SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU
Medicaid Home Health Policy Manual

Title: **Hospice Policy 101**
Section: **General Information**
Subject: **Manual Program**
Reference:
Supersedes: **Policy 101, Issued 05/01/1999**

OBJECTIVE

This manual provides policies and procedures covering the Montana Medicaid Home Health Program. The information provided through these policy documents replaces all previously issued policy and procedural information relating to the Home Health Program. All current Home Health policies may be found on the Department website.

REVISIONS

Changes to program policy are transmitted by email to Home Health Agency personnel on a quarterly basis (January, April, July and October). Critical information may be transmitted immediately.

Posted policy is effective as of the date recorded in the bottom left hand corner of the policy document. Upon receipt, updated policy should be reviewed and distributed to the appropriate staff for implementation.

It is the responsibility of the Provider agency to read and follow all Home Health Program policy. Questions may be directed to the Home Health Program Manager by calling 406-444-6064.