

**SECTION**  
INDEXES

**SUBJECT**

Alpha Subject Index

<u>Section</u>	<u>SUBJECT</u>	<u>HCBS NUMBER</u>
<u>A</u>	Abbreviations/Acronyms/Initials	9902
	Administrative Rule of Montana, HCBS	799-1
	Administrative Separateness	801
	Adult Day Health Services	703
	Adult Foster Homes	728
	Adult Residential Care Calculation Form	899-9
	Amendment Form	899-16
	Assisted Living Reserve Slot Process/Form	899-28, 899-28a
<u>B</u> <u>C</u>	Care Category 3 (CC3) Request for Prior Authorization Form	899-21, 403
	Case Management Internal Chart Audit	899-2
	Case Management Services	704
	Case Management, Performance Standards	608
	Case Management, Requirements	801
	Case Management Teams, Directory	CSB 1004
	Case Management Team Requirements	802
	Charting, Principles of	CSB 306
	Choice, Individual	CSB 214
	Civil Rights	CSB 301
	Clarifying/Interpreting Policy or Procedure	CSB 101
	CMS 1500 Claim Form	699-2
	CMS Quality Assurance QA Performance Measures	899-2, 899-3
	Community Supports Services	705
	Community Transition Services	706
	Compliance Reviews	608
	Confidentiality	CSB 302
	Consent Form	CSB 302
	Consultative Clinical and Therapeutic Services	707
	Consumer Goods and Services	708
	Contents Index	001, CSB 001
	Contract Termination and Transition	807
	Contract Terms and Conditions	801
	Copayments	CSB 213
	Covered Services	701
	County Office of Human Services, Directory	CSB 1010

**SECTION**

INDEXES

**SUBJECT**

Alpha Subject Index

<u>D</u>	DPHHS Manual Program	CSB 101
	Day Habilitation Services	709
	Definitions	9901
	Department Organization Chart	CSB 1001
	Deprivation Codes	405
	Developmentally Disabled	411
	Dietetic Services	710
	Discharge Date	404
	Discharge Sheet	899-13
	Division Organization Chart	CSB 1001
<u>E</u>	Eligibility Requirements	401
	Enrollment Limits	801
	Entrance Into Medicaid & HCBS Form	899-6
	Environmental Accessibility Adaptations	711
	Explanation of Medicaid Benefits (EOMB)	CSB 202
<u>F</u>	Family Training and Supports	712
	Fair Hearings	CSB 205
	Federal Requirements	CSB 106
	File Transfer	699-3
	Financial Management Services	713
	Fraud and Abuse	CSB 304
	Freedom of Choice	CSB 214
<u>G</u>	Goals, Program	CSB 103
	Group Home Services	704
<u>H</u>	Health and Wellness Service	714
	Home & Community Based Services ARM	799-1
	Home & Community Based Services	
	Eligibility Requirements	401
	Homemaker Services	715
	Homemaker Chore Services	716
<u>L</u>	Incurment	407, 899-14
	Independence Advisor Service	717
	Independent Contractor	607
	Intake Sheet	899-12

**SECTION**

INDEXES

**SUBJECT**

Alpha Subject Index

	Intensive Institutional Care (Heavy Care)	402
<u>L</u>	Legal Authority	CSB 105
	Letter of Notification	899-18
	Level of Care Screenings	501
	Level of Care Reevaluations	503
	Licensure Requirements	607
	Letter of Notification Form	899-18
	Level of Care Determination Form	899-8
	Level I Screen Form	899-19
<u>M</u>	Manual Program	CSB 101
	Medicaid Eligibility Requirements	401, CSB 210
	Medicaid Identification Card	CSB 211
	Medicaid Management Information System	CSB 209
	Medicaid Overview	CSB 202
	Medicaid Services	CSB 203
	Medically Needy Billing Procedures	407
	Medicare, Relationship to Medicaid	CSB 204
	Montana Medicaid Program, Summary	CSB 202
	Monthly Reports	899-2
<u>N</u>	Non-Medical Transportation Services	718
	Nursing Home Reimbursement	606
	Nursing Home Transition Process/Form	899-27, 899-27a
	Nutrition Services	719
<u>O</u>	Occupational Therapy Services	7120
	Organization Chart, Department	CSB 1001
	Organization Chart, Division	CSB 1001
	Out-of-State Services	409
	Organizational Responsibilities	CSB 201
	Over Cost Service Plan and Services	403
<u>P</u>	Pain and Symptom Management Service	721
	Payment Processing	605
	Payment Requirements	604
	Payment of Legally Responsible Individuals	604-1
	Performance Standards, Case Management	608
	Personal Assistance Services	722

