



ADMINISTRATIVE RULES OF MONTANA

37.90.410 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: CONSIDERATION FOR PROGRAM ELIGIBILITY AND ENROLLMENT SELECTION

- (1) An applicant may be considered for enrollment in the program if the applicant meets the following criteria:
 - (a) is at least 18 years of age;
 - (b) is Medicaid eligible;
 - (c) requires the level of care (LOC) of a nursing facility;
 - (d) meets the criteria in ARM 37.90.409; and
 - (e) meets the following additional criteria:
 - (i) the case management team determines that the applicant needs at least two SDMI HCBS waiver program services that can only be met through the SDMI HCBS waiver program. One of those services must be case management, and the SDMI HCBS waiver program service of meals cannot be counted as one of the two services; and
 - (ii) the case management team determines that the service providers necessary to deliver the services requested by the applicant are available at the time of enrollment.
- (2) When an applicant is found eligible to receive waiver program services, the case management team will:
 - (a) offer the applicant an available opening for program services if an opening is available; or
 - (b) place the applicant on the wait list if an opening for program services is not available.
- (3) If an applicant is placed on the wait list in accordance with (2)(b), the applicant will be placed on the SDMI HCBS waiver program wait list in the service areas the applicant selects.
- (4) The case management team must use the applicant's combined LOC and LOI scores to determine the applicant's score for relative placement on the SDMI HCBS waiver program wait list.
- (5) If more than one applicant has the same combined wait list score, then each applicant is placed on the SDMI HCBS waiver program wait list based upon the applicant's wait list score as determined in (4), and thereafter in the order in which the applicant is placed on the SDMI HCBS waiver program wait list.
- (6) Placement on the SDMI HCBS waiver program wait list is not a guarantee an applicant will receive enrollment into the SDMI HCBS waiver program. Individuals qualified but not enrolled in another waiver program may be placed on the SDMI HCBS waiver program wait list.

- (7) The case management teams must review the SDMI HCBS waiver program wait list and update the SDMI HCBS waiver program wait list quarterly to ensure that individuals on the list continue to meet criteria for SDMI HCBS waiver program services. The review consists of verifying each wait list individual's ongoing need for at least two SDMI HCBS waiver program services, and continued LOC and LOI criteria. In addition, the case management teams will confirm, through the approved documentation process with the Office of Public Assistance (OPA), each individual meets the financial/non-financial Medicaid eligibility criteria prior to enrolling the individual into the SDMI program.
- (8) An applicant must be removed from the wait list for the following reasons:
- (a) the applicant's whereabouts are unknown, and the case management team has attempted to contact the applicant a minimum of once per quarter for two consecutive quarters and no response has been received from the applicant;
 - (b) the case management team determines that the service providers necessary to deliver at least two SDMI HCBS waiver program services requested by the applicant are unavailable. Unavailable means when there is no provider who has said the provider has the staff and resources to serve the applicant in the applicant's current or requested area and who would accept the applicant if the applicant was enrolled in the SDMI program. Unavailable is established on the date of the quarterly review. The SDMI HCBS waiver program meals service does not count towards the two services;
 - (c) the applicant's needs cannot be met by the SDMI HCBS waiver program, as determined by the case management team;
 - (d) the applicant has reported he or she will not or cannot pay any Medicaid spend down;
 - (e) the applicant has moved out of state;
 - (f) the applicant requests to be removed from the wait list;
 - (g) the Office of Public Assistance has determined the applicant does not meet established financial and resource criteria; or
 - (h) the applicant's death is confirmed.
- (9) An applicant must not remain on the wait list for more than six consecutive months. Exceptions may be made with prior approval from SDMI program staff.
- (10) The case management team must provide an enrolled member with written notice ten working days before termination of services due to a determination of program ineligibility. An enrolled member may be removed from the SDMI HCBS waiver program for the following reasons:
- (a) a determination by a mental health professional that the enrolled member no longer meets the SDMI diagnosis criteria set forth in ARM 37.90.409;
 - (b) the enrolled member fails to select or does not actively participate in at least two services in the waiver program within 30 calendar days from the date the enrolled member agrees to and signs the PCR. The service of meals cannot be counted as one of the two services;
 - (c) the department determines that the enrolled member has failed to utilize or to attempt to utilize at least two waiver services, in 30 days, with repeated attempts documented by the case management team to engage the enrolled member;

- (d) the enrolled member no longer requires the level of care of a nursing facility as determined by the QIO under contract with the department;
 - (e) the case management team or program staff received written notification from the Office of Public Assistance confirming Medicaid ineligibility;
 - (f) insufficient SDMI HCBS waiver program funds;
 - (g) the enrolled member moved out of state;
 - (h) the enrolled member refuses to sign or participate in the completion of the PCRP or quarterly review;
 - (i) the enrolled member's behavior creates serious risk to the member, caregivers, or others, or substantially impedes the delivery of services as established in the PCRP;
 - (j) the enrolled member's death;
 - (k) the enrolled member's failure to use services as established in the PCRP;
 - (l) the enrolled member's needs cannot be met through the SDMI HCBS waiver program;
 - (m) the enrolled member's written request to withdraw from the program;
 - (n) the health of the enrolled member deteriorates or in some manner places the enrolled member at serious risk of harm;
 - (o) the enrolled member is admitted to a nursing facility or hospital for a stay exceeding 30 days;
 - (p) the service providers necessary for the delivery of services are unavailable; or
 - (q) the services are no longer appropriate or effective in relation to the enrolled member's needs as determined by the case management team.
- (11) Eligibility for consideration for the waiver program does not entitle an individual to selection and entry into the program.

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

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

History: NEW, 2006 MAR p. 2665, Eff. 10/27/06; AMD, 2010 MAR p. 1538, Eff. 6/25/10; AMD, 2012 MAR p. 1265, Eff. 7/1/12; AMD, 2020 MAR p. 1173, Eff. 7/1/20; AMD, 2024 MAR p. 2234, Eff. 9/21/24.