

BSW 728 Services: Residential Habilitation

April 8, 2021

DEFINITION

Residential habilitation means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. Residential habilitation is a bundled service which includes adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs. Residential habilitation also includes personal care and protective oversight and supervision.

RESIDENTIAL HABILITATION SETTINGS AND COVERED SERVICES

~~The Residential Habilitation (RH) services are divided into the following 4 categories:~~

- ~~1. Adult Residential (AR) – services provided in an Assisted Living Facility~~
- ~~2. Group Home~~
- ~~3. Adult Foster Care Home~~
- ~~4. Child Foster Care~~

- ~~1. Case management teams (CMT) have a fixed number of slots for this service.~~
- ~~2. Under special circumstances and with prior approval from Central Office, Residential Habilitation could be provided to a child in a foster care setting.~~

~~3. COVERED SERVICES~~

- ~~4. Residential Habilitation is a bundled service which includes, at a minimum, personal care, homemaker services, nutritional meals and snacks, medication oversight (to the extent permitted under state law), social and recreational activities and 24-hour onsite response to ensure the care, wellbeing, health and safety needs of the residents are met at all times.~~

~~5. REQUIREMENTS~~

- ~~6. The Department of Public Health and Human Services (DPHHS) must license adult foster homes, group homes and assisted living facilities. HCBS members in these facilities cannot have needs which are beyond the scope of the provider's license. CMT records must include the signed resident agreement for member in assisted living facilities.~~

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1. ADULT RESIDENTIAL

Adult residential services are provided in assisted living facilities and can include the enhanced scope of:

- Assisted living behavior management.
- Specialized assisted living facilities.

Assisted living facilities regulations can be found in Administrative Rules of Montana (ARM) 37.106.28: Assisted Living Facilities.

Assisted Living Facilities. Assisted living facilities are homelike environments that provide supportive health and service coordination to maintain residents' independence, individuality, privacy, and dignity. Core assisted living habilitation services include, at a minimum, personal care support, homemaker services, nutritional meals and snacks, medication management and oversight (to the extent permitted under state law), social and recreational activities, transportation, person-centered service planning, and trained and qualified 24-hour onsite response staff to meet the health, safety, and security needs of all residents residing within the setting.

- A Bed—An individual in an A bed is limited to skilled nursing care or other skilled services related to temporary, short-term acute illness, which may not exceed 30 consecutive days for one episode or more than 120 days total in one year. This means that if the resident or the resident's family contracts for the nursing, the latter is not included in the limit, i.e., third-party providers not contracting with the facility can provide nursing for longer than 30 consecutive days. B Bed—A resident of a B bed can receive any skilled services that would be available in a nursing home as long as the facility meets all the conditions outlined in the licensure rule. C Facility—A category "C" facility refers to an assisted living that has a secure distinct part or locked unit that is designated for the exclusive use of residents with severe cognitive impairment. Severe cognitive impairment means the loss of intellectual functions, such as thinking, remembering and reasoning, of sufficient severity to interfere with a person's daily functioning. Such a person is incapable of recognizing danger, self-evacuating, summoning assistance, expressing need and/or making basic care decisions. **Assisted Living Behavior Management.** Assisted living behavior management is an enhanced service delivery scope for assisted living residents who exhibit adverse behaviors, such as verbal and physical aggression, wandering, elopement, frequent falls, and impulsive behaviors and/or actions. Assisted living facility behavior management services are provided to members who have resided in a licensed assisted living facility over 30-days. The service must be prior authorized by the Department in collaboration with the requesting assisted living provider. An assisted living facility wanting to provide behavior management services, in collaboration with the Department, will review provider barriers to appropriate person-centered service delivery and determine how the enhanced service will be applied to meet the health and safety needs of members and their peers residing in the facility. The behavioral management service approved by the department may be applied on a temporary or long-term basis depending on the individual resident's situation and/or actual outcome. The approval of this service may result in the need for the establishment of a care category 3 (CC3). Refer to HCBS 403.
- **Specialized Assisted Living.** Specialized assisted living services are furnished to target populations (e.g., persons with a brain injury) who benefit from an enhanced, person-centered service package complimented by targeted and goal-oriented service delivery systems. Residents determined appropriate for long-term specialized assisted living services often are identified to be a much greater risk of institutional placement within, for example, a skilled nursing facility or a state hospital

