37.90.406 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: PROVIDER REQUIREMENTS

(1) The waiver program services may only be provided by a provider that:

(a) is enrolled as a Montana Medicaid provider except as provided in (2);

(b) meets all facility, licensing, and insurance requirements applicable to the services offered, the service settings provided, and the professionals employed; and

(c) meets the criteria as a qualified provider authorized to deliver the service as specified in this subchapter.

(2) A provider of services must ensure that the services adhere to the requirements of 42 CFR 441.301(c)(4), which permits reimbursement with Medicaid monies only for services within settings that meet certain qualities set forth under the regulation. These qualities include that the setting:

(a) is integrated in and facilitates full access of the individual to the greater community;

(b) ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid Home and Community-Based Services;

(c) is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting;

(d) ensures the individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint;

(e) supports health and safety based upon the individual's needs, decisions, or desires;

(f) optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including, but not limited to daily activities, physical environment, and with whom to interact;

(g) provides an opportunity to seek employment and work in competitive integrated settings; and

(h) facilitates individual choice of services and supports, and who provides them.

(3) The department may authorize a contracted case management entity to issue pass-through payment for reimbursement of services rendered by a non-Medicaid provider for the following services:

(a) community transition;

(b) environmental accessibility adaptations;

(c) health and wellness;

(d) homemaker chore;

(e) meals; and

(f) specialized medical equipment and supplies.

(4) A provider must document the completion of required training in the personnel file of the staff or in the provider's staff training files which includes:

(a) title of the training;

(b) the date of the training;

(c) name and title of the trainer;

(d) type or topic of the training;

(e) the agenda of the training;

(f) the hours of the training; and

(g) the signature and date of the staff who received the training.

(5) Providers must ensure that direct care staff are trained and capable of providing waiver program services.

(6) The department adopts and incorporates by reference 42 CFR 441.301(c)(4), as amended January 16, 2014. A copy of this regulation may be obtained at https://www.ecfr.gov/ or by contacting the Department of Public Health and Human Services, Behavioral Health and Developmental Disabilities Division, 100 N. Park, Ste. 300, P.O. Box 202905, Helena, MT 59620-2905.

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, 2020 MAR p. 1173, Eff. 7/1/20; AMD, 2024 MAR p. 612, Eff. 3/23/24; AMD, 2024 MAR p. 2234, Eff. 9/21/24.