

	Addictive and Mental Disorders Division Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual
	Date effective: July 1, 2020 Date revised:
Policy Number: <i>SDMI HCBS 210</i>	Subject: Retainer Payments

Definition

Retainer days are days on which a provider may still be reimbursed for services even though the member is hospitalized or absent from his/her home for period of no more than 30-days per the member’s person-centered recovery plan year. Retainer payments are available to keep a member from losing their caregivers or placement in a residential setting.

Requirement

- (1) This policy pertains only to the following services, and is applicable only to payment of HCBS waiver services:
 - (a) personal assistance service;
 - (b) residential habilitation, adult group home, SDMI HCBS Policy 375;
 - (c) residential habilitation, assisted living, SDMI HCBS Policy 376;
 - (d) residential habilitation; adult foster care, SDMI HCBS Policy 377;
 - (e) residential habilitation; intensive mental health group home, SDMI HCBS Policy 378; and
 - (f) residential habilitation, mental health group home, SDMI HCBS 379.
- (2) A provider may be paid only if an agreement has been made with the case management team (CMT) to allow for reimbursement during these absences.
- (3) Reimbursement for retainer days will not be made if the personal assistant can provide services to another individual during that time period.
- (4) The CMT must keep a record of a member’s retainer days to ensure that they do not exceed 30 days; if the provider is reimbursed for days in addition to the 30 day limit, CMTs will be responsible for payment to affected providers and Medicaid payment will not be available.

- (5) The provider may only be reimbursed for retainer days if they have reserved the member's placement and the provider does not refuse to accept the member upon the member's return.

Procedure

- (1) If a member's absence meets retainer payment criteria, the CMT should not send a Discharge Sheet to the Quality Improvement Organization, nor should an entrance/discharge into Medicaid Home and Community Based Services be sent to the Office of Public Assistance (OPA) via the OPA Helpline phone or fax.
- (2) The CMT must notify the OPA if the member has been admitted to a nursing facility or hospital and that the waiver span should be kept open because the institutional placement is expected to be temporary.
- (3) A provider may be reimbursed for every day the member is away from home with prior approval.
- (4) Upon readmission a revised/new Person-Centered Recovery Plan with a new annual date span restarts the retainer day's calendar. Retainer days may not be used while a member is in the Montana State Hospital.
- (5) The CMT must report retainer days to the department on a monthly basis.

Limitations

- (1) Retainer days may not exceed 30 days per the member's Person-Centered Recovery Plan year unless it is for a certain circumstance that can be given prior approval by the Community Program Officer or the department.
- (2) A member must promptly inform the CMT of any occasion(s) when they need to be absent for more than 30 days.
- (3) Retainer days may not be used for any other Home and Community Based Services when they are utilized for personal care services.
- (4) If a provider rate includes vacancy savings, retainer days are a duplication of services and may not be paid in addition.