



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

Home and Community Based Services

1.2024

Final Rule Heightened Scrutiny
Evidentiary Package

Background

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new Federal HCBS Setting Rules that went into effect March 17, 2014 [Home & Community Based Services Final Regulation | Medicaid](#)

These federal guidelines were developed to ensure that members receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. For the purposes of this assessment, settings defined as having the qualities of institutions and therefore requiring a heightened scrutiny assessment and review are any settings that are:

- located in a hospital, nursing facility, intermediate care facility (ICF-DD) or institution for mental disease (IMD)
- located adjacent to a public hospital, nursing facility, ICF-DD or IMD
- presumed to have the effect of isolating people from the broader community of people who do not receive HCBS

Isolation Further Defined:

Isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. This would include settings that may not look isolating, but because of rules and procedures followed at the setting, have the effect of isolating residents. In guidance, CMS has identified examples of settings that potentially isolate, including farmsteads, gated or secured communities for people with disabilities, residential schools, and multiple settings clustered together and operationally related.

CMS March 2014 [settings-that-isolate.pdf \(medicaid.gov\)](#)

To overcome the presumption that a setting has institutional-like qualities, a heightened scrutiny evidentiary package must be compiled by the state for review by CMS. Information within this evidentiary package will focus on the qualities of the setting and how the setting is integrated in and supports access of individuals receiving HCBS into the broader community via the organization's policies and practices as well as in how the setting supports individuals consistent with their person-centered service plans.

This evidentiary package, for Aspen Meadows Assisted Living-Billings, Montana, will provide evidence of how the State of Montana has determined that this setting has overcome the presumption that it has the qualities of an institution and achieves compliance with Federal HCB Settings rules.

Aspen Meadows Assisted Living- Billings, Montana (HS-5)



Setting Information

Setting Name: Aspen Meadows Assisted Living

Phone: 406-656-8818

Fax: 406-238-5957

Street Address: 3155 Avenue C
Billings, MT 59102

Setting Website:

<https://www.empres.com/location/aspen-meadows-assisted-living/>

HCBS Members Currently
Served: 19

Waiver Type Serving HCBS Members

| Waiver Service | Service Type |
|---|--|
| <input checked="" type="checkbox"/> Big Sky Waiver- Aged, Blind, and Physically Disabled <input type="checkbox"/> Severely Disabling Mental Illness Waiver <input type="checkbox"/> 0208 Waiver- Developmental Disabilities | <input checked="" type="checkbox"/> Assisted Living Facility |

Heightened Scrutiny Indicator

| | Prong Identifier | Selected Sub-Category | Type of Setting- Detail |
|---|---|---|--|
| <input checked="" type="checkbox"/> | Prong 1 The setting is located in a hospital, nursing facility, intermediate care facility (ICF-DD) or institution for mental disease (IMD). | <input type="checkbox"/> Attached to a Hospital <input checked="" type="checkbox"/> Attached to a Nursing Home <input type="checkbox"/> Attached to an Intermediate Care Facility Attached to an institution for mental disease | Name of Institution Aspen Meadows Health and Rehabilitation Center 3155 Avenue C Billings, MT 59102 |
| March 22, 2019 SMD # 19-001 Re: Home and Community-Based Settings Regulation – Heightened Scrutiny Heightened Scrutiny SMD-SMDL Final (medicaid.gov) | | | |

Setting Overview

The Assisted Living Facility (ALF) is directly attached to a Skilled Nursing Facility (SNF). An onsite visit by Montana's Quality Assurance staff confirms the two entities are separated by a double-door entry, as well as distinct separate entrances to each wing. The ALF is in a separate wing of the building to include its own resident common and activity areas, library, chapel room and dining room. The ALF staff are separate from the SNF staff, and they do not cross over. It is confirmed by Montana's Quality Assurance staff that the setting is not institutional nor isolating in nature.

