

MEDICAID WAIVER
HOME & COMMUNITY BASED SERVICES PROGRAM

ADULT RESIDENTIAL CARE

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Adult Residential Care is a Medicaid reimbursable service available only through the *Home and Community Based Services* program. *Adult Residential Care* is provided in licensed Adult Foster Homes, Assisted Living Facilities (prior to October 1, 2003 known as Personal Care Homes) or Residential Hospices. These settings provide personal care, homemaking, medication oversight, social and recreational activities and 24-hour on-site staff.

Home and Community Based Services is a special Medicaid program designed to maintain individuals in the community who might otherwise require institutionalization to meet their long term care needs. It is not a state plan service, which means it is not available to all individuals who are Medicaid eligible. The program's funding limits are established by the Montana legislature. There usually is a waiting list of individuals who are eligible for services in this program. A *Case Management Team*, under contract with the Senior and Long Term Care Division of the Department of Public Health and Human Services (DPHHS), manages the *Home and Community Based Services* program.

HOW TO BECOME A MEDICAID RESIDENTIAL CARE PROVIDER

1. To become a Medicaid provider the facility must be licensed by the Licensure Bureau of the Division of Quality Assurance. (For additional information regarding licensure requirement please contact the Licensure Bureau at (406) 444-2676 and/or check the Internet at:
<http://www.dphhs.mt.gov/qad/assistedliving/index.shtml>)
2. After completing the licensing requirements, contact ACS State Health Care Provider Relations at (406) 442-1837 for a Provider Enrollment form. ACS is an organization that contracts with DPHHS to receive and process all Medicaid claims. By signing the Provider Agreement form, the provider agrees to comply with all applicable laws, rules and written policies of the Montana Medicaid program, including all pertinent city, county, state and federal regulations. Adult Residential Care providers must either meet the State's definition of an independent contractor or have Workers' Compensation insurance. Contact Customer Services at 1-800-332-6102 or (406) 444-6500 for additional information regarding independent contracting, subcontracting or employee regulations.

3. The provider needs to call the *Case Management Team* to discuss the *Home and Community Based Services* program, the *Team's* role in *Adult Residential Care* and to get a procedure code.
4. The *Case Management Team* must sign the Provider Enrollment form before the form is returned to ACS.
5. The provider must have an agreement with the *Case Management Team* serving the person who wishes to receive *Adult Residential Care*. The *Team* is also an important resource to the provider throughout the client's residence.

REQUIREMENTS OF ALL HOME AND COMMUNITY BASED SERVICES

All individuals requesting *Adult Residential Care* must be financially Medicaid eligible. The local Office of Human Services determines financial eligibility for the *Home and Community Based Services* program. Please contact your local county offices for additional information and support.

All *Home and Community Based Services* individuals must be screened by the Mountain Pacific Quality Health Foundation (Foundation) to determine whether they meet Nursing Facility (NF) Level of Care. This applies to individuals residing in a residential care facility. The Foundation contracts with the DPHHS to complete the Level of Care and the Level I determinations. Call the Foundation at 1-800-219-7035 to initiate the screening process. If the person is determined to be eligible by this screening process, the Foundation sends the referral to the *Case Management Team*.

The *Case Management Team* will review the referral and contact the applicant or the applicant's representative. The applicant is then placed on the waiting list of the *Home and Community Based Services* program. When an opening occurs, the *Case Management Team* reviews the waiting list to choose the person to fill the opening. Once chosen, the client selects the services they want. If they select an adult residential care facility, the *Case Management Team* meets with the Residential Care Provider and the applicant to determine the individual's needs and to establish the daily rate of Medicaid payment. Medicaid pays the lesser of the customary provider rates or the calculated Medicaid rate. The individual is responsible for room and board. Individuals who get SSI may also qualify for a monthly state supplement while residing in an Adult Foster Care Home or an Assisted Living Category A Facility. The *Case Management Team* can assist the individual in applying for the supplement. The individual will receive an increase in their SSI check, which can be given to the provider.