

Home and Community Based Services 4.2025

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:

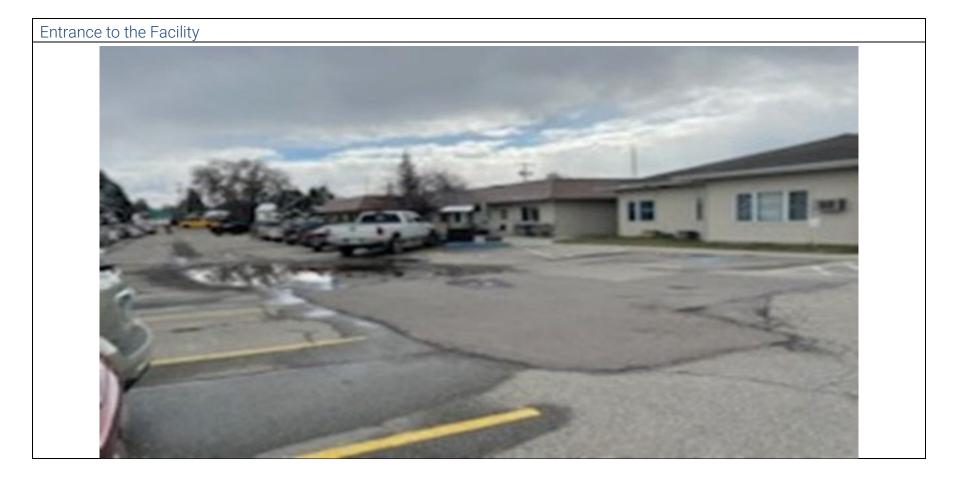
Isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. This would include settings that may not look isolating, but because of rules and procedures followed at the setting, have the effect of isolating residents. In guidance, CMS has identified 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 The Living Centre., 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 HCBS Settings rules.



Setting Information

Setting Name: The Living Centre

Phone: 406-777-5411

Street Address: 63 Main Street,

Stevensville MT 59870

Setting Website:

The Living Centre – Where Caring Counts

Waiver Type Serving HCBS Members

| Waiver Service | Service Type |
|---|----------------------------|
| ☑ Big Sky Waiver- Aged, Blind, and Physically Disabled ☐ Severely Disabling Mental Illness Waiver ☐ 0208 Waiver- Developmental Disabilities | ☑ Assisted Living Facility |

Heightened Scrutiny Indicator

| | Prong Identifier | Selected Sub-Category | Type of Setting- Detail |
|---|----------------------------------|---|-------------------------|
| | Prong 1 | ⊠Attached to a Hospital | |
| | The setting is located in a | ⊠Attached to a Nursing Home | Name of Institution |
| | hospital, nursing facility, | ☐Attached to an Intermediate Care | The Living Centre |
| X | intermediate care facility (ICF- | Facility attached to an institution for | The Living Centre |
| | | mental disease. | |

DD) or institution for mental disease (IMD).

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 attached to a skilled nursing facility. An onsite visit confirms the two entities are separated by a locking door, and there are distinct separate entrances to each facility. The ALF is located in a separate wing of the building to include its own resident common and activity area, sitting area, reading area, and dining room. It is confirmed this setting is not institutional nor isolating in nature.

ALF Administration reports the facility is owned by the same entity, The Living Centre. Residents and staff 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 Living Centre is located in a quiet neighborhood in the town of Stevensville, MT. Residents have access to paths, gardens, and shops for the enjoyment with, families, and friends. The facility provides for multiple on-site activities, as well as opportunities for members to participate in community events, services, and activities. The facility shares information with members regarding community events and activities. This was evidenced by an activities calendar, as well as confirmed by staff and resident interviews. The members can attend community activities and services of their choosing to include shopping, appointments, outings with family, farmers market, sporting events, as well as dining at restaurants and family member's homes. Staff assists as needed for any scheduling and/or transportation arrangements. Scheduling and access are provided by the facility to ensure members can access the greater community as they desire. Transportation options include family/friends, personal vehicle, church members, assisted living activity bus, Bitterroot Public Bus, and taxi services, facility staff are also available to take members on outings as needed. Residents are free to come and go from the facility at their

leisure, and the facility is staffed 24/7 for entry access of non-residents. 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 one-bedroom suites which can accommodate a single occupant. Double occupancy rooms are available for couples at their request. Residents are able to decorate and furnish their rooms at their discretion. All rooms are equipped with locks on the entrance door. Staff knock on the door and or ring the doorbell for access into the member's private area. 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 sleep and wake schedules, hygiene, care delivery, recreation, and meals. Residents always have access to meals and snacks both in their rooms and in the common kitchen area. All rooms are equipped with kitchen areas with cupboards, refrigerators, and microwaves. Residents have full access to the dining area, laundry room, and common areas.

