



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

Home and Community Based Services
February 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 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); or
- located adjacent to a public hospital, nursing facility, ICF-DD or IMD; or
- 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 members. 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 Missoula Health & Rehabilitation Center in Missoula, Montana will provide evidence of how the State of Montana, Department of Public Health and Humans Services (DPHHS, or the Department) 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.

Missoula Health & Rehabilitation Center
Missoula, Montana (HS-7)



Setting Information

Setting Name: Missoula Health & Rehabilitation Center
a/k/a Missoula ALF Operations, LLC Phone: 406-549-0988
Fax: 406-549-0111
Street Address: 3018 Rattlesnake Drive
Missoula MT 59802
Setting Website: <https://www.empres.com/location/missoula-health-rehab-center/> HCBS Members Currently Served

Waiver Type Serving HCBS Members

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

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 Nursing Home <input checked="" type="checkbox"/> Attached to an Intermediate Care Facility <input type="checkbox"/> Attached to an institution for mental disease	Missoula Health & Rehabilitation Center
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, Missoula Health & Rehabilitation Center. 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)].

Missoula Health and Rehabilitation Center is located in a quiet neighborhood in the town of Missoula, MT. Residents have access to paths, gardens, and fountains 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, pinochle, movies, as well as dining at restaurants and family member's homes. Staff assists as needed for any scheduling and/or transportation arrangements. The facility is located near a Mountain Line Transit bus stop. Scheduling and access are provided by the facility to ensure members can access the greater community as they desire. In addition to this transportation service, 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 and after 10:00pm. 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. 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:

- ☒ Montana attests to the review of person-centered service plans for members residing at Missoula Health & Rehabilitation Center.
- ☒ 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).
- ☒ Through the review of members plans of care, review of Resident Agreements, and well as interviews with residents and staff, 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 these goals are integrated into the HCBS Service Plan [42 CFR 441.301(c)(4)(i)].
- ☒ Montana validates that there are transportation options available at Missoula Health & Rehabilitation Center 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)].
- ☒ Through review of person center 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. 37.106.2828.

☑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 advocates, stakeholders, and the public.

