



ADMINISTRATIVE RULES OF MONTANA

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

- (1) Residential habilitation, mental health group home, provides 24 hours of available services and supports designed to ensure health, safety, and welfare of a member and assist the member in the acquisition and improvement of behaviors necessary to live and participate in the community.
- (2) A mental health group home must be a licensed mental health center with a group home endorsement.
- (3) Mental health group homes consist of the following staff:
 - (a) a program supervisor, .5 FTE, who provides clinical supervision as determined in the member's Person-Centered Recovery Plan;
 - (b) a residential manager, 1.0 FTE; and
 - (c) 24-hour onsite awake staff with a minimum 1:4 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.
- (4) The member must have:
 - (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.
- (5) The member must exhibit:
 - (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.
- (6) 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 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.
- (7) 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.