



ADMINISTRATIVE RULES OF MONTANA

37.40.1005 AGENCY-BASED AND SELF-DIRECTED COMMUNITY FIRST CHOICE SERVICES: PERSON-CENTERED PLAN REQUIREMENTS

- (1) In order to receive Community First Choice Services (CFCS), the member must be capable of making choices about activities of daily living and instrumental activities of daily living. The member must be able to understand the impact of these choices and assume responsibility for the choices. If the member is unable to meet these criteria, the member may have someone assist them in decision making and directing their activities. The CFCS person-centered planning process includes multiple steps to protect a member's health and safety while ensuring that member choice and control are an integral component of service delivery. Prior to delivering CFCS, the following person-centered planning requirements must be met:
 - (a) a licensed contract nurse must complete a functional assessment and service profile;
 - (b) a plan facilitator must complete the person-centered plan; and
 - (c) a nurse supervisor or program oversight staff must complete the service plan.
- (2) The Person-Centered Planning requirements in (1) may be delayed in the circumstances outlined in (7).
- (3) The quality improvement organization will define the member's medical and functional needs in a functional assessment and service profile. The functional assessment and service profile must meet the following criteria:
 - (a) a licensed contract nurse will develop and review the member's functional assessment and service profile initially and will renew it at least annually; and
 - (b) the service profile will establish the maximum authorization for CFCS in a two-week time period.
- (4) The member and plan facilitator must meet to complete a person-centered plan that identifies, in writing, member-specific goals and objectives for the delivery of CFCS. The plan facilitator must ensure the person-centered plan is completed prior to service delivery and renewed at least annually. The person-centered plan must indicate that the residential setting of the member meets the Home and Community-Based Setting requirements described in 42 CFR § 441.530. The person-centered plan will be based on the member's functional assessment and service profile as provided by the quality improvement organization.
 - (a) In agency-based CFCS, the CFCS provider agency nurse supervisor must participate in the initial and annual person-centered planning visit.
 - (b) In self-directed CFCS, the CFCS provider agency oversight staff must

participate in the initial and annual person-centered planning visit.

- (5) The service plan will identify the type and amount of CFCS and will govern the delivery of service. The service plan must meet the following criteria:
 - (a) in agency-based CFCS, the agency nurse supervisor must approve the service plan initially, and must recertify the service plan every six months;
 - (b) in self-directed CFCS, the provider agency oversight staff must approve the service initially, and must recertify the service plan every six months;
 - (c) the plan must address the member's medical and functional need for service; and
 - (d) the plan must not exceed the service profile authorization for hours delivered in a two-week time period.
- (6) A member will not receive CFCS beyond the service profile authorization unless one of two conditions is met:
 - (a) The provider agency implements a temporary service plan as outlined in (7).
 - (i) in agency-based CFCS, the provider agency nurse supervisor must sign the temporary service plan and prescribe in writing the member's needs for the increase in services.
 - (ii) in self-directed CFCS, the provider agency oversight staff must sign the temporary service plan and prescribe in writing the member's needs for the increase in services.
 - (b) The provider agency approves medical escort service during the time period. The provider agency must provide documentation to ensure the escort was provided according to program parameters.
- (7) If a member is at high risk for institutionalization or in need of temporary CFCS, the provider agency may implement services immediately that include assistance with the activities of daily living without the functional assessment, service profile, and person-centered plan in place. In this case, the provider agency must implement a temporary service plan. The provider agency must use a department-approved form to document the temporary service plan. The temporary service plan must prescribe in writing the member's medical and functional need for service. The provider must refer the member to the quality improvement organization for a functional assessment by the 28th day of the temporary service plan, or they must discharge the member.
 - (a) In self-directed CFCS, the health care professional must complete the health care professional authorization form prior to the delivery of services, and the provider agency oversight staff must complete and sign the service plan prior to the delivery of services.
 - (b) In agency-based CFCS, the provider agency nurse supervisor must complete and sign the temporary service plan prior to the delivery of services.
- (8) The member must agree to accept the provision of CFCS as specified in the person-centered service plan.
- (9) The CFCS provider must have a written complaint process. The member may receive a copy upon request. The provider must adhere to the process for any member complaints related to the person-centered planning and service-delivery process.
- (10) The delivery of agency-based CFCS must be supervised by a licensed agency nurse. Supervision includes oversight of the training and orientation of direct-care workers.

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

Implementing statute(s): 53-2-201, 53-6-113, MCA

History: NEW, 2014 MAR p. 3075, Eff. 12/25/14; AMD, 2025 MAR, 37-1065, Eff. 1/11/25.