Pictures of the HCBS Setting



Main Front Entrance to Assisted Living Facility

Skilled Nursing Facility Main Entrance



Assisted Living Facility Resident Courtyard



Locked staff door to Skilled Nursing Facility



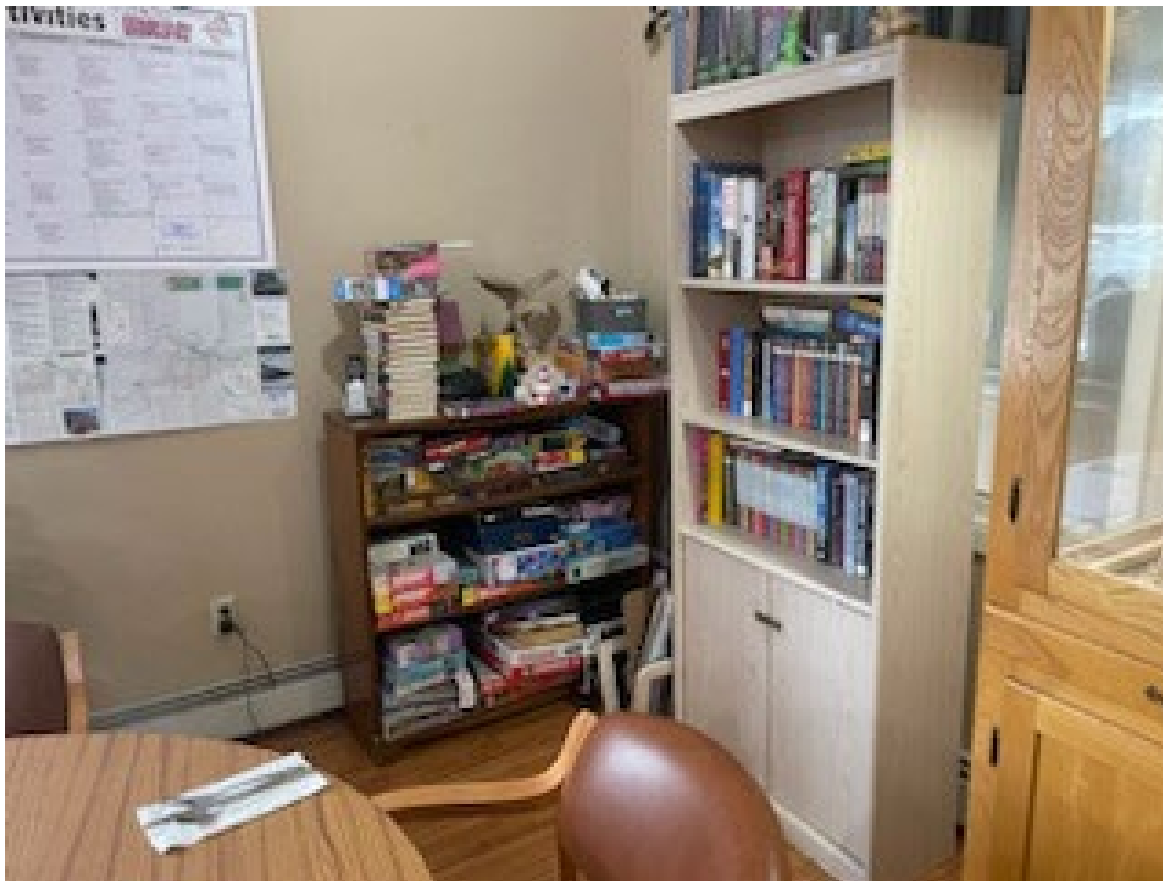
Aerial Map



Common area



Dining area



Common area books, movies & games



Locked staff room with information



Activity board for residents



Resident kitchenette



Resident door with lock



Resident bed



Resident area for storage

Prong 1 Setting- Heightened Scrutiny Review

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: Missoula Health & Rehabilitation Center provided both HCBS and non-HCBS member resident service plans to the Department for review. The department verified through an onsite visit, review of documentation, and conducting staff and resident interviews, that the standard is met. The Facility provides a program of planned activities as well opportunities for community participation.	
Provider: Some residents have case managers that coordinate outside resources. Some engage in the senior center, out to lunch, when weather permits ALF fieldtrips such as a local farm with animals. ALF transport van primarily for medical but also shopping trips or ALF field trips. Residents use the public bus, paratransit, case managers coordinate, family/friends, etc.	<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: Missoula Health & Rehabilitation Center provided the Department with a Resident Rights Handout, Assisted Living Facility Resident Agreement and Activity Calendars. In addition, the Department performed an onsite visit with staff and member interviews to confirm the members have opportunities to access the broader community and are made aware of these opportunities. The Department confirmed that members can freely choose from these services and/or activities; and how these services and/or 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.	

<p>Provider: "Depends on the person. Senior Center is a big one." The ALF posts monthly senior center times and events. They use Missoula events website to help residents find events. Also, ALF daily chronicle includes daily events, and each resident provided a copy. Some residents participate in animals, farmers market, out to lunch, dinner in park. The ALF has a facility fishing license and will take residents fishing. There is a resident that likes to go to brewery. It is resident choice if they leave facility. Family/Friends, STA/Hab Aides, ALF assist residents with shopping/social trips if needed. Facility van transmission went out but ALF renting a van temporarily. ALF tries to assist residents with transportation as much as possible. If a resident misses the public bus in the community, ALF will try to help. If ALF out on medical appointments, will try to take resident somewhere if needed. A Barber comes to the ALF. "Everything is person centered."</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>Description of how the facility directly supports and enhances an individual's access to the broader community.</p>	
<p>Department: The Department reviewed documentation provided by Missoula Health & Rehabilitation Center, including Activity Calendars and Assisted Living Facility Resident Agreements, and also conducted staff and resident interviews to confirm the facility supports, enhances, assists and encourages individual access to the broader community.</p>	
<p>Provider: Members can attend community events and activities when he/she chooses and can utilize community transportation, family, friends, or limited access to facility transportation. There are flyers/calendars posted within the facility to announce community events.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
<p>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.</p>	
<p>Department: Through the onsite visit along with staff and resident interviews, the Department can confirm schedules are varied and specific to the individuals' preferences as outlined in service plans. Example 1: One resident has family that resides in Missoula he visits with at least once a week. Example 2: One resident goes out whenever he wants. He likes to walk outside two times a day. Takes the public bus around town to places like Albertsons to grocery shop. He attends various activities in the community with family and has dinner at his sister's house.</p>	
<p>Provider: Each resident's schedule and activity preferences are varied and unique in accordance with their preferences. Individuals' activities often take place at different times and locations. The facility staff strive to accommodate these preferences. Facility staff aid with scheduling, arranging transportation, and scheduling meals so that members may participate in a variety of community events.</p>	<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 services and activities within the broader community. The facility updates person-centered service plans 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 provides training and education to providers on a bi-annual basis regarding the role of person-centered planning within the HCBS delivery systems. In addition, the department posts guidance related to the settings criteria on the Department website.	
Provider: Education related to the member's rights as provided during staff orientation and on an annual basis, which is documented staff files.	<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 members through Mountain Line Transport Members have choice and access to the greater community. Members regularly attend community activities using the facility transportation options. Staff assists members in scheduling and arranging for public transportation and facility transportation.	
Provider: Residents use the public bus; the bus schedule is posted in the communal area. Many residents are independent and can use the bus alone. One resident has a car they can drive. ALF will try to assist with	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met