Ownership reports the ALF and SNF are administratively separate. The ALF and SNF maintain separate budgets, financing, as well as separate addresses to distinguish between the two. Staff are designated as solely ALF, or SNF and there are no shared staff. Residents, staff and medical providers interviewed confirm the residents are not required to receive medical, therapy or behavioral services on site. The state assures the specific unit/dwelling is owned, rented, or occupied under legally enforceable agreement that includes the same or comparable protections to those provided under the jurisdiction's landlord tenant law [42 CFR 441.301(c)(vi)(A)].

The ALF is in a quiet residential neighborhood within a short walking distance to a variety of shopping and eating establishments. The public can walk and bike on the roads surrounding the setting. The facility provides for multiple on-site activities, as well as opportunities for residents to participate in community events, services, and activities. The facility shares information with residents regarding community events and activities. This was evidenced by a bulletin board with community information posted, an activities calendar, as well as confirmed by staff and resident interviews. The residents can attend community activities and services of their choosing to include shopping, appointments, religious services, and dining experiences with assistance from staff as needed for any scheduling and/or transportation arrangements. The facility is located within a block of a main street in the city, and easily accessible to the public bus route. For residents in need of extra assistance and curb-to-curb service, assistance with the public transportation application, scheduling and access is provided by the facility to ensure residents can access the greater community as they desire. Residents are free to come and go from the facility at their leisure, and the facility is staffed 24/7 for entry access. Residents are encouraged to have friends and family visit, and they are free to have visitors at any time and any day they choose.

Rooms at the facility are either a studio room for single occupancy or a one-bedroom suite which can accommodate either a single occupant, or couples who wish to room together. Residents decorate and furnish their rooms at their discretion. All rooms are equipped with locks on the entrance door, as well as the bathroom door for privacy. Staff knock on the door and/or ring a doorbell for access into the resident's private room. The facility is arranged to ensure privacy during personal care, as well as while using the

telephone, internet or any other personal communication devices. Residents set their own schedule of daily activities to include hygiene, care delivery, recreation and meals. Residents always have access to meals and snacks, and all rooms are equipped with refrigerators and microwaves. Residents have full access to the dining area, laundry room, and common areas. Residents can choose to do their own laundry if they desire.

Providers are required to comply with Montana’s waiver regulations, and specifically provider requirements with the regulations. The facility is physically accessible to both residents and the public to include five accessible entrances, and no steps. Accommodations such as grab bars, and seats in the bathrooms are available for residents in need of supports to move about the facility. The facility does not utilize any barriers that limit access, such as Velcro strips, locked doors or locked cupboards or refrigerators.

The facility provides training to staff and volunteers training on members’ rights when hired, as well as annually. Resident rights are provided in plain language to residents and/or family members, and there is a process available to them to file a grievance which includes contact information for protective services and advocacy organizations.

Montana provides the following assurances to CMS:

- Montana attests to the review of person-centered service plans for residents residing at Aspen Meadows Assisted Living
- Montana attests that individuals in the settings have a person-centered service plan in-place that meets the requirements outlined at 42 CFR 441.301(c)(1)-(3)
- Montana validates that the settings support full access of individuals to control their personal resources pursuant to [42 CFR 441.301(c)(4)(i)] Montana Code Annotated 50-5-1104, 50-5-1105, and 50-5-1107 and Administrative Rules of Montana 37.106.37.106.2828
- Montana validates that the settings support full access for individuals to have opportunities to seek employment and work in competitive integrated settings [42 CFR 441.301(c)(4)(i)]
- Montana validates that there are transportation options available at Aspen Meadows Assisted Living and assistance to utilize transportation to access the broader community [42 CFR 441.301(c)(4)(i)]
- Montana attests that the setting is selected by the individual from among a variety of setting options and there was an option of a private living unit [42 CFR 441.301 (c)(4)(ii)]
- Montana attests that the setting options will be identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board [42 CFR 441.301(c)(4)(ii)]
- Montana attests that the setting ensures an individual's freedom from coercion and restraint pursuant to [42 CFR 441.301(c)(4)(iii)] and

Montana Code Annotated 50-5-1104, 50-5-1105, 50-5-1107 and Administrative Rules of Montana 37.106.2828

