood, chronic impairment resulting in a higher level of care; thought processes are disorganized and tangential; persistent disruption of communication; extreme disconnection from reality

<b>Area 5 Self-harm Behaviors/Harm to Others</b>
<b>Description of Mental Health Impairment</b>
No problems in this area: no self-harm, suicidal thoughts or behaviors, thoughts of harm to others or aggressiveness toward others
Mild impairment: in the past 90 days, thoughts of self-harm and/or suicide 1 to 2 times with no plan or intent; thoughts about harming others 1 to 2 times with no intent or plan; no history of aggressive behaviors
Moderate level of impairment: in the past 12 months, has recurrent thoughts of self-harm and/or suicide with no plan or intent; recurrent thoughts of harming others with no plan, intent, or actions
High level of impairment: has a history of self-harm behaviors but no thoughts of suicide; intent of self-harm behavior is not death; has a history of harming others that is impulsive without intent to harm others; verbal attacks
Severe impairment: recurrent thoughts of suicide; history of suicide attempts; recurrent aggressive behavior that is intended to cause injury or pain; verbal aggression leading to physical altercation
Gravely disabled: demonstrates imminent harm and/or danger to self or others

<b>Area 6 Substance Use</b>	
<b>LOI</b>	<b>Description of Mental Health Impairment</b>
<input type="checkbox"/> 0	No problems in this area: no present or past substance use; or abstinent if there is a history of substance use problems
<input type="checkbox"/> 1	Mild level of impairment: Minimal use with problem due to usage and/or taking medication: prescribed
<input type="checkbox"/> 2	Moderate impairment: substance use likely led to new health problems or makes existing ones worse (e.g., substance related injuries, ulcers, hypertension, vitamin deficiency, diabetes, memory problems); using substances without medications (including over the counter) in excess (multiple drinks daily or binge drinking) or not prescribed
<input type="checkbox"/> 3	High level of impairment: has experienced repeated negative consequences due to use (missed work, failed obligations at work, family/friends, DUI, blackouts, withdrawals) ; continues to use despite persistent problems
<input type="checkbox"/> 4	Severe impairment: experiencing multiple signs of substance use disorder (unable to stop using, withdrawals or sick when stopping; guilt/remorse about using, loss of friends/family due to use; loss of job due to use; and using larger amounts of substances more often to get the same effects)
<input type="checkbox"/> 5	Gravely disabled: incapacitated by current substance use or experiencing life-threatening complications from overdose or withdrawal (e.g., loss of consciousness, shock, seizures, vomiting, diarrhea, confusion, breathing problems)

**NUMBER OF AREAS WITH A SCORE OF 3 OR ABOVE (HIGH LEVEL) OF IMPAIRMENT: \_\_\_\_\_**

The 2019 Montana Legislature enacted House Bill 529 requiring the Department to establish waiting list criteria and adopt the criteria in administrative rule.

37.90.410 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE DISABLING MENTAL ILLNESS: ELIGIBILITY AND SELECTION

~~(1) The department may consider for eligibility in and may enroll in the program persons who the department determines qualify for enrollment in accordance with the criteria in ARM [37.90.410](#).~~

~~(2) In order to be considered by the department for eligibility in the program, a person must be determined to qualify for enrollment in accordance with the criteria in this rule.~~

(1) A determination that an individual is eligible to be considered for acceptance into the Medicaid Home and Community-Based Services (HCBS), Severe and Disabling Mental Illness (SDMI) waiver does not entitle a person for selection and entry into the HCBS SDMI waiver program.

(2) A person is ~~qualified~~ eligible to be considered for enrollment in the program if the person meets the following criteria:

~~(a) is at least 18 years of age and, if under the age of 65, has been determined to be disabled according to the Social Security Administration;~~

~~(b) is Medicaid eligible;~~

~~(c) requires the level of care (LOC) of a nursing facility as determined by the Quality Improvement Organization under contract with the Department, in accordance with the preadmission screening provided for in ARM [37.40.202](#), [37.40.205](#), and [37.40.206](#);~~

~~(d) does not currently reside in a hospital or a nursing facility;~~

~~(e) has needs that can be met through the program;~~

~~(f) meets the severe disabling mental illness definition at ARM [37.89.103](#) [NEW RULE]; and~~

(e) meets the level of impairment criteria established in the Severe and Disabling Mental Illness, Home and Community Based Services Waiver, Evaluation and Level of Impairment (LOI) form, as determined by a licensed mental health professional.

