DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	**Title: SDMI 379** **Section: SERVICE REQUIREMENTS** **Subject: RESIDENTIAL HABILITATION, MENTAL HEALTH GROUP HOME** **Reference: 42 CFR § 441.301, ARM 37.90.453** **SDMI Application: (01/28/2024)** **Effective Date: (02/06/2025)** **Supersedes: SDMI 379 (07/01/2020)**

Definition

Mental Health Group Home is personal care and supportive services that are furnished to waiver members who reside in a setting that meets the Home and Community-Based setting requirements and includes 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety, and security. Services are provided in a group home setting and provides habilitative services to members.

Determination of Need

(1) The member must have one or more of the following:

(a) a history of repeated unsuccessful placements in less intensive rehabilitative community based programs;

(b) impaired interpersonal or social functioning;

(c) impaired occupational functioning;

(d) impaired judgment;

(e) poor impulse control; or

(f) a lack of family or other community or social supports.

(2) In addition, the member must also exhibit both of the following:

(a) an inability to perform activities of daily living in an appropriate manner due to the member's SDMI diagnosis; and

(b) symptoms related to the SDMI severe enough that a less intensive level of service would be insufficient to support the member in an independent living environment and requires a structured treatment environment to be successfully treated in a less restrictive setting.

Provider Requirements

(1) A Mental Health Group Home must:

(a) be a licensed mental health center with a group home endorsement in accordance with ARM Title 37, Chapter 106, subchapter 19; and

(2) Providers are required to meet the Home and Community-Based setting requirements (setting rule). The provider self-assessment and additional information about the settings rule can be found at: https://dphhs.mt.gov/hcbs.

(3) The staffing in the Mental Health Group Home must consist of the following:

(a) Program Supervisor - .5 FTE, who provides clinical supervision as described in the member's Person-Centered Recovery Plan;

(b) Residential Manager – 1.0 FTE; and

(c) 24-hour onsite awake staff with at least a 1:4 staffing ratio for at least 16 hours per day during awake hours and at least 1:8 hours during sleeping hours.

(4) Provider facilities must be compliant with the Americans with Disabilities Act.

Service Requirements

(1) Medicaid does not reimburse for room and board in a residential habilitation setting.

(2) The Mental Health Group Home must provide these service components:

(a) assistance with activities of daily living and instrumental activities of daily living as needed;

(b) medication management, administration, and oversite as needed;

(c) medical escort;

(d) crisis stabilization services as needed by the member;

(e) supervision and support of daily living activities;

(f) assistance with medications, including administration of medications as necessary;

(g) skills building in areas of community reintegration and independent living;

(h) care coordination;

(i) discharge planning for transition to a less restrictive setting; and

(j) transportation and supervision, if appropriate, to suitable community resources

(3) The following services cannot be provided concurrently:

(a) personal assistance;

(b) behavioral intervention assistant (exception under Utilization below);

(c) homemaker chore;

(d) respite care:

(e) environmental accessibility adaptations;

(f) meals; or

(g) non-Medical Transportation.

(4) Staff are required to report all medication errors to their respective management and to the case management team. The case management team must complete a serious occurrence report in the Quality Assurance Management System within five days of receiving the information.

(5) The provider may not bill Medicaid for services on days the resident is absent from the facility, unless retainer days have been authorized by the CMT. Retainer days are days on which the member is either in hospital, nursing facility, or on vacation and the team has authorized the provider to be reimbursed for services in order to keep their placement in the residential setting.

(6) Retainer days are limited to 30 days a Person-Centered Recovery Plan year and may not be used for any other service if used for residential habilitation.

(7) The provider may bill on date of admission and discharge from a hospital or nursing facility. If the member is transferring from one residential care setting to another, the discharging facility may not bill on day of transfer.

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

Utilization

(1) Mental Health Group Home is based on the member's assessed need and are limited to additional services not otherwise covered under Medicaid state plan.