



ADMINISTRATIVE RULES OF MONTANA

37.34.946 0208 MEDICAID HOME AND COMMUNITY-BASED SERVICES PROGRAM: INDIVIDUAL GOODS AND SERVICES

- (1) Individual goods and services are services, supports, or goods that enhance opportunities to achieve outcomes related to living arrangements, relationships, and inclusion in the community as identified and documented in the plan of care.
- (2) Individual goods and services must fall into one of the following categories:
 - (a) memberships and fees;
 - (b) recreational activities specific to a rehabilitative goal in the plan of care. Recreational activities provided under individual goods and services may be covered only when they are included in a planning outcome related to a specific residential rehabilitation goal; or
 - (c) equipment and supplies.
- (3) Individual goods and services can be used when the item or service is not covered under any other private or publicly funded resource or other waiver service.
- (4) Individual goods and services may pay for:
 - (a) repair of equipment when the equipment meets the authorization criteria and the repair is a cost-effective alternative;
 - (b) a maintenance or insurance agreement for items that meet authorization criteria when the maintenance agreement is expected to be cost effective;
 - (c) shipping and handling cost if the shipping cost is included in the price of the item, and is being purchased using waiver funds pursuant to the plan of care;
 - (d) reconditioned equipment if all authorization criteria are met and the item is considered of adequate quality, expected to be durable, and the cost is commensurate with the age and condition of the item; or
 - (e) vitamins and nutritional supplements when there is no other source for reimbursement and only if the waiver recipient's licensed health care provider has prescribed the specific items.
- (5) Individual goods and services must be:
 - (a) exclusively for the benefit of the waiver recipient; and
 - (b) the most cost-effective alternative that reasonably meets the assessed need of the waiver recipient.
- (6) Individual goods and services must:

- (a) be directed exclusively toward the benefit of the waiver recipient; and
 - (b) be the least costly alternative that reasonably meets the waiver recipient's assessed need.
- (7) The service, equipment, or supply must meet one of the following criteria:
- (a) promotes inclusion in the community;
 - (b) increases the waiver recipient's safety in the home environment; or
 - (c) decreases the need for other Medicaid services.
- (8) The cost of the service, equipment, or supply must not compromise the waiver recipient's health or safety by depleting their individual cost plan to the extent they cannot receive services that provide for their health and safety.
- (9) The following are not reimbursable:
- (a) services, equipment, or supplies which are experimental;
 - (b) room and board;
 - (c) gifts, gift certificates, gift cards, or discretionary cash;
 - (d) items solely for entertainment or recreational purposes;
 - (e) personal hygiene items;
 - (f) general clothing, food, or beverages, except specialized dietary or clothing needs; and
 - (g) household furnishings, cleaning supplies, and home maintenance.
- (10) Individual goods and services projected to exceed \$1,000 annual aggregate require prior approval by the DDP regional manager.

Authorizing statute(s): 53-6-113, 53-6-402, MCA

Implementing statute(s): 53-6-101, 53-6-402, MCA

History: NEW, 1992 MAR p. 1490, Eff. 7/17/92; TRANS, from SRS, 1998 MAR p. 3124; AMD, 2014 MAR p. 220, Eff. 1/31/14; AMD, 2024 MAR p. 2067, Eff. 8/24/24.