37.40.1132 SELF-DIRECTED PERSONAL ASSISTANCE SERVICES: PROVIDER COMPLIANCE

(1) Providers of self-directed Personal Assistance Services (PAS) will be subject to compliance reviews to provide assurance to the department that services are being provided within the rules and policy of the program.

(2) The department will conduct compliance reviews on the provider's premises and through documentation requests. The provider must supply documentation requested by the department in a reasonable time frame and no later than 30 days following the request.

(3) The reviews will take place at times determined by the department.

(4) The department will determine compliance in the following service delivery areas:

(a) service authorization documentation;

(b) health-care professional authorization;

(c) high-risk authorization;

(d) amendments and temporary authorization;

(e) service plan and member choice;

(f) service delivery;

(g) agency program oversight; and

(h) health and welfare and serious occurrence reports.

(5) The department will determine compliance in the following administrative areas:

(a) staff credentials, certification, and training;

(b) principles of charting;

(c) maintenance of serious occurrence reports;

(d) member satisfaction surveys;

(e) required documentation;

(f) agency manuals and handouts, including complaint process;

(g) workers' compensation, liability, and automobile coverage; and

(h) service billing.

(6) The department will determine compliance in the following person-centered planning delivery areas:

(a) plan facilitator certification documentation;

(b) member and plan facilitator rights and responsibility documentation;

(c) person-centered plan and member choice; and

(d) risk assessment and mitigation.

(7) The department will examine a minimum of three cases or five percent of the provider's case load for the purpose of the compliance review, whichever is greater. The department will review additional cases, when necessary.

(8) The provider must meet all standards in ninety percent of the cases to be considered in compliance. If ninety percent compliance is not met, a second compliance review will be scheduled.

(9) The provider must meet all standards in ninety percent of the cases in the second review or will be subject to department sanctions as provided in ARM 37.85.401.

Authorizing statute(s): 53-2-201, 53-6-101, MCA

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

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