Providers are required to comply with Montana's waiver regulations, and specifically provider requirements with the regulations. The facility is physically accessible to both members and the public to include two accessible entrances with no steps. Accommodations such as grab bars, and seats in the bathrooms are available for members 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 initial and ongoing annual training to staff and volunteers on resident rights. Resident rights are provided in plain language to members 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:

 \square Montana attests to the review of person-centered service plans for residents residing at 63 Main St, Stevensville MT 59870 \square Montana attests to the review 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 The Living Centre and assistance to utilize transportation to access the broader community [42 CFR 441.301(c)(4)(i)]

 \square 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)]

⊠Through review of person-centered plans, as well as staff and member interviews, 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 has reviewed the lease, or residency agreement and 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 37.106.3828

 \square Montana has reviewed the residency agreement and confirms that individuals are able to have visitors of their choosing at any time [42 CFR 441.301(c)(4)(vi)(D)]

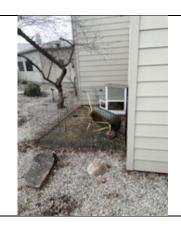
Montana confirms that any modifications to the additional conditions under 441.301(c)(4)(vi)(A) through (D) will be supported by a specific assessed need and justified in the person-centered service plans. [42 CFR 441.301(c)(4)(vi)(F)] when applicable

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.



Pictures of the HCBS Setting







Assisted Living Courtyard



Assisted Living Facility Lobby/Resident Common Area



Resident Common/Activity area



Fire Door Separating the Assisted Living from the SNF



Community Activity Board





Soup Station/Resident Kitchen



Resident room with door lock



Resident bathroom with door lock

| | The setting is located in a hospital, nursing facility, intermediate care facility (ICF-DD) or institution for mental disc | ease (IMD). | |
|--|---|--|--|
| | | | |
| | Reviewed sample of individuals' daily activities, person-centered service plans, and/or interviews to determine that variation in the scope, frequency, and breadth of individual beneficiary interactions and engagement in and with the community | ne broader | |
| | Department: The Living Centre provided both HCBS and non-HCBS member resident service plans to the Department review. The department verified through a desk-level review, as well as resident interviews, the standard as indicatis met. | | |
| | Provider: One resident reported they like to walk to town and pick-up items at the drug store. They attend activities such as playing cards, attending news group and planting tomatoes in 5-gallon buckets. | ⊠Met □Not Met □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: The Living Centre provided the Department with a Resident Rights Handout, Assisted Living Facility Resided Agreement and Activity Calendars. In addition, the Department performed an onsite visit with staff and member intervious confirm the members have opportunities to access the broader community and are made aware of these opportunities. Department confirmed that members can freely choose from these services and/or activities; and how these services activities are consistent with individual needs, as noted in the person-centered service plan. The Department determined through these efforts that the standard is met. | | nterviews to unities. The vices and/or | |
| | Provider: Each member can participate in anything they are interested in attending. The facility will assist with connecting members to community activities. Members can attend church, the senior center, activities with family/friends etc. Transportation includes family/friends, personal vehicle, church members, assisted living activity bus, Bitterroot Public Bus, etc. | ⊠Met □Not Met □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 p Department confirms the facility supports, enhances, assists and encourages individual's access to the broader c | | |

