



Fact Sheet: Settings Rule and Roommates

Description

Under the new Medicaid rules about Home and Community Based Services (HCBS) and settings, participants have a right to be offered and select a setting not designed for or limited to people with disabilities, taking into consideration an individual's resources for room and board, and whether those resources would cover the cost of a private unit.

Basic Requirements

Participants have the right to live in a home that does not segregate them from the community. They have the right to have a private room if they have resources to cover the cost. If their resources are limited and they need to have a roommate, they have the right to have a choice about who that roommate is and to understand how to request a change in roommate if it is not a positive roommate relationship.

There may be times when care needs require limitations or restrictions to ensure health, safety and welfare. Limitations or restrictions will not be used without the informed consent of the participant or their legal representative. It's important for participants to understand why limits or restrictions are imposed, when they will be reviewed for continued relevancy, and how those limits or restrictions reduce the risk of harm. Any limitation or restriction must be clearly documented in the Plan of Care.

Special Considerations

There are conditions that must be met under the new Medicaid rules regarding limitations and restrictions. Limitations or restrictions must be supported by a specific assessed need and justified in the person-centered service plan. To justify a limitation or restriction, the following must be documented:

1. The positive interventions and supports used prior to any changes to the Plan of Care;
2. The less intrusive methods of meeting the need that have been tried, but did not work;
3. A description of the condition that led to the specific assessed need;
4. A plan for regular collection and review of data to measure the ongoing effectiveness of the change or modification;
5. Time periods for periodic review to determine if the limitations or restrictions continue to be necessary or can be terminated;
6. The informed consent of the recipient; and
7. Assurances that the interventions and supports will cause no harm to the recipient.

Contact/Resources

Email dstdscompliance@alaska.gov or go to the [Alaska HCBS Settings website](#).