

	Addictive and Mental Disorders Division Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual
	Date effective: July 1, 2020 Date revised:
Policy Number: <i>SDMI HCBS 330</i>	Subject: Health and Wellness

Definition

Health and Wellness offers waiver members opportunities to improve functional (both physical and psychological) capacity, as well as engage in recreational health promoting and wellness/recovery activities within their community that are not covered by Medicaid state plan.

Determination of Need

- (1) Health and Wellness must be necessary to avoid institutionalization by addressing a functional impairment or other need directly related to the member’s disability that, if left unaddressed, would prevent the member from engaging in everyday activities.
- (2) Health and Wellness requires a referral from an appropriately licensed professional to signify the necessity of the service. The referral must be provided by:
 - (a) an occupational therapist;
 - (b) a physical therapist;
 - (c) a medical doctor;
 - (d) a licensed clinical social worker;
 - (e) a licensed clinical professional counselor;
 - (f) a psychiatrist;
 - (g) a registered nurse;
 - (h) an advanced practice registered nurse;
 - (i) a physician's assistant; or
 - (j) a nurse