| Provider: A resident reported they have a monthly activity calendar in their room. Activities are also | ⊠Met | |
|---|-------------|--|
| announced during mealtimes and staff stop by resident rooms to provide activity reminders, "staff are great | | |
| and always give me a choice regarding activities." | □N/A | |
| A summary of examples of how schedules are varied according to individual beneficiaries' preferences and in rec | | |
| 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 out | lined in | |
| service plans as well as supplemental documentation provided by the facility and reviewed by the Department. Tl | ne Living | |
| Centre ensures residents have access to events and activities in the community. | | |
| Provider: Individuals can choose what activities they engage in, if they want to leave the facility, if they want to | ⊠Met | |
| attend meals during scheduled time, etc. The ALF tries to accommodate the day/time a member prefers | □Not Met | |
| assistance with care such as showering if needed. Staff asks residents their preferences regarding schedule. | □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 pers | son- | |
| 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 | ⊠Met | |
| include services and activities within the broader community. The facility updates person-centered service | □Not Met | |
| plans frequently as required by state regulations, or whenever significant changes in service needs or | □N/A | |
| preferences occur. | | |
| 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 criter | ıa, as well | |
| as person-centered planning within HCBS delivery systems. | | |
| Provider: Education related to the member's rights as provided during staff orientation, staff meetings or via | ⊠Met | |
| video training, which is documented in staff files. | □Not Met | |
| | □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. | | |
| Provider: Transportation includes family/friends, personal vehicle, church members, assisted living activity | ⊠Met | |

| bus, Bitterroot Public Bus, etc. Members can ask facility transportation coordinator to assist with scheduling | □Not Met | |
|---|-------------|--|
| transportation. Bitterroot Bus and taxi numbers are available to members. | □N/A | |
| Attestation that the state has reviewed provider-owned or controlled settings and concluded through observation | 1 | |
| an onsite visit and/or through a reasonable sample of consumer interviews, or through a review of person-cent | • | |
| plans that any modifications to the settings criteria are documented in person-centered service plans as req | | |
| regulation | uned by the | |
| | 571.4 | |
| The Department completed an onsite visit, reviewed documentation, and conducted staff and resident | ⊠Met | |
| interviews. The Department attests that this regulation is met by The Living Centre as required. | □Not Met | |
| | □N/A | |
| 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; | | |
| Department: There is no remediation plan required for The Living Centre, as the Department confirms | □Met | |
| compliance with the HCBS standards. The Department will continue to provide on-going monitoring and | □Not Met | |
| oversight as required. | ⊠N/A | |
| Attestation that the setting has been selected by the individual from among settings options, including non-disabi | | |
| settings | | |
| The Department completed an onsite visit, reviewed documentation, and conducted staff and resident | ⊠Met | |
| interviews. The Department attests that HCBS as well as non-HCBS members are given the choice of settings | □Not Met | |
| options for their long-term care service delivery. Member choice and rights are acknowledged and documented | □N/A | |
| throughout the service planning process. | | |
| March 22, 2019 | | |
| SMD # 19-001 | | |
| Re: Home and Community-Based Settings Regulation – Heightened Scrutiny | | |
| Heightened Scrutiny SMD-SMDL Final (medicaid.gov) | | |

HCBS Characteristics and Qualities

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

Application for a §1915(c) Home and Community-Based Waiver [Version 3.7, January 2024] 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 attests The Living Centre meets this standard and that the setting is integrated in and supports full access to the greater community. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs. The Senior and Long-Term Care Freedom of Choice form lists the alternative providers available and the member signs off on multiple choices. The Department reviewed Person Centered Service Plans of the members receiving services and can attest that they made free choices of services and qualified providers for each service included in their service plan. Members also received a choice between institutional care or HCBS as indicated on the Level of Care service request. Members can choose among nursing homes, and/or waiver referrals. The Department completed onsite visits and conducted staff and resident | Met □Not Met □N/A |
| interviews. The Department attests that this regulation is met by The Living Centre as required. | |
| 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 3.7, January 2024] Instructions, Technology and Review Criteria Instructions: Version 3.7 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 Anttps://design.mode/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: Members residing in this ALF are ensured to have freedom from coercion and restraint. The | Act |
| Montana Office on Aging Long-Term Care Ombudsman visits facilities once per month. The Office of Inspector General also visits all Montana ALFs any time there is a complaint. The Office of Inspector General conducts onsite visits for licensing purposes every 1, 2, or 3 years depending upon license issuance. The Department completed onsite visits and conducted staff and resident interviews. In addition, Serious Occurrence Report (SOR) policy requires reporting of suspected and/or witnessed coercion or restraint in the QAMS system which will allow for tracking, etc. The Department attests that this regulation is met by The Living Centre as required. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, include | Met □Not Met □N/A ina but not |
| limited to, daily activities, physical environment, and with whom to interact | |