setting. It is a bundled service that, in addition to the covered services listed above, include social and recreational activities at least twice a week, transportation, money management, medical escort, and 24 hour on-site awake staff to meet the needs of the residents and provide supervision for safety and security. Specialized assisted living services are designed to assist residents in acquiring, retaining, and improving the self-help socialization and adaptive skills necessary to reside successfully at home and in the community. Specialized assisted living is a care category 3 (CC3) service and must be initially prior authorized by the Department. Refer to HCBS 403.

8.2. GROUP HOMES

These Group homes are available to members with severe disabilities and must be initially prior authorized by the Department. The Specialized Adult Residential requirements also pertain to Group Homes, including the need for prior authorization by the Department.

Group home services are furnished to target populations (e.g., persons with a brain injury) who benefit from an enhanced service package complimented by targeted and goal-oriented service delivery systems. Residents determined appropriate for long-term group home services often are identified to be a much greater risk of institutional placement within, for example, a skilled nursing facility or a state hospital setting. The total number of individuals served in the group home setting cannot exceed eight residents 18 years of age or older.

Big Sky Waiver group home services are provided within a licensed setting that specializes in the care of individuals with brain injuries and/or other severe disabilities. Of importance, group home services are a bundled service that, in addition to the core requirements listed above, includes social and recreational activities at least twice a week, transportation, money management, medical escort, and 24-hour on-site staff availability to meet the health, safety, and security needs of each resident.

The Group Homes and Specialized Adult Residential care facilities must be licensed by the State of Montana. The homes must be wheelchair accessible, have an accessible bathroom/shower and provide 24-hour awake staff. Staff must have 8 hours of documented brain injury or disability specific training for staff. This training must be verified annually by the case management team. Group home regulations can be found in Administrative Rules of Montana (ARM) 37.100.4: Community Homes for Persons with Disabilities.

9.3. ADULT FOSTER CARE HOMES

Adult foster care homes provide a home-like, safe environment, light personal care, custodial care, and supervision to seniors and adults with disabilities who require assistance in meeting their basic needs. Residents' needs are to be addressed in a manner that supports and enables members to maximize their ability to function at the highest level of independence possible at home and in the community.

Members living in adult foster care homes should not consistently and reliably be:

1. In need of skilled nursing care.
2. In need of medical, physical, or chemical restraint.
3. Non-ambulatory or bedridden.
4. Incontinent to the extent that bowel and bladder control is absent.
5. Unable to self-administer medications.

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The total number of members served in adult foster care homes cannot exceed four residents 18 years of age or older living in the home and are unrelated to the principal care provider. A qualified onsite provider, staff member, or adult member of the household must be available 24-hours to respond to and meet the health, safety, and security needs of all residents living in the setting.

According to the rules governing these facilities, residents should require only light personal care and cannot have more than 30 consecutive days of skilled nursing visits, not to exceed 2 hours a day. The latter does not include setting up medications even if a nurse performs this task. It may be acceptable for an individual to receive nursing services in excess of the limit if they are not consecutive and if the resident's condition, which requires the nursing, is not chronic. If an individual cannot self-administer medications, they should not be in an adult foster home. Group home regulations can be found in Administrative Rules of Montana (ARM) Subchapter 37.100.1: Adult Foster Care Homes.

4. YOUTH FOSTER CARE HOMES

Under rare and special circumstances, and with prior approval from the department, residential habilitation services can be provided to a member 18 years of age and younger in a foster care setting. Service coordination between state divisions may need to occur as a part of the approval process as waiver services can only be provided to the extent that maintenance and supervision services furnished are needed to meet the identified health and safety needs of the child.

