

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



## **Disabled & Elderly Health Programs Group**

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April 10, 2019

Marie Matthews  
State Medicaid Director  
Montana Department of Public Health and Human Services  
111 North Sanders, PO Box 4210  
Helena, MT 59604

**RE: Heightened Scrutiny Review of:** Boulder Meadows; 302 W. 8<sup>th</sup> Ave. Big Timber, Montana 59011

Dear Ms. Matthews:

This letter is in reference to a setting submitted to the Centers for Medicare & Medicaid Services (CMS) for a heightened scrutiny review, in accordance with the federal home and community-based services (HCBS) regulations found at 42 CFR Section 441.301(c)(4)(5) and Section 441.710 (a)(1)(2). Montana submitted one residential assisted living facility, Boulder Meadows, for heightened scrutiny review because the setting is attached to the Pioneer Medical Center, a public institution. An evidentiary package was submitted by the state of Montana to CMS for heightened scrutiny review in September 2018.

CMS provided the state its initial "Summary of Findings" on November 9, 2018. Based on the information contained in the evidentiary package specific to this setting, CMS concluded that the information submitted by the state for the heightened scrutiny review was not sufficient to demonstrate that the setting does not have the qualities of an institution and has met all of the HCBS settings criteria; additional information is needed to make a final determination.

CMS has attached the "Summary of Findings" for Boulder Meadows, which outlines the concerns CMS raised that have not yet been addressed by the state. Upon review of this feedback, please contact Michele MacKenzie (410)-786-5929 or [michele.mackenzie@cms.hhs.gov](mailto:michele.mackenzie@cms.hhs.gov) if you would like to schedule a follow-up conference call with the CMS team to discuss next steps or request technical assistance.

CMS would like to thank the state of Montana for participating in the heightened scrutiny review pilot. Your participation in this review process has provided helpful and invaluable feedback and has helped CMS to identify a clear and concise way to provide the states feedback during the review process.

Thank you for your continued commitment to the state of Montana's successful delivery of Medicaid-funded home and community based services.

Sincerely,

/S/

Ralph F. Lollar, Director  
Division of Long Term Services and Supports

# Heightened Scrutiny Summary of Findings

## Setting Information

Name of Setting: Boulder Meadows

Address: 302 W. 8<sup>th</sup> Avenue, Big Timber, Montana 59011

Type of Setting: Residential Assisted Living Facility

HS Category: Setting is attached to a Community Access Hospital

Date Submitted: September 11, 2018

Brief Description of Setting: The Boulder Meadows Assisted Living Facility (ALF), Pioneer Medical Center, Critical Access Hospital with Emergency Room (CAH/ER) and Pioneer Medical Clinic, Rural Health Clinic (RHC) are all housed within the same block and owned by the same entity.

## Support Submitted by the State to Demonstrate Setting's Progress in Overcoming the Institutional Presumption

- Members have independence in selecting a roommate and participating in activities of their choice.
- The facility promotes community integration through activities offered onsite; encouragement of family and friends to participate in these activities; ability for family and friends to visit at any time and even stay with residents; and availability of a bus to take members to an off-site adult day center 3-4 days/week and to out-of-town shopping trips to one of the three major cities in Montana 1 day/week.
- The facility promotes accessibility through accommodations, such as grab bars and ramps. In addition, there are no barriers to access or movement.
- Residents have privacy when using telephone, internet or other personal communication devices. They can lock their room and bathroom doors for privacy. Staff knock on the door and/or ring a doorbell for access to the resident's private room.
- State considered the following evidence to demonstrate the setting is integrated and supports full access into the community by the individuals: Onsite visit and interviews with one resident and one staff member.

## Initial Determination

- Evidentiary Package requires additional information before a final decision can be made.

## Additional Information Requested To Confirm Setting Is Compliant with the Federal HCBS Settings Criteria and has Overcome any Institutional Presumption:

CMS requests the State of Montana provide the following:

- Description of the state's assessment of the setting independent of the provider self-assessment, including the interconnectedness (i.e. administrative functions, staff training specific to home and community-based settings, personnel providing clinical and HCBS services) between the institutional settings and the assisted living facility to ensure adherence to the settings criteria by the assisted living facility, including through the use of any shared staff [42 CFR 441.301(c)(5)].
- Attestation from the state that the setting is selected by the individual from among a variety of setting options including non-disability specific settings [42 CFR 441.301(c)(4)(ii)].
- Confirmation through a review of person-centered service plans or interviews with the individuals that the individuals had a choice in selecting their non-residential service providers [42 CFR 441.301(c)(4)(v)], and that the setting provides information and referrals to individuals who are interested in opportunities to seek employment and work in competitive integrated settings [42 CFR 441.301(c)(4)(i)].
- Verification that the community transportation option available as described in the evidentiary package facilitates access to the greater community (42 CFR 441.301(c)(4)(i)).
- Assurance that 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)].
- Regarding interviews with beneficiaries and staff; please provide an attestation that the sample of consumer interviews was sufficient for the state to obtain data that is representative of the overall experience of individuals. [42 CFR 441.301(c)(4)(iii)].
- Verification of the date when the setting begins to provide Medicaid HCBS to individuals with an

assurance that individuals have a person centered plan that meets the requirements outlined at 42 CFR 441.301(c)(1)-(3).