| Application for a §1915(c) Home and Community-Based Waiver [Version 3.7, January 2024] Instructions, Technic and Review Criteria Instructions: Version 3.7 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150 | |
|---|--------------------------|
| Department: The state confirmed that the setting optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices by verification through the person-centered plans as well as staff and member interviews. The state attests that the following is true: • Members choose and control their own schedule in accordance with a person-centered plan. • Individuals are made aware that they are not required to follow a set schedule which is not part of their agreed upon plan. • Members come and go at their discretion. • Members may have visitors at any time. The Department attests that The Living Centre meets this standard. | ⊠Met □Not Met □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 (441.301(c)(4)) | 42 CFR |
| The department attests residents have access to food at any time, as per 42 CFR 441.301(c)(4)(vi)(C)], as through the provider self-assessment, the on-site evaluation report conducted by DPHHS' Quality Assurar staff interviews and resident interviews. | |
| Provider: One member reported they have a refrigerator and microwave in their room. If they would like a sandwich they can ask staff, staff would make a sandwich in the middle of the night if they asked. Another member reported there are always snack foods on the kitchen counter, day and night. Coffee is always available. | ⊠Met □Not Met □N/A |
| (b) Individuals may have visitors at any time. (42 CFR 441.301(c)(4)(vi)) | |
| | I — . |
| Provider: There are no visitor restrictions. The main facility door is locked from 10:30pm – 6:00am. Residents can knock on the main door, call facility staff to unlock the door, or staff will have the door unlocked or give the resident a key fob if the resident notifies the staff ahead of time. | ⊠Met □Not Met □N/A |
| (c) Individual units have entrance doors that individuals can lock for dignity, privacy, and security | |
| Application for a §1915(c) Home and Community-Based Waiver [Version 3.7, January 2024] Instructions, Guide and Review Criteria Instructions: Version 3.7 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150 | Technical |

| Provider: All bedroom doors lock, and residents have keys. The Facility has a spare key to unlock bedroom | ⊠Met |
|---|------------------|
| doors during an emergency, ensuring only appropriate staff have keys. | |
| | □Not Met □N/A |
| (d) Individuals charing units have the decumented chaics of recommetes | ⊔IN/A |
| (d) Individuals sharing units have the documented choice of roommates | - Tl: |
| Application for a §1915(c) Home and Community-Based Waiver [Version 3.7, January 2024] Instructions | s, recnnicai |
| Guide and Review Criteria Instructions: Version 3.7 HCBS Waiver Application | |
| Appendix C-5: Home and Community-Based Settings Requirements- Page 150 | |
| Provider: The Facility only allows double occupancy if it is "husband and wife." | ⊠Met |
| | □Not Met |
| | □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 3.7, January 2024] Instructions | s, Technical |
| Guide and Review Criteria Instructions: Version 3.7 HCBS Waiver Application | • |
| Appendix C-5: Home and Community-Based Settings Requirements- Page 150 | |
| Provider: Members are able to make their own choices in regard to how they furnish or decorate their rooms. | ⊠Met |
| Two residents indicated the decorations were their own. | □Not Met |
| | |
| (A) In dividuals have a missional divisor consistence and have a marchines and mission have a fabric share in an and have | □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 | artad |
| The department attests residents have access to food at any time, as per 42 CFR 441.301(c)(4)(vi)(C)], as supply the control of the property of the control | |
| through the provider self-assessment, the on-site evaluation report conducted by DPHHS' Quality Assurance D | ivision, statt |
| interviews and resident interviews. | |
| Residents have a choice to eat alone or with others. The state attests residents have access to food at any tim | o oo por 42 |
| | • |
| CFR 441.301(c)(4)(vi)(C)], as supported through the provider self-assessment, the on-site evaluation report cor | laucted by |
| DPHHS' Quality Assurance Division, staff interviews and resident interviews. | |
| A 1: 1: (01015() | |
| Application for a §1915(c) Home and Community-Based Waiver [Version 3.7, January 2024] Instructions, Technical Guide | |
| and Review Criteria Instructions: Version 3.7 HCBS Waiver Application | |
| Appendix C-5: Home and Community-Based Settings Requirements- Page 150 | |
| Provider: Meal calendar and scheduled mealtimes are posted on the facility bulletin board. Snacks are | ⊠Met |
| accessible to members in the kitchen. Soup pot with daily soup available from 11:30 A.Mdinner. Members | □Not Met |