~~(g) resides in one of the following service areas for which federal approval of coverage has been received:~~

~~(i) Yellowstone County Region, inclusive of the counties of Yellowstone, Big Horn, Carbon, Stillwater, and Sweet Grass;~~

~~(ii) Cascade County Region, inclusive of the counties of Cascade, Blaine, Chouteau, Glacier, Hill, Liberty, Pondera, Teton, Toole, and Phillips;~~

~~(iii) Butte Silver Bow County Region, inclusive of the counties of Butte Silver Bow, Beaverhead, Deer Lodge, Granite, Powell, and Jefferson;~~

~~(iv) Missoula County;~~

~~(v) Lewis and Clark County; and~~

~~(vi) Flathead County Region, inclusive of the counties of Flathead, Lake, Sanders, and Lincoln.~~

(3) ~~Once a member is found eligible to receive HCBS SDMI waiver program services, the member is referred to the appropriate case management team. The case management team:~~

~~(a) offers the member an available opening for program services if one is available; or~~

~~(b) places the member on the wait list for an available slot.~~

~~(4) A member is placed on the wait list in the service area(s) they select.~~

~~(5) The case management team must use the member's combined LOC and LOI score to determine the member's placement on the wait list.~~

~~(6) If more than one member has the same combined wait list score, then the member is placed on the wait list based upon their wait list score as determined in (6), then on a first-come, first-served basis.~~

~~(7) The Department reserves the right to reserve capacity within the waiver for populations identified in the approved waiver application.~~



## Severe and Disabling Mental Illness (SDMI) Home and Community Based Services (HCBS) Waiver

### **Personal Assistant Services**

Increased to \$5.89 / 15-minute unit for Agency-Based

Increased to \$4.99 / 15-minute unit for Self-Directed

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Services are provided if/when the scope, amount, or duration of the available Medicaid State Plan, Community First Choice/Personal Assistance Services (CFC/PAS), is insufficient in meeting the needs of the member. Service must document the need:

- (1) of more than 42 hours of ADL/IADL assistance provided in the Medicaid State Plan Personal Care (CFC/PAS); and/or
- (2) for assistance outside of the member's home.

Personal assistance services may include supervision for health and safety reasons, socialization that does not require behavioral supports, and escort and transportation for non-medical reasons. Socialization is available to those members who require personal assistance to physically access the community, rather than just assistance with access to social restorative/behavioral needs. Tasks involve direct hands-on supervision and assistance, from cuing and prompting, to total assistance, as well as functional assistance with the navigation of public services and support to enhance independence with community activities. All personal assistance service attendants are supervised by registered nurses.

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Senior and Long Term Care Division, Department of Public Health and Human Services, has developed a manual for personal assistance provider agencies that outlines all policies and procedures relating to the Personal Assistance Services Program. This manual should be referred to for policy information.

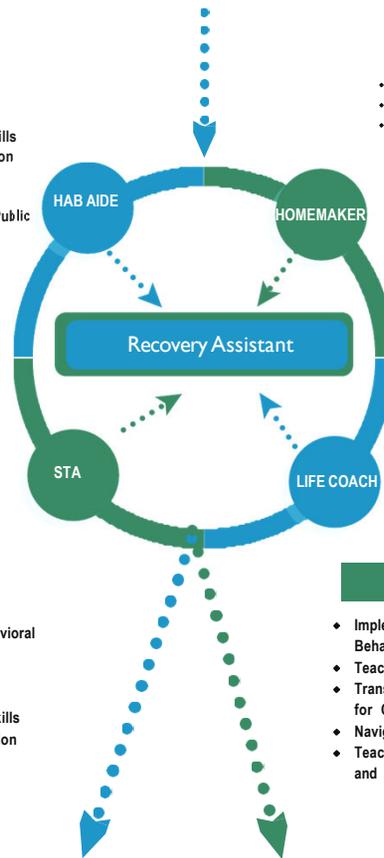
# RECOVERY ASSISTANT

## HAB AIDE

- Implement Therapeutic Behavioral Health Plan
- Assist and/or do ADLs/IADLs
- Teach Independent Living Skills
- Transportation and Supervision for Community Integration
- Budgeting and money management
- Navigation of Public Services

## HOMEMAKER

- Assist and/or do ADL/IADS
- Household Management
- Non Medical Transportation



## STA

- Implement Therapeutic Behavioral Health Plan
- Assist and/or do ADLs/IADLs
- Household Management
- Model Independent Living Skills
- Transportation and Supervision for Community Integration
- Non Medical Transport

## LIFE COACH

- Implement Therapeutic Behavioral Health Plan
- Teach Independent Living Skills
- Transportation and Supervision for Community Integration
- Navigation of Public Service
- Teach Money Management and Budgeting

- Implement Therapeutic Behavioral Plan
- Assist, improve, or teach ADL/IADL
- Assist, improve or teach Household Management
- Teach/model Independent Living Skills
- Transportation and Supervision for Community Integration

- Navigation of Public Services
- Non Medical Transport
- Assist, improve, or teach Money Management and Budgeting
- Medical Appointment Oversight



# Severe and Disabling Mental Illness (SDMI) Home and Community Based Services (HCBS) Waiver

## **Recovery Assistant**

\$13.00 / 15-minute unit

Services are provided when Medicaid State Plan Community First Choice/ Personal Assistance Services (CFC/PAS) is insufficient in meeting the needs of the member's due to challenging behaviors and assistance is required to improve or restore function in ADLs, IADLs, and social or adaptive skills. Recovery assistance services are a flexible range of supportive assistance provided face-to-face that enables a member to maintain a home/apartment, encourages the use of existing natural supports, and fosters involvement in social and community activities. Service activities include:

- (1) Performing household tasks;
- (2) Providing instructive assistance, or cuing to prompt, the member to carry out tasks (e.g., meal preparation; routine household chores, cleaning, laundry, shopping, bill-paying; dressing and personal hygiene); and
- (3) Providing supervision during community integration activities.

