



**SENIOR & LONG TERM CARE DIVISION  
COMMUNITY SERVICES BUREAU**

**COMMUNITY FIRST CHOICE  
Policy Manual**

**Section: SERVICE REQUIREMENTS**

**Subject: Termination, Discharge and  
Temporary Absences**

*Reference: ARM 37.40.1012 and 37.40.1121*

**PURPOSE**

This policy outlines the circumstances when a member's Agency Based (AB) Community First Choice/Personal Assistance Services (CFC/PAS) services may be terminated or when a provider agency may discharge a member.

**TERMINATION**

1. The Department may terminate or reduce AB-CFC/PAS services when funding for services is unavailable.
2. Mountain Pacific Quality Health (MPQH) may terminate AB-CFC/PAS services under the following conditions:

a. Member no longer has a medical need for services; or

b. Member fails to participate in the required authorization visits.

Note: In these cases MPQH will send the member the Personal Assistance Services Authorization form (SLTC-152) indicating termination from the program and the member's fair hearing rights. The provider agency does not need to issue a Discharge/Unable to Admit form (SLTC-158) to MPQH.

3. The provider agency must have a termination procedure in place that outlines the provider agency procedure to terminate a member from participation in the program. The policy may include termination for any of the following reasons:
  - a. Member, or other persons in the household, subjects the personal care attendant (PCA) to physical or verbal abuse, sexual harassment, exposure to illegal substances or to threats of physical harm;

		<b>AB-CFC/PAS 705</b>
<b>Section: Service Requirements</b>	<b>Subject: Termination, Discharge and Temporary Absences</b>	

- b. Member requests termination of services or refuses help;
  - c. The home environment of the member is unsafe for the provision of AB-CFC/PAS;
  - d. Member is engaging in illegal activity in the home;
  - e. Member's physician requests termination of services;
  - f. Member no longer has a medical need for AB-CFC/PAS;
  - g. Member refuses the services of the PCA based solely on attendant's race, creed, religion, sex, marital status, color, age, handicap, or national origin;
  - h. Member refuses to accept services in compliance with the Service Plan (SLTC-170);
  - i. Member refuses to participate in the Mountain Pacific Quality Health (MPQH) authorization assessments (MPQH Referral/Overview and Service Profile), provider agency recertification visits, and person centered planning visits; or,
  - j. Member falsifies service delivery record.
4. The provider agency termination policy must give ten days advance written notice to a member when CFC/PAS services are terminated for reasons listed in 3.f through 3.j.
  5. The provider agency termination policy may immediately, but temporarily, suspend services for the reasons listed in 3.a through 3.e. In these circumstances the provider agency may have a process in place to enter into an agreement with the member to ensure that the violations do not reoccur. If the member fails to abide by the terms of the agreement services may be permanently terminated.
  6. The provider agency must provide a copy of all discharge notices that meet the criteria outlined in section 3 to the Regional Program Officer.
    - a. The Regional Program Officer may request the provider agency's discharge/termination policy to ensure appropriate action was taken.
    - b. The Regional Program Officer will work with the provider agency to ensure the transition of CFC/PAS services to a new provider

		<b>AB-CFC/PAS 705</b>
<b>Section: Service Requirements</b>	<b>Subject: Termination, Discharge and Temporary Absences</b>	

agency, when possible.

7. The provider agency termination policy may include terminating a member for other reasons. Any additional criteria that is not specifically included in section 3 is an action of the provider agency and the provider agency must have a termination policy and procedure in place to justify the termination decision.
8. Provider agency termination policy must include the following:
  - a. Provision of advance written notice to member;
  - b. Reference to the provider agency's written complaint procedure; and,
  - c. Reasonable effort to ensure continuity and appropriateness of care through referrals to other providers.
9. The member does not have the right to a fair hearing when a provider decides to discharge a member.
10. The Discharge/Unable to Admit form must be completed and faxed to MPQH whenever a member is terminated from services.

**DISCHARGE AND  
TEMPORARY ABSENCE**

1. The provider agency must discharge members from the program when the following circumstances exceed 45 days:
  - a. Member is hospitalized or placed in a nursing home or other institutional or group home setting;
  - b. Member has an extended absence from Montana and does not utilize SD-CFC/PAS services while out of state;
  - c. Member does not submit service delivery records; and,
  - d. Any other circumstances where a break in services occurs.
2. The provider agency must discharge members from the program when the following permanent circumstances occur:
  - a. Member passes away;
  - b. Member moves to a location that is not served by the provider

		<b>AB-CFC/PAS 705</b>
<b>Section: Service Requirements</b>	<b>Subject: Termination, Discharge and Temporary Absences</b>	

agency;

- c. Member switches provider agency; and,
  - d. Any other circumstance that permanent discharge is necessary.
3. The Discharge/Unable to Admit form must be completed and faxed to MPQH whenever a member is discharged from services.