| | can ask staff for different food options throughout the day. Meals can be saved for later times, and there are | □N/A | |
|--|--|----------------|--|
| alternatives available when necessary. Residents have a choice to eat in room or dining room. Residents also | | | |
| | have a mini refrigerator and microwave in their unit. | | |
| | The policies and procedures of setting align with the requirements of the settings rule | | |
| | Application for a §1915(c) Home and Community-Based Waiver [Version 3.7, January 2024] Instructions, Tech | nical Guide | |
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| | Provider: Facility policy and procedures align with Montana Administrative Rules. | ⊠Met | |
| | | □Not Met | |
| | | □N/A | |
| | If an individual is determined to require a modification to the provider-owned or controlled residential settings rec | | |
| | the need is individually assessed and documented in the individuals person-centered service plan | quirerrierrie, | |
| | Application for a §1915(c) Home and Community-Based Waiver [Version 3.7, January 2024] Instructions, Tech | nical Guide | |
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| | Appendix D: Participant-Centered Planning and Service Delivery- Page 199 | | |
| | Provider: Each member has their own individualized service plan. If a member requires modifications to | ⊠Met | |
| | maintain independence, those modifications would be assessed and documented in the member's service | □Not Met | |
| | plan with a Health and Safety Modification. Some accommodations such as grab bars, seats in the | | |
| | bathroom, ramps for wheelchairs are standard at the ALF. | □N/A | |
| | 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, including to demonstrate their choices or consent, the person-centered planning process | | |
| | involve them to the maximum extent possible and reflect the individual's preferences. Person-centered service p | | |
| | these instances will include the input of an authorized representative or support person. | J | |
| | Application for a §1915(c) Home and Community-Based Waiver [Version 3.7, January 2024] Instructions, Tech | nical Guide | |
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| | Appendix C-5: Home and Community-Based Settings Requirements- Page 150 | | |
| | Appendix D: Participant-Centered Planning and Service Delivery-Page 199 | | |
| | Provider: The facility would request that the Power of Attorney or other authorized individual assist in | ⊠Met | |
| | members person-centered planning process. Therefore, the resident would continue to participate in the | □Not Met | |
| | planning process but would have the necessary assistance to make individualized decisions regarding | □NOt Met | |
| | 1 31 , , , , | ∟IN/A | |

| services provided. | | |
|---|--------------------------|--|
| Controlled Egress Settings | | |
| 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. | | |
| 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. | | |
| Application for a §1915(c) Home and Community-Based Waiver [Version 3.7, January 2024] 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 199 | | |
| Provider: Main facility door is locked from 10:30 PM-6:00 A.M. Resident can knock on the main door or call facility staff to unlock the door, or staff will have the door unlocked or give a key fob if the resident notifies staff ahead of time. Residents have locks on their individual room doors. | ⊠Met □Not Met □N/A | |
| The Federal HCBS 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 | | |

Significant DPHHS Review Information for The Living Centre

Detailed Facility Information

□ Community Activities and Integration Opportunities

⊠Meal Menu

■Transportation Options and Policy

☑Resident Service/Care Plan

☑HCBS Service Plan

□Controlled Egress Policy (if applicable)

⊠Visitation Access and Policy

☑Resident and Member Interviews

☑ Staff Interviews

☑Resident Handbook

☑Resident Agreement

□ Community Chamber of Commerce Detail

☑Montana Office of Inspector General Survey Results

⊠HCBS Member Records

☑HCB Settings Provider Self- Assessment(s)

☑HCB Settings Validation Tool(s)

Heightened Scrutiny Evaluation https://dphhs.mt.gov/hcbs

⊠Public Notice

☑Resident Interview 1

☑Resident Interview 2

⊠Staff Interview 1

Staff Interview 2

Public Comment

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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), The Living Centre complies with the Federal HCBS Settings rules established in 2014. As a result, Montana wishes to maintain active HCBS service delivery in these settings; therefore, HCBS provider termination efforts to include the development of a strategic HCBS member transition plan is not required.