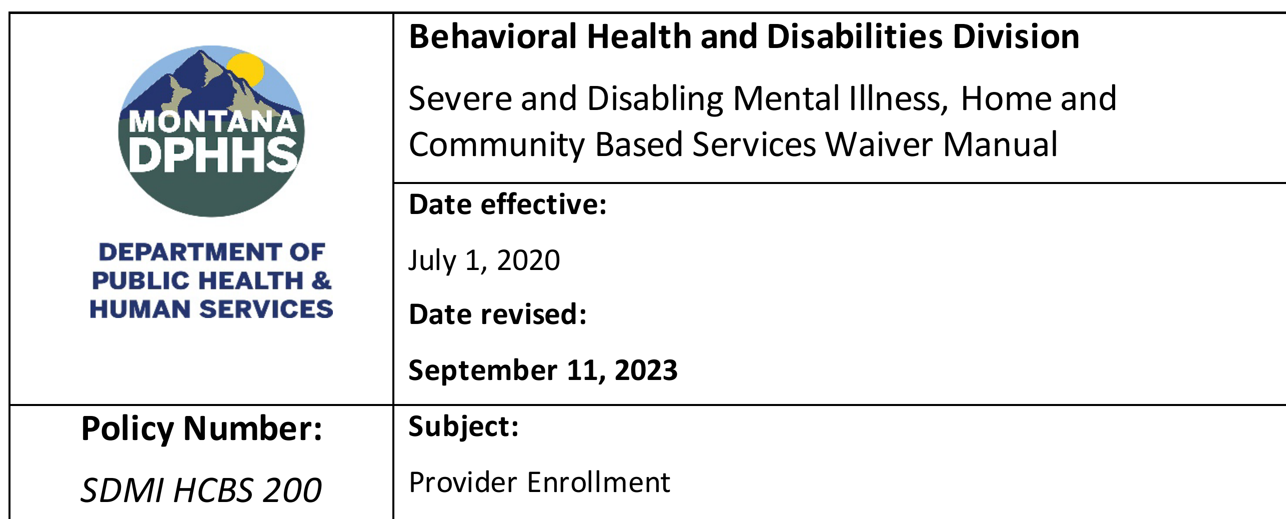

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	**Behavioral Health and Disabilities Division** Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual
	Date effective: July 1, 2020 **Date revised:** **September 11, 2023**
Policy Number: *SDMI HCBS 200*	**Subject:** Provider Enrollment

Definition

All providers of Severe and Disabling (SDMI) Home and Community Based Services (HCBS) waiver must be enrolled as a Montana Medicaid provider, and must meet all facility, licensing, and insurance requirements applicable to the service offered.

The provider must meet the criteria as a qualified provider authorized to deliver the service as specified in the Provider Requirements Matrix.

The department contracts with a fiscal agent to assist in the provider enrollment/application process, including verification of provider information. The fiscal agent maintains documentation of provider qualifications, copies of provider participation agreement, copies of Medicaid certification, and verification of state licenses. Providers are screened monthly against exclusions lists.

Enrollment Application

(1) All requests for enrollment in the Medicaid Program must be made to fiscal agent. Providers must fill out a full enrollment application.

(2) The enrollment form must be completed in its entirety before the fiscal agent can process the enrollment application.

(3) The provider must use HCBS code 28 for the provider type.

(4) The fiscal agent must forward the completed enrollment forms to the department for approval, procedure codes, and rates.

(5) All status changes such as change in ownership, address, licensure, etc., must be immediately reported in writing to the fiscal agent.

(6) The CMT must inform the provider about:

(a) the SDMI HCBS waiver; and

(b) the prior authorization process.

Provider Charge File

(1) All SDMI HCBS waiver providers have a provider charge file in Medicaid Management Information System (MMIS) that lists the procedure codes, rates and effective dates of the services a provider can bill.

(2) Upon enrolling, the department authorizes the procedure codes and rates based on provider qualifications and the information received from the CMT.

(3) The CMT can request to have procedure codes added or deleted in the provider's charge file by sending a request to the department via email listing the procedure code and effective date of the service to be added or deleted.

(4) When provider rates increase, the department will change the provider charge files for all active providers.

Revalidation

(1) In order to comply with the Patient Protection and Affordable Care Act, Section 6401(a) and 42 CFR 455.414, Montana Healthcare Programs requires all actively enrolled providers and suppliers to revalidate the enrollment information on file every three to five years.

Resources

(1) Additional resources link