☒ Montana validates that a lease, residency agreement or other form of written agreement is in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law pursuant to [42 CFR 441.301(c)(4)(vi)(A)] and Administrative Rules of Montana 37.106.2823, 37.106.2824 and 37.106.37.106.2828

☒ Montana confirms that individuals are able to have visitors of their choosing at any time [42 CFR 441.301(c)(4)(vi)(D)]

☒ Montana confirms that any modifications to the additional conditions under 441.301(c)(4)(vi)(A) through (D) will be supported by a specific assessed need and justified in the person-centered service plans. [42 CFR 441.301(c)(4)(vi)(F)] when applicable

☒ Montana provides HCBS service delivery systems the resources necessary to successfully navigate and facilitate staff training and education. HCBS providers are monitored by department staff and contracted entities on their understanding and execution of the settings rule while actively engaging providers on the importance and value of their roles in person-centered planning. Provider education and resources are to be consistent with state standards as described in the waiver and state plan. Education on HCBS core values extends beyond that of solely HCBS provider systems, but to at a minimum, partnering community associations and organizations, advocates, stakeholders, and the public.



<https://www.billingsmt.gov/>

<https://www.billingschamber.com/>

Pictures of the HCBS Setting



Separate Assisted Living Facility Entrance



Assisted Living Courtyard



Fire Door Separating the Assisted Living from the SNF



Assisted Living Facility Lobby/Resident Common Area



Assisted Living Facility Library/Activity Area

Assisted Living Chapel Room



Community Activity Board



Resident common/activity area



Resident Suite Kitchenette



Resident bathroom with door lock

Resident room with door lock

Prong 1 Setting- Heightened Scrutiny Review

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| The setting is located in a hospital, nursing facility, intermediate care facility (ICF-DD) or institution for mental disease (IMD). | |
| Reviewed sample of individuals' daily activities, person-centered service plans, and/or interviews to determine that there is variation in the scope, frequency, and breadth of individual beneficiary interactions and engagement in and with the broader community | |
| Department: Aspen Meadows provided both HCBS and non-HCBS member resident service plans to the Department for review. The department verified through a desk-level review, as well as resident interviews, and determined the standard as is met. | |
| Provider: Residents' activity preferences are identified and documented in their person-centered service plans. The facility offers a variety of activity programs. For example, residents may choose to participate in crafts, the word board, painting, brain teasers, movies, parties, library services, religious services, music programs, and the daily card game. Residents also have the ability to leave the facility and participate in community-based activities. The facility assists residents with outside outings. These outing include shopping, appointments, church, and dining experiences. Some residents schedule their own outings. For example, outside work programs, family outings, and even the bingo hall. The facility assists residents with scheduling transportation and ensuring that they have necessary medications and meals to go. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| Procedures (including, for example, the types of activities, transportation, and staffing that are in place) and services provided by the setting that indicate evidence of access to and demonstrated support for beneficiary integration in community activities in the broader community consistent with individuals' person-centered service plans | |
| Department: Aspen Meadows provided the Department with documentation pertaining to procedures and services for review and verification, and determined the standard is met. | |
| Provider: The community offers public transportation (MET) and staff assists the residents with scheduling pickup and times. The facility also offers transportation services. The facility primarily assists resident to appointments, but there are opportunities for residents to go shopping, to community events and out for meals. Several residents have their own vehicles at the facility. They provide their own transportation to community activities. Residents are involved with various community programming. Examples include work placements, community social groups, gaming centers, and public entertainment opportunities | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| Description of how the facility directly supports and enhances an individual's access to the broader community | |
| Department: Through documentation provided, resident interviews as well as review of person-centered service plans, the Department confirms the facility supports, enhances, assists and encourages individual's access to the broader community. | |
| Provider: The facility assists residents with scheduling of transportation services. Transportation is provided by the facility, | <input checked="" type="checkbox"/> Met |