Services must be documented under the implementation and oversight of a Behavioral Support Plan as part of the Person-Centered Recovery Plan.

Direct Care Staff must have six hours of mental health training annually and :

- (1) Be at least 18 years of age;
- (2) Sign an affidavit regarding confidentiality and HIPAA;
- (3) Possess the ability to communicate effectively with the member/personal representative;
- (4) Possess the ability to complete documentation requirements of the program;
- (5) Demonstrate to the member specific competencies necessary to perform paid tasks;
- (6) Complete a self-declaration regarding infections and contagious diseases;
- (7) Agree to a state criminal background check;
- (8) Possess a valid drivers license and proof of automobile liability insurance if transporting the member;
- (9) Demonstrate knowledge of how to report abuse, neglect and exploitation and sign an affidavit regarding agreement to report all instances of suspected abuse, neglect or exploitation; and
- (10) Advocate for the member to assure that the member's rights are protected and the member's needs and preferences are honored.

and

- (1) One year experience as a PAS and six hours of mental health training provided by the agency or through community education activities/events. or
- (2) Current CNA certification and six hours of mental health training provided by the agency or through community education activities/events. or
- (3) Complete Department approved Recovery Assistant Training.



# Severe and Disabling Mental Illness (SDMI) Home and Community Based Services (HCBS) Waiver

## Residential Habilitation

Residential Habilitation is a bundled service that may include: personal assistance supports or habilitation to meet the specific needs of each resident, homemaker services, medication management and oversight, social activities, personal care, recreational activities at least twice a week, transportation, medical escort, and 24-hour on-site awake staff to meet the needs of the residents and provide supervision for safety and security.

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### **Adult Group Home, \$158.91**

1:8 staffing ratio, 24-hours per day.

### **Mental Health Group Home, \$204.17 / day**

1:4 staffing ratio during the hours of 5:00 a.m. to 10:00 p.m. (awake hours); 1:8 during the hours of 10:01 p.m. to 4:59 a.m. (sleep hours)

### **Intensive Mental Health Group Home, \$307.44 / day**

Intensive Mental Health Group Home - 1:3 staffing ratio during the hours of 5:00 a.m. to 10:00 p.m. (awake hours); 1:6 staffing ratio during the hours of 10:01 p.m. to 4:59 a.m. (sleep hours); part-time nursing staff; and clinical supervision. Intensive Mental Health Group Homes are only available for members discharging from Montana State Hospital, Montana Mental Health Nursing Care Center, or as approved by the Addictive and Mental Disorders Division.

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Group home services are provided in licensed group homes. In addition, Intensive Mental Health Group Homes must be approved by the Addictive and Mental Disorders Division.



# Severe and Disabling Mental Illness (SDMI) Home and Community Based Services (HCBS) Waiver

## **Representative Payee**

\$6.88 / 15-minute unit

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A Representative Payee assists members to successfully manage their finances/benefits to pay for the current and future needs of the member. A payee must:

Required Duties:

- (1) Determine the needs of the member and use his or her finances/benefits to meet those needs;
- (2) Save any money left after meeting the member's current needs in an interest-bearing account or savings bonds for the member's future needs;
- (3) Provide all records of how payments are spent or saved to the member upon request; and
- (4) Complete reports accounting for the use of the member's finances/benefits.

Records of all payments received and how they were spent must be kept for at least two years.

Records should include:

- (1) All payments received;
- (2) Bank statements; and
- (3) Receipts or cancelled checks for rent, utilities, and any major purchases.

Representative Payees do not teach the member fiscal management or budgeting.

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Public agencies, nonprofit organizations, banks, fiscal management agencies.

Bonded and insured to support the financial security and well-being of the members.

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## **Prevocational/Supported Employment**

Prevocational Services are being removed due to underutilization and duplication with Supported Employment. Currently, four members are receiving prevocational services under the waiver and they may choose to continue to receive the service under Support Employment.



# Severe and Disabling Mental Illness (SDMI) Home and Community Based Services (HCBS) Waiver

## Next Steps and Timelines

Public Comment and Questions	<b>February 3, 2020 to March 2, 2020 by 5:00 p.m.</b>
Submit to the Center for Medicare and Medicaid	<b>March 31, 2020</b>
Administrative Rules of Montana filing date	<b>No later than May 5, 2020</b>
Administrative Rules of Montana 30-day open comment period	<b>TBD based on filing date</b>
Effective	<b>July 1, 2020</b>

## Interested Parties List

**Notices are sent by email unless a mailing preference is noted in the request.**

Submit written requests to:  
Interested Parties Coordinator  
Department of Public Health and Human Services  
100 North Park, Ste 300  
PO Box 202905  
Helena, MT 59620-2905

Fax to: 406-444-9389

Email to: [hhsamdemail.mt.gov](mailto:hhsamdemail.mt.gov)