transportation if needed. OT/PT will get on the bus with resident to help them learn how to use if needed. Residents also use paratransit, medicab and family/friends will drive. ALF will assist with resident completing Paratransit application and requesting the physician provide correct documentation if needed.	<input type="checkbox"/> N/A
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.	
Department: The Department completed an onsite visit, reviewed documentation, and conducted staff and resident interviews. The Department attests that this regulation is met by Missoula Health & Rehabilitation Center as required.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> 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 Missoula Health & Rehabilitation Center, as the Department confirms compliance with the HCBS standards. The Department will continue to provide on-going monitoring and oversight as required.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> N/A
Attestation that the setting has been selected by the individual from among settings options, including non-disability-specific settings.	
Department: The Department completed an onsite visit, reviewed documentation, and conducted staff and resident interviews. The Department attests 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.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
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The setting is selected by the individual from 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 Missoula Health & Rehabilitation Center 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 out 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 interviews. The Department attests that this regulation is met by Missoula Health and Rehab as required.	<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 3.7, 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 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: Members residing in this ALF are ensured to have freedom from coercion and restraint. The 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 Missoula Health and Rehab Assisted Living as required.	<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 3.7 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	
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: <ul style="list-style-type: none"> • 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 Missoula Health & Rehabilitation Center 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 that members have choices of and 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 department staff as well as staff interviews and resident interviews.	
Provider: Members have the ability to come and go from the facility on their own schedules. They can choose to stay in or go out into the community at their leisure. All apartments have refrigerators so that members have the ability to access foods that they prefer at any time. The facility offers members three prepared meals per day. Members are encouraged to participate in meal service, but they may choose not to. Snacks are also available for individuals.	<input checked="" type="checkbox"/> Met <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: Members are able to have visitors 24 hours each day. There is no curfew. Members and visitors may enter and exit the ALF at anytime. The facility is staffed 24/7 and will buzz residents and visitors in after 10:00pm when doors locked.	<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 3.7, 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: Members have full privacy within their individual rooms. Although members do not have locks on their bathroom doors, their bathrooms are located in their private apartments, and each apartment has a lockable entrance door. All Residents are provided a key to there unit. ALF staff may enter the Unit after knocking for personal care, scheduled services, emergency situations or belief the Residents safety is in danger. They will make effort to notify the Resident if an ALF representative will enter or has entered the unit without advance notice. The State attests only appropriate staff have keys to individual units.	<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 3.7, 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: There are no individuals sharing a room 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 3.7 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: Members are able to make their own choices in regard to how they furnish or decorate their apartments. One resident has houseplants, bulletin board with travel postcards from family, giant map of Montana, etc. Maintenance may assist hanging pictures upon request.		<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.		
The department attests members have choice and 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 visit, and report as well as, staff interviews and resident interviews.		
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: The facility offers three meals per day. Members are not assigned a table or any particular seat. Members have the ability to pick their own table and sit with individuals of their choice. Members are offered alternatives if they are not able to attend meal service. The daily menu is posted on the bulletin board in the dining room one week in advance. Coffee, tea, juices, fresh fruits, and cookies are always available in between meals. Guest meals are available for a fee.		<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
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, Technical Guide and Review Criteria Instructions: Version 3.7 HCBS Waiver Application Appendix C-5: Home and Community-Based Settings Requirements- Page 150	
Provider: Facility policy and procedures align with Montana Administrative Rules.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
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.	
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 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 maintain independence, those modifications would be assessed and documented in the member's service plan. Some accommodations such as grab bars, seats in the bathroom, ramps for wheelchairs are standard at the ALF.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> 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 must still involve them to the maximum extent possible and reflect the individual's preferences. Person-centered service planning in this instance will include the input of an authorized representative or support person.	
Application for a §1915(c) Home and Community-Based Waiver [Version 3.7, 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 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 members person-centered planning process. Therefore, the resident would continue to participate in the	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met

planning process but would have the necessary assistance to make individualized decisions regarding services provided.	<input type="checkbox"/> N/A
Controlled Egress Settings	
<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 members without the need for restriction to safely come and go.</p>	
<p>Application for a §1915(c) Home and Community-Based Waiver [Version 3.7, 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 Appendix D: Participant-Centered Planning and Service Delivery-Page 199</p>	
Provider: The main facility door is locked at 10:00pm. Residents or visitors can be buzzed in by staff.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input 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) CFR: 42 CFR Part 441 Subpart G -- Home and Community-Based Services: Waiver Requirements</p>	

Significant DPHHS Review Information for
Missoula Health & Rehabilitation Center
Assisted Living Facility

Detailed Facility Information	Heightened Scrutiny Evaluation https://dphhs.mt.gov/hcbs
<input checked="" type="checkbox"/> Facility Activities Calendar	<input checked="" type="checkbox"/> Public Notice
<input checked="" type="checkbox"/> Community Activities and Integration Opportunities	<input checked="" type="checkbox"/> Resident Interview 1
<input checked="" type="checkbox"/> Meal Menu	<input checked="" type="checkbox"/> Resident Interview 2
<input checked="" type="checkbox"/> Transportation Options and Policy	<input checked="" type="checkbox"/> Staff Interview 1
<input checked="" type="checkbox"/> Resident Service/Care Plan	<input checked="" type="checkbox"/> Staff Interview 2
<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	
<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)	

Public Comment

The public notice is still in process. The Department has no reason to expect comments that would change the determination. The Missoula community is supportive of this facility.

Montana's Recommendation

Montana DPHHS validates that in accordance with the federal home and community-based services (HCBS) regulations found at 42 CFR Section 441.301(c)(4)(5), Missoula Health & Rehabilitation Center Assisted Living located in Missoula, Montana complies with the Federal HCBS Settings rules. 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.