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| public transportation, families, or residents personal vehicles. The facility provides outing to shopping areas and opportunities for dining and entertainment. | <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| A summary of examples of how schedules are varied according to individual beneficiaries' preferences and in recognition of the need to integrate into the local community at times when the general community attends an activity | |
| Department: The Department can confirm schedules are varied and specific to the individuals' preferences as outlined in service plans as well as supplemental documentation provided by the facility and reviewed by the Department. Aspen Meadows ensures residents have access to events and activities in the community. | |
| Provider: Each resident's schedule and activity preferences are varied and unique. Individual's activities often take place at different times and locations. The facility staff strive to accommodate these preferences. Facility staff aids with scheduling, transportation, preparing meals, providing medications so that residents may participate in community events | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| Procedures in place to routinely monitor individual access to services and activities of the broader community to the extent identified in person centered service plans | |
| Department: The Department verifies the standard is met by resident preference and choices identified in the person-centered service plans as a standard practice with routine reviews. | |
| Provider: The facility conducts bi-annual reviews of individual's person-centered services plans. These plans include preferences for service and activities within the broader community. Furthermore, the facility updates person-centered service plans more frequently as required by state regulations, or whenever significant changes in service needs or preferences occur. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards as described in the waiver or state plan amendment or in community training policies and procedures established by the state | |
| Department: The Department continuously provides training, education and guidance related to the settings criteria, as well as the role person-centered planning within HCBS delivery systems. | |
| Provider: Facility staff receive ongoing training at regular intervals, including purpose of person centered planning and settings rules. New staff have initial facility orientation which contains the same information. During the training of new staff the resident's person-centered service plans are reviewed. Service plans are updated every six months, or more frequently as required by state regulations, or whenever significant changes in service needs or preferences occur. Staff receive training when changes are made to the resident's person-centered service plans | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| Description of the setting's proximity to public transportation or how transportation is facilitated | |
| Department: The Department verified that community transportation is available and easily accessible to residents to obtain access to the greater community. Staff assists residents in scheduling and arranging for public transportation and facility transportation needs alike. | |

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| <p>Provider: The community offers public transportation (MET) and staff assists the residents with scheduling pickup and times. The facility also offers transportation services. The facility primarily assists resident to appointments, but there are opportunities for residents to go shopping, to community events and out for meals. MET transportation services are scheduled and residents are picked up at the facility. Appointments are scheduled with the facility scheduler and placed on the facility transportation schedule.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| <p>Attestation that the state has reviewed provider-owned or controlled settings and concluded through observation made during an onsite visit and/or through a reasonable sample of consumer interviews, or through a review of person-centered service plans that any modifications to the settings criteria are documented in person-centered service plans as required by the regulation</p> | |
| <p>Department: The Department attests that this regulation is met by Aspen Meadows as required.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| <p>Description of the setting’s remediation plan to achieve compliance by the end of the transition period, along with the state’s oversight to ensure completion of actions;</p> | |
| <p>Department: There is no remediation plan required for Aspen Meadows, as the Department confirms compliance with the HCBS standards. The Department will continue to provide on-going monitoring and oversight as required. No residents will be transitioned as Aspen Meadows meets all settings requirements.</p> | <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> N/A |
| <p>Attestation that the setting has been selected by the individual from among settings options, including non-disability-specific settings</p> | |
| <p>Department: The Department can attest that HCBS as well as non-HCBS members are given the choice of settings options for their long term care service delivery. Member choice and rights are acknowledged and documented throughout the service planning process and the resident agreement.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| <p>March 22, 2019 SMD # 19-001 Re: Home and Community-Based Settings Regulation – Heightened Scrutiny Heightened Scrutiny SMD-SMDL Final (medicaid.gov)</p> | |

HCBS Characteristics and Qualities

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| <p>Is selected by the individual from among setting options, including non-disability specific settings (such as a typical job in the community or living in one’s own home) and an option for a private unit in a residential setting</p> |
| <p>Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria Instructions: Version 3.6 HCBS Waiver Application</p> |

