

SECTION
ELIGIBILITY FOR SERVICES

SUBJECT
Home and Community Based Services Eligibility Requirements

INDIVIDUALS TO BE SERVED

To be eligible for the Home and Community Based Services (HCBS) Waiver for persons with Severe Disabling Mental Illness, an individual must meet all the following criteria:

1. Financially eligible for Medicaid.
2. Age 18 and older.
3. Determined appropriate for the HCBS Program via a pre-admission screening.
4. Require nursing facility level of care.
5. Not reside in a hospital, nursing facility, or the Montana State Hospital.
6. Not receive case management services through another Medicaid program.
7. Not receive services through another waiver program.
8. Not require inpatient psychiatric services. Inpatient services are provided at the Montana State Hospital or inpatient care at a local hospital with a psychiatric unit.
9. Not have a diagnosis of Dementia.
10. Reside in one of these approved waiver counties:

Big Horn, Carbon, Still water, Sweet Grass, Yellowstone, Beaverhead, Deer Lodge, Granite, Powell, Silver Bow, Blaine, Cascade, Chouteau, Glacier, Hill, Liberty, Pondera, Teton, Toole, Lake, Flathead, Sanders, Lincoln, Ravalli, Gallatin, Park, Madison and Broadwater.
11. Meet criteria for Severe Disabling Mental Illness (refer to page 2 of this Section).

**SECTION
ELIGIBILITY FOR SERVICES****SUBJECT
Home and Community Based Services Eligibility Requirements****SEVERE DISABLING MENTAL ILLNESS CRITERIA**

(1) "Severe disabling mental illness" means with respect to a person who is 18 or more years of age that the person meets the requirements of (1)(a) or (b), and (c). **The person must also meet the requirements of (1)(d).** The person:

(a) has been involuntarily hospitalized for at least 30 consecutive days because of a mental disorder at Montana State Hospital within the past 12 months; or

(b) has recurrent suicidal ideation within the past 12 months, a history of suicide attempts, or a specific plan for completing suicide; or

(c) has a primary diagnosis of one of the following (excluding "mild, not otherwise specified (NOS)," unspecified, or due to "physiological disturbances and physical factors"):

(i) schizophrenia, delusional disorder, schizophreniform disorder, schizoaffective disorder;

(ii) bipolar I disorder and bipolar II disorder;

(iii) major depressive disorder;

(iv) panic disorder with agoraphobia or panic disorder without agoraphobia;

(v) obsessive-compulsive disorder;

(vi) posttraumatic stress disorder;

(vii) borderline personality disorder; or

(viii) autism spectrum disorder; and

(d) has ongoing functioning difficulties because of the mental illness for a period of at least six months or for a predictable period over six months, as indicated by the presence of at least three of the following indicators:

(i) a medical professional with prescriptive authority has determined that medication is necessary to control the symptoms of mental illness;

(ii) an inability to care for personal needs, e.g., meals, bathing, dressing, and daily chores, due to mental illness;

(iii) an inability to maintain competitive employment or education process due to mental illness;

(iv) an inability to sustain interpersonal relationships due to mental illness;

(v) the person has been determined to be disabled due to mental illness by the social security administration;

(vi) the person maintains housing only with ongoing supervision, is homeless, or is at imminent risk of homelessness due to mental illness; or

(vii) the person has had or will predictably have repeated episodes of decompensation.

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