



ADMINISTRATIVE RULES OF MONTANA

37.90.412 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: PERSON-CENTERED RECOVERY PLAN

- (1) The PCRP is developed by the enrolled member and the case management team to meet the enrolled member's identified needs as well as cost of identified services.
- (2) All services must be specifically authorized in writing in the enrolled member's PCRP.
- (3) Each PCRP must be developed, reviewed, and revised by the CIO case management team. The case management team must:
 - (a) develop an initial PCRP upon the enrolled member's enrollment into the SDMI HCBS waiver program which is the date the enrolled member begins receiving services under the SDMI HCBS waiver program;
 - (b) ensure the initial PCRP includes all aspects of (5)(a) through (m) based on the LOC, LOI, and the information obtained by the case management team;
 - (c) initiate the strength assessment upon the enrolled member's enrollment into the SDMI HCBS waiver program to determine the enrolled member's strengths, needs, preferences, goals, and desired outcomes, along with his/her health status and risk factors;
 - (d) complete the strength assessment within three months of the enrolled member's enrollment into the program. Upon completion of the strength assessment, the PCRP is finalized;
 - (e) have monthly telephone contact with the enrolled member consisting of monthly monitoring calls;
 - (f) conduct in-person reviews of the PCRP with the enrolled member every three months. Any issues with the PCRP and the delivery and implementation of services are to be discussed at this time. The review is conducted at the enrolled member's place of residence, place of service, or other appropriate setting, as determined by the enrolled member's needs. This is an opportunity for case management teams to monitor the health and welfare of the enrolled member and evaluate the delivery of services to the enrolled member. This review includes evaluating and assessing strategies for meeting the needs, preferences, and goals of the enrolled member. It also includes evaluating and obtaining information concerning the enrolled member's satisfaction with the services, the effectiveness of services being provided, changes in the enrolled member's function, and cost effectiveness of the services.
 - (g) update the PCRP to reflect any changes to the information listed in (5)(a) through (j); and
 - (h) complete an annual review of the PCRP with the enrolled member and update the PCRP if there are any changes to the information listed in (5)(a) through (j).

- (4) The case management team must develop the PCRCP in consultation with:
 - (a) the enrolled member or the enrolled member's legal representative;
 - (b) the enrolled member's treating professional and other appropriate health care professionals; and
 - (c) others who have knowledge of the enrolled member's needs.
- (5) The PCRCP must include:
 - (a) the primary SDMI diagnosis and any other diagnosis of the enrolled member that are relevant to the services provided;
 - (b) the enrolled member's symptoms, complaints, and complications indicating the need for services;
 - (c) the enrolled member's strengths, areas of concern, goals, objectives, and required interventions;
 - (d) the SDMI HCBS waiver program services that will be provided;
 - (e) all other services the enrolled member requires including Montana Medicaid state plan services and community-based services and supports. However, including non-program services in the PCRCP does not obligate the department to pay for the non-program services or ensure their delivery or quality;
 - (f) a description of how each service addresses each of the enrolled member's functional needs outlined in the Severe and Disabling Mental Illness, Home and Community Based Services, Evaluation and Level of Impairment form;
 - (g) a crisis plan;
 - (h) physicians' orders;
 - (i) a discharge plan;
 - (j) the projected annual cost of SDMI Home and Community-Based Services (HCBS) waiver program services provided;
 - (k) the signature of the enrolled member or the enrolled member's legal representative which signifies the participation in and agreement of the PCRCP;
 - (l) the names and signatures of all individuals who participated in the development of the PCRCP which signifies the participation in and agreement of the PCRCP; and
 - (m) the enrolled member's bill of rights that informs enrolled members they have the right to choose from the full range of services available in the waiver if appropriate and that services will be delivered by a qualified provider of the enrolled member's choice.
- (6) The case management team must provide a copy of the plan to the recipient.
- (7) The case management team must retain all of the enrolled member's records in accordance with ARM 37.85.414.
- (8) The PCRCP must be approved by the department initially and then annually. The annual review must ensure compliance with this rule and federal guidance. If the initial PCRCP is found to meet

program criteria, the department must approve the PCRP within 30 days of enrollment into the care management system.

- (9) The department reviews all initial and annual PCRP and at any time there is a change.
- (10) The PCRP is subject to review by the department at any time.

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. 2234, Eff. 9/21/24.