



SDMI Medicaid Waiver

Provider Retainer Day Payment Authorization Form

Providers for Residential Habilitation and Personal Assistance Services (PAS) are generally not able to bill Medicaid for days a member is absent from the residential habilitation setting in which they reside, or from their own home where personal assistance services are provided. However, providers may be eligible for retainer day payments for the member due to a hospitalization, admission to a nursing facility or if the member is on vacation, with prior authorization from case management. Retainer payments are intended to keep a member from losing their placement in a residential setting or from losing their caregiver for their PAS. Retainer days are limited to 30 days a Person-Centered Recovery Plan year and may not be used for any other service if used for residential habilitation or for PAS.

If retainer days are requested from a provider, and case management authorizes the payment request, the authorization serves as an agreement for the Residential Habilitation setting to maintain the member's placement at the setting, or to maintain their caregiver with the PAS provider. In the event the member is determined by case management to require a higher level of care than the scope of service can provide, the provider is not required to maintain the member's placement at the Residential Habilitation setting, or their caregiver with the PAS provider.

PROVIDER: _____

MEMBER: _____

AUTHORIZED BILLABLE RETAINER DAY DATES: _____

REIMBURSEMENT RATE – current daily rate /PER DAY: _____

The use of this form is not required to be eligible for retainer day payment authorization, however a written agreement must be received prior to the approval of the payment. Please see: [SDMI HCBS 210 Retainer Payments \(mt.gov\)](https://mt.gov/sdmi-hcbs-210-retainer-payments), for additional requirements and limitations.

PROVIDER SIGNATURE: _____ DATE: _____

SDMI CASE MANAGER SIGNATURE: _____ DATE: _____