



SDMI LIFE COACH APPLICATION PROVIDER AND SERVICE REQUIREMENTS ATTESTATION

Name:

Date:

Phone Number:

Mailing Address:

E-mail Address:

Are you enrolling as an:

City/County in which you would like to provide Life Coach services:

The goal of the SDMI HCBS waiver program is to keep members independent in the community for as long as possible and to promote the health and independence of Medicaid members who have a severe disabling mental illness and require long term care. The waiver is centered on recovery for members living within their community utilizing the supports offered by waiver. Members on the waiver strive to reach their fullest potential with help of service supports offered by the waiver, with an emphasis on social participation, attention to the rights of people with mental illness, and equality. The goal is to integrate members into the community in which they live, wherein they become a valued member of their community. The waiver assists with access to opportunities that exist that allow individuals to contribute at the level which they are capable.

I understand as an applicant to provide for the Life Coach service with the SDMI Medicaid Waiver program, I must meet the provider and service requirements as outlined in the HCBS SDMI Policy 340 located here: [SDMI HCBS 340 Life Coach \(mt.gov\)](https://mt.gov/sdmi-hcbs-340-life-coach).

Please note: per policy, each Life Coach must be individually approved by the department, whether employed by an agency or as an independent provider.

Please check each box below to provide for your attestation that you can or will be able to meet the following provider and service requirements:

I am at least 18 years of age

I possess a valid driver's license and proof of automobile liability insurance if transporting the member

I am able to complete 8 hours of Mental Health Training annually

I understand I must submit a quarterly report to the CMT which includes the progress on the member's identified goals and the methodologies/activities used by the Life Coach to assist the member in achieving the goals

If you can or will be able to meet all provider/service requirements as listed above, the enrollment process also includes the following for approval:

You must submit a current resume to reflect all relevant experience to include paid and/or volunteer positions. Please include your resume with this application.

You must participate in a phone or in-person interview with state program staff. Program staff will be in contact after your application and resume have been received.

Applicant Acrobat Digital Signature (if applicable):

Applicant Electronic/Manual Signature:

Applicant Signature Method:

Please email completed and signed form to jperrotta@mt.gov and aklein@mt.gov.