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| Appendix C-5: Home and Community-Based Settings Requirements- Page 150 | |
| Department: The Department attests Aspen Meadows meets this standard. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| Ensures an individual’s rights to privacy, dignity, and respect, and freedom from coercion and restraint | |
| Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria Instructions: Version 3.6 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150 Montana Code Annotated Part 8. Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act https://leg.mt.gov/bills/mca/title_0520/chapter_0030/part_0080/sections_index.html Montana Code Annotated Rights of Long-Term Care Facility Residents https://leg.mt.gov/bills/mca/title_0500/chapter_0050/part_0110/section_0040/0500-0050-0110-0040.html Adult Protective Services https://dphhs.mt.gov/SLTC/aps/index Long Term Care Ombudsman Program https://dphhs.mt.gov/sltc/aging/longtermcareombudsman/ Office of Inspector General- Licensure Bureau https://dphhs.mt.gov/qad/licensure/ | |
| Department: The Department attests that Aspen Meadows meets this standard. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact | |
| Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria Instructions: Version 3.6 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150 | |
| Department: The Department attest that Aspen Meadows meets this standard. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| Facilitates individual choice regarding services and supports and who provides them | |
| (a) The freedom and support to control their own schedules activities, and have access to food at any time (42 CFR 441.301(c)(4)) | |
| The department attests residents have access to food at any time, as per 42 CFR 441.301(c)(4)(vi)(C)], as supported through the provider self-assessment, the on-site evaluation report conducted by DPHHS’ Quality Assurance Division, staff interviews and resident interviews. | |
| Provider: Residents can come and go from the facility on their own schedules. They can choose to stay in or go out into the | <input checked="" type="checkbox"/> Met |

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| community at their leisure. All apartments have refrigerators so that residents can access foods that they prefer at any time. The facility offers residents 3 prepared meals per day. Facility staff aids with preparing meals, providing medications so that residents may participate in community events. Residents are encouraged to participate in meal service, but they may choose not to. Snacks are also available for individuals at any time. | <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| (b) Individuals may have visitors at any time. (42 CFR 441.301(c)(4)(vi)) | |
| Provider: Residents can have visitors 24 hours each day. Residents make their own decisions in regard to having visitors. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| (c) Individual units have entrance (and bathroom) doors that individuals can lock for dignity, privacy, and security | |
| Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria Instructions: Version 3.6 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150 | |
| Provider: Residents have full privacy within their individual apartment. All apartment doors have locks to ensure privacy. Resident apartments have a locking entry door and bathroom. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| (d) Individuals sharing units have the documented choice of roommates | |
| Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria Instructions: Version 3.6 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150 | |
| Provider: There are no individuals sharing an apartment in the facility. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| (e) Individuals have freedom to furnish or decorate their private living spaces | |
| Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria Instructions: Version 3.6 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150 | |
| Provider: Residents are able to make their own choices in regard to how they furnish or decorate their apartments. The facility encourages residents to bring their own furniture and make the apartment their home | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| (f) Individuals have a pleasant dining experience, can have a mealtime and place of their choosing, and have access to food, beverages, and snacks at any time | |


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| <p>The department attests residents have access to food at any time, as per 42 CFR 441.301(c)(4)(vi)(C)], as supported through the provider self-assessment, the on-site evaluation report conducted by DPHHS' Quality Assurance Division, staff interviews and resident interviews.</p> <p>Residents have a choice to eat alone or with others. The state attests residents have access to food at any time, as per 42 CFR 441.301(c)(4)(vi)(C)], as supported through the provider self-assessment, the on-site evaluation report conducted by DPHHS' Quality Assurance Division, staff interviews and resident interviews.</p> <p>Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria Instructions: Version 3.6 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150</p> | |
| <p>Provider: The facility offers three meals per day. Residents are not assigned a table or any seat. Residents can pick their own table and sit with individuals of their choice. Residents are offered alternative if they are not able to attend meal service. For example, the kitchen can provide room trays, brown bag meals to go, and soups or sandwiches are available upon resident request.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| <p>The policies and procedures of setting align with the requirements of the settings rule</p> | |
| <p>Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria Instructions: Version 3.6 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150</p> | |
| <p>Provider: Facility policy and procedures align with Montana Administrative Rules.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| <p>If an individual is determined to require a modification to the provider-owned or controlled residential settings requirements, the need is individually assessed and documented in the individuals person-centered service plan</p> | |
| <p>Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria Instructions: Version 3.6 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150 Appendix D: Participant-Centered Planning and Service Delivery- Page 190</p> | |
| <p>Provider: Each resident has their own individualized person-centered service plan. When residents require modifications to enhance their ability to maintain independence, those modifications are assessed and documented in the individuals plan.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| <p>Documenting when decisions are made by the individual, and when they are made by the individual's designated representative Individuals with advanced dementia or other conditions may no longer be able to respond to questions or communicate in words,</p> | |

