

 <p>DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES</p>	<p>Behavioral Health and Disabilities Division</p> <p>Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual</p>
	<p>Date effective: July 1, 2020</p> <p>Date revised: September 11, 2023</p>
<p>Policy Number: <i>SDMI HCBS 205</i></p>	<p>Subject: Provider Requirements</p>

General Requirements

- (1) The Severe and Disabling Mental Illness, Home and Community Based Services waiver program services may only be provided by a provider that meets the following requirements:
- (a) is enrolled as a Montana Medicaid provider;
 - (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 the waiver and the [Provider Requirements Matrix](#) for the SDMI HCBS waiver program.
- (2) 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; and
 - (e) specialized medical equipment and supplies.

Required Training

- (1) The provider must ensure that direct care staff are capable of providing waiver program services and meet the training requirements for each service they are providing.
- (2) The provider must document the completion of required training in the personnel file of the staff or in the provider's staff training files which include:
- (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) number of training hours and continuing education hours; and
- (g) the signature and date of the staff who received the training.

Provider Responsibilities

(1) Providers must:

- (a) retain records which fully disclose the extent and nature of services provided to members and which support fees charged as required by ARM 37.85.414;
- (b) keep, establish, and maintain accounting records that accurately identify, classify, and summarize all Medicaid funds and monies received and disbursed and provide an adequate audit trail;
- (c) accept Medicaid payment as payment in full and never charge the member additional money unless it is to meet co-payments, incurment requirements, or for services not available under Medicaid;
- (d) make Medicaid records available for audit or review by authorized state and federal staff;
- (e) retain medical and financial records, supporting documents and all other records supporting services provided for six years and three months. If any litigation, claim, or audit is started before the end of the six year and three-month period, records must be retained until all litigation, claims or audit findings are resolved;
- (f) file reports as required;
- (g) provide a grievance procedure for members;
- (h) the provider must report all serious occurrences as outlined in SDMI HCBS Policy 500.
- (i) report changes in provider contact information, addresses, and telephone numbers in a timely manner to both the department and Conduent; and
- (j) comply with all other policies, procedures, rules, and regulations as outlined in this manual, the Administrative Rules of Montana, and the Code of Federal Regulations.