



**SENIOR & LONG TERM CARE DIVISION  
COMMUNITY SERVICES BUREAU**

**COMMUNITY FIRST CHOICE  
Policy Manual**

**Section: SERVICE REQUIREMENTS**

**Subject: Termination, Discharge and  
Temporary Absences**

*Reference: ARM 37.40.1012 and 37.40.1121*

**PURPOSE**

This policy outlines the circumstances when a member’s Community First Choice/Personal Assistance Services (CFC/PAS) services may be terminated or when a provider agency may discharge a member.

**➤DEPARTMENT/  
MPQH TERMINATION**

1. The following conditions may necessitate the Department and/or Mountain Pacific Quality Health (MPQH) to terminate services:
  - a. The Department may terminate or reduce CFC/PAS services when funding for services is unavailable;
  - b. MPQH may terminate CFC/PAS services when the member no longer has a medical need for services; or
  - c. MPQH may terminate CFC/PAS when the member fails to participate in the required authorization visit with MPQH.
2. In a – c, the Department or MPQH will send the member the Personal Assistance Services Authorization form (SLTC-152) indicating termination from the program and the member’s fair hearing rights.
3. When the Department or MPQH terminate a member from services the member has fair hearing rights. Refer to CFC/PAS 605.
4. In circumstances when the Department or MPQH terminate a member from CFC/PAS services the provider agency does not need to issue a Unable to Admit/Discharge form (SLTC-158) to MPQH.

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**PROVIDER AGENCY  
TERMINATION**

1. The provider agency must have a termination procedure in place that outlines the provider agency procedure to terminate a member from participation in the program. The policy may include termination for any of the following reasons:
  - a. Member, or other persons in the household, subjects the personal care attendant (PCA) to physical or verbal abuse, sexual harassment, exposure to illegal substances or to threats of physical harm;
  - b. Member requests termination of services or refuses help;
  - c. The home environment of the member is unsafe for the provision of CFC/PAS;
  - d. Member is engaging in illegal activity in the home;
  - e. Member's physician requests termination of services;
  - f. Member no longer has a medical need for CFC/PAS;
  - g. Member refuses the services of the PCA based solely on attendant's race, creed, religion, sex, marital status, color, age, handicap, or national origin;
  - h. Member refuses to accept services in compliance with the Service Plan (SLTC-170);
  - i. ➤ Member refuses to participate in the provider agency recertification visits and person centered planning visits;  
or
  - j. Member falsifies service delivery record.
  
2. ➤ Provider agency termination policy must include the following:
  - a. Provision of ten days advance written notice to member;
  - b. Reference to the provider agency's written complaint procedure; and
  - c. Reasonable effort to ensure continuity and

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appropriateness of care through referrals to other providers.

3. ➤ The provider agency termination policy may immediately, but temporarily, suspend services for the reasons listed in 1.a through 1.e. In these circumstances the provider agency must have a process in place to enter into a written agreement with the member to ensure that the violations do not reoccur.
  - a. The written agreement must include notice to the member about the violation and the steps a member must take to remain on services. The notice must provide a place for the member to sign and return the document if the member elects to enter into the agreement.
  - b. If the member fails to abide by the terms of the agreement services may be permanently terminated.
  - c. In circumstances when services are permanently terminated upon violation of the written agreement the provider agency must provide written notice to the member of service termination and document the reasons.
4. ➤ The provider agency must submit a copy of all terminations that meet the criteria listed in 1.a-1.d to the Regional Program Officer (RPO).
  - a. The RPO will work with the provider agency to ensure the transition of CFC/PAS services to a new provider agency, when possible.
5. The RPO may request the provider agency's termination policy to ensure appropriate action was taken.
6. ➤ The provider agency termination policy may include terminating a member for other reasons. Any additional criteria that is not specifically included in list 1.a.-1.j. is an action of the provider agency and the provider agency must have a termination policy and procedure in place to justify the termination decision.
7. The member does not have the right to a fair hearing when a provider decides to terminate a member.
8. ➤ The provider agency must submit the Unable to

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Admit/Discharge form to MPQH within ten days of member termination.

9. ➤ The provider agency must provide a copy of the Unable to Admit/Discharge form to the Plan Facilitator and member.

**➤ PROVIDER AGENCY DISCHARGE**

1. The provider agency shall discharge a member from the program when the following circumstances occur:
  - a. Member passes away;
  - b. Member moves to a location that is not served by the provider agency;
  - c. Member switches provider agency (Refer to CFC/PAS 412);
  - d. Member switches option between self-directed and agency-based services and also to switches agencies (Refer to CFC/PAS 413);
  - e. Provider agency completes the member intake, submits the Agency Admit Form (SLTC-163), and is unable to serve the member;
  - f. Member is no longer eligible for Medicaid; or
  - g. Member is without services for 45 days.
2. The provider agency must give written notice to a member when the member discharges from CFC/PAS services and document the date the service ended.
3. The provider agency has ten days from the date the member discharges CFC/PAS services to submit the Unable to Admit/Discharge form to MPQH.

**NOTE:** The provider agency has ten days from the date the agency is made aware that services will not be delivered by the 45<sup>th</sup> day to submit the Unable to Admit/Discharge form to MPQH.

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4. The provider agency must provide a copy of the Unable to Admit/Discharge form to the Plan Facilitator and member.

**➤ TEMPORARY  
ABSENCE/SERVICE  
SUSPENSION**

1. A provider agency that has been delivering services to a member may suspend services up to 45 days under certain circumstances. The circumstances are listed below:
  - a. Member is hospitalized or placed in a nursing home or other institutional or group home setting;
  - b. Provider agency is unable to staff personal care attendants for the member;
  - c. Member has an absence from Montana and does not utilize CFC/PAS services while out of state; and
  - d. Member/personal care attendant does not submit service delivery records.
2. If services are not delivered by the 45<sup>th</sup> day or the provider agency becomes aware that services will not be delivered by the 45<sup>th</sup> day the provider agency must discharge the member.