**SECTION**

INDEXES

**SUBJECT**

Alpha Subject Index

Personal Assistance, Referral Procedures	718, 799-2
Personal Emergency Response System	723
Physical Therapy Services	724
Post Acute Rehabilitation Services	725
Prevocational Training Services	726
Principles of Charting	CSB 306
Prior Authorization, Community Services Bureau	403
Prior Authorization, Case Management Teams	605
Prior Authorization Referral Form	699-5
Private Duty Nursing Services	727
Private Pay	CSB 307
Program Goals	CSB 103
Provider Eligibility	601
Provider Enrollment	603
Provider Information Memo	499-1
Provider Requirements ARM	799-1
Provider Responsibilities	602
Psychosocial Summary Form	899-17

Q

Quality Assurance	608
-------------------	-----

R

Recipient Abuse and Neglect Reporting	CSB 304, HCBS 609
Recipient Identification	CSB 211
Record Requirements	804
Reevaluation Form	899-15
Referrals for Service	405
Referral Form for Providers	699-5
Regional Program Officers, Directory	CSB 1003
Reimbursement Methodology	606
Relationship of Medicaid to Home & Community Services Program	CSB 104
Relationship of Medicaid & Medicare	CSB 204
Release of Information/Confidentiality	302
Reporting Requirements	806
Reporting Requirements, Forms & Instructions	899-2
Request for Modified Screen/SLTC-61 Issuance	504
Request for Prior Authorization CC3 Form	899-21
Request for Prior Authorization Form	899-22
Residency Requirements	408
Residential Habilitation Service	728
Respiratory Therapy Services	729
Respite Care Services	730
Retainer Payments	410
Risk Negotiation Form and Instructions	899-29, 899-29a

**SECTION**

INDEXES

**SUBJECT**

Alpha Subject Index

	Risk Negotiation Process	812
<u>S</u>	Screening Determination Form (Form DPHHS-SLTC-61)	599-1
	Screening Referral Procedures	502
	Screening Requirements	501
	Senior and Long Term Care Division Organization Chart	CSB 1002
	Senior Companion Service	731
	Serious Occurrence Reporting	HCBS 609
	Service Animals	728
	Service Areas	803
	Service Limitations & Exclusions	702
	Service Plan: Amendments	809-6
	Service Plan: Amendment Form	899-16
	Service Plan: Annual Updates	809-7
	Service Plan: Components	809-2
	Service Plan: Costs	809-4
	Service Plan: Cost Limit	899-5
	Service Plan: Cost Sheet	899-10
	Service Plan: Development	809-1
	Service Plan: Form	899-11
	Service Plan: Reevaluation Form	899-15
	Service Plan: Requirements	899-3
	Service Plan: Short Form	899-11B
	Service Requirements	701
	Slot Categories	402
	Specialized Child Care for Medically Fragile Children	732
	Specialized Medical Equipment & Supplies	733
	Specially Trained Attendants	722
	Speech Therapy & Audiology Services	734
	State Supplement	704, 899-9, 899-26
	Supported Employment Services	735
	Supported Living Services	736
	Surveillance & Utilization Review	CSB 208
<u>T</u>	Termination of Service	404
	Team Care	CSB 212
	Third Party Liability	CSB 206
	Transfer of Assets	401
	Transfer of Consumer or Change of Consumer's Classification	808
<u>V</u>	Vehicle Modification Service	737

**SECTION**

INDEXES

**SUBJECT**

Alpha Subject Index

<u>W</u>	Waiting List Criteria	406
	Waiting List Criteria Tool	899-20
	Waiting List Database Instructions	899-25
<u>Y</u>	Year-End Money	811
	Year-End Money Request Form	899-1