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| <p>including to demonstrate their choices or consent, the person-centered planning process must still involve them to the maximum extent possible and reflect the individual’s preferences. Person-centered service planning in these instances will include the input of an authorized representative or support person.</p> | |
| <p>Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria Instructions: Version 3.6 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150 Appendix D: Participant-Centered Planning and Service Delivery</p> | |
| <p>Provider: The facility would request that the POA or other authorized individual participate in residents person-centered planning process. Therefore, the resident would continue to participate in the planning process but would have the necessary assistance to make individualized decisions regarding services provided.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A |
| <p>Controlled Egress Settings</p> | |
| <p>If an individual has chosen a setting with controlled egress (e.g., secured dementia care unit or home or secured entry buildings), the person-centered service plan documents the choice, including the other settings considered.</p> <p>Note: Settings with controlled egress must document each resident’s need for the intervention as well as provide ways for residents without the need for restriction to safely come and go</p> | |
| <p>Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria Instructions: Version 3.6 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150 Appendix D: Participant-Centered Planning and Service Delivery</p> | |
| <p>Provider: The facility doesn’t have a controlled egress on the assisted living.</p> | <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> N/A |
| <p>The federal HCB Settings regulations focus on community integration, individual choice and privacy, and other factors that relate to an individual’s experience of the setting as being home-like and not that of an institutional setting. 42 C.F.R. § 441.301(c)(4)(vi) eCFR :: 42 CFR Part 441 Subpart G -- Home and Community-Based Services: Waiver Requirements</p> | |

Significant DPHHS Review Information for Aspen Meadows Assisted Living Facility

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| <p>Detailed Facility Information</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Facility Activities Calendar<input checked="" type="checkbox"/> Community Activities and Integration Opportunities<input checked="" type="checkbox"/> Meal Menu<input checked="" type="checkbox"/> Transportation Options and Policy<input checked="" type="checkbox"/> Resident Service/Care Plan<input checked="" type="checkbox"/> HCBS Service Plan<input type="checkbox"/> Controlled Egress Policy (if applicable)<input checked="" type="checkbox"/> Visitation Access and Policy<input checked="" type="checkbox"/> Resident and Member Interviews<input checked="" type="checkbox"/> Staff Interviews<input checked="" type="checkbox"/> Resident Handbook (12/2023)<input checked="" type="checkbox"/> Resident Agreement<input checked="" type="checkbox"/> Community Chamber of Commerce Detail<input checked="" type="checkbox"/> Montana Office of Inspector General Survey Results<input checked="" type="checkbox"/> HCBS Member Records<input checked="" type="checkbox"/> HCB Settings Provider Self- Assessment(s)<input checked="" type="checkbox"/> HCB Settings Validation Tool(s) | <p>Heightened Scrutiny Evaluation https://dphhs.mt.gov/hcbs</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Public Notice<input checked="" type="checkbox"/> Resident Interview 1<input checked="" type="checkbox"/> Resident Interview 2<input checked="" type="checkbox"/> Staff Interview 1<input checked="" type="checkbox"/> Staff Interview 2 |
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Public Comment

The department published the public notice on .

Montana's Recommendation

Montana Validates that in accordance with the federal home and community-based services (HCBS) regulations found at 42 CFR Section 441.301(c)(4)(5), Aspen Meadows Assisted Living located in Billings, Montana complies with the Federal HCB Settings rules established in 2014. As a result, Montana wishes to maintain active HCBS service delivery in this setting; therefore, HCBS provider termination efforts to include the development of a strategic HCBS member transition plan is not required.