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 these cases 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.

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-175);

   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 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 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 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 goes 45 days without service.

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 from 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 45th day to submit the Unable to Admit/Discharge form to MPQH.

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 45th day or the provider agency becomes aware that services will not be delivered by the 45th day the provider agency must discharge the member.