



ADMINISTRATIVE RULES OF MONTANA

37.90.452 HOME AND COMMUNITY BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: RESIDENTIAL HABILITATION, INTENSIVE MENTAL HEALTH GROUP HOME

- (1) Residential habilitation, intensive mental health group home, provides 24-hour care designed to ensure the health, safety, and welfare of a member and provide supervision for the member to live and participate in the community.
- (2) Intensive mental health group homes must be licensed in accordance with ARM Title 37, chapter 106, subchapter 19.
- (3) Only the Montana State Hospital, the Montana Mental Health Nursing Care Center, or the Addictive and Mental Disorders Division may refer a member for intensive mental health group home services under the waiver program.
- (4) An intensive mental health group home must:
 - (a) be a licensed mental health center with a group home endorsement;
 - (b) be approved by the Addictive and Mental Disorders Division; and
 - (c) be knowledgeable about commitment and recommitment processes, as well as the process for use of involuntary medications.
- (5) Intensive mental health group homes consist of the following staff:
 - (a) a program supervisor, .5 FTE, who provides clinical supervision as described in the member's Person-Centered Recovery Plan;
 - (b) a residential manager, 1.0 FTE; and
 - (c) 24 hour onsite awake staff with at least a 1:3 staffing ratio for at least 16 hours per day during awake hours and at least one staff for eight hours during sleeping hours, as determined by the provider.
- (6) The member must:
 - (a) have a history of repeated unsuccessful placements in less intensive community-based programs;
 - (b) have at least one full year combined of institutionalization within the past three years; and
 - (c) exhibit an inability to perform activities of daily living in an appropriate manner due to the member's Severe and Disabling Mental Illness (SDMI) diagnosis.
- (7) Intensive mental health group homes must offer the following service components:

- (a) assistance with activities of daily living and instrumental activities of daily living, as needed;
 - (b) medication management, administration, and oversight;
 - (c) medical escort;
 - (d) crisis stabilization services as needed by the member;
 - (e) close supervision and support of daily living activities;
 - (f) access to community involvement;
 - (g) care coordination;
 - (h) discharge planning; and
 - (i) transportation and supervision, if appropriate, to suitable community resources.
- (8) A provider of adult residential care must report serious occurrences, as defined in ARM 37.90.403, to the department.

Authorizing statute(s): 53-2-201, 53-6-402, MCA

Implementing statute(s): 53-6-402, MCA

History: NEW, 2020 MAR p. 1173, Eff. 7/1/20.