Waiver funds are not available to pay for maintenance (including room and board) and supervision of children who are under the state's custody. The costs associated with the treatment of children in the child welfare system may be Medicaid reimbursable. Depending on the nature of the treatment (i.e., habilitation), the costs of treatment may be eligible to be paid for within the Big Sky Waiver.

Youth foster care home regulations can be found in Administrative Rules of Montana (ARM) 37.51: Youth Foster Homes.

RESIDENTIAL HABILITATION LIMITATIONS

Medicaid reimbursement for room and board is prohibited. The provider may not bill Medicaid for services on days the member is absent from the facility unless retainer days ~~(max of 30 days per year)~~ have been approved by the ~~CMT~~ case management team. ~~Refer to HCBS 410.~~ The provider may bill on date of admission and discharge from a hospital or nursing facility. If the member is transferring from one adult residential care setting to another, billing is not allowed by both facilities on the day of transfer. ~~The admitting facility bills for this day.~~

Waiver funds are not available to pay for maintenance (including room and board) and supervision of children who are under the state's custody.

Members in any of the care settings under the Residential Habilitation service may not receive the following services under the HCBS program:

- ~~1. Personal Assistance (with the exception of social PCA or STA that is beyond what is required to be provided by the facility)~~
- ~~2. Homemaking~~
- ~~3. Environmental modifications~~
- ~~4. Respite; or~~

5. ~~Meals.~~

Personal Emergency Response Systems (PERS) ~~is-are~~ a required component of an ~~Assisted living, and facility and~~ should not be routinely reimbursed by waiver funds. However, if the ~~CMT-case management team~~ feels that the member's circumstances warrant the authorization of a PERS, they must document the specific reasons prior to initiation of service.

Because residential habilitation is a bundled service that includes multiple services, members in any of the care settings may not receive any of the following services under the Big Sky Waiver program:

1. Personal Assistance Activities of Daily Living and Instrumental Activities of Daily Living (with the exception of social PCA or STA that is beyond what is required to be provided by the facility)
2. Homemaking
3. Environmental modifications
4. Respite
5. Meals
6. Non-Medical Transportation

These restrictions apply only when HCBS-Big Sky Waiver payment is being made for the residential habilitation service. Respite may be provided in a residential habilitation setting for the provider of other service types as specified under Respite but may not be provided on the behalf of a residential habilitation setting.

If a Big Sky Waiver member chooses to leave a residential habilitation care setting without giving the contractually required ~~30day~~ notice to the facility, HCBS-Big Sky Waiver reimbursement cannot be used to pay the daily rate for any-the remaining days.

RESIDENTIAL HABILITATION RETAINER **DAYS**

Providers of this service may be eligible for a retainer payment if authorized by the ~~Case-case Management management Teamteam.~~ Retainers are days on which the member is either in the 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. If a provider rate includes vacancy savings, retainer days are a duplication of services and may not be paid in addition. Payment for retainer days may not exceed 30 days per service plan year. Refer to HCBS 410 for more information on retainer days.

PROVIDER REQUIREMENTS

The Department of Public Health and Human Services Quality Assurance Division must license adult foster homes, group homes, assisted living facilities, and child foster homes.

An assisted living facility wanting to provide behavior management services is required to demonstrate past success and/or failures to behavior modification practices and provide a resident-centered summary outlining the proposed plan of care in which the enhanced service will be applied. The facility must maintain trained and qualified staff who specialize in caring for individuals who exhibit adverse behaviors. Additionally, facility staff must have 8 hours of documented behavior management specific

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training for staff annually. This training requirement must be verified annually by the Big Sky Waiver contracted case management team assigned to the group home's service area.

Providers of specialized assisted living services will maintain trained and qualified staff who specialize in caring for populations or groups of individuals with, for example, comprehensive diagnoses, comorbidities, co-occurring disorders, and disease processes. Specialized assisted living facility staff must have 8 hours of documented brain injury or disability specific training for staff annually. This training requirement must be verified annually by the Big Sky Waiver contracted case management team assigned to the facility's service area.

Group home staff must have 8 hours of documented brain injury or disability specific training for staff annually. This training must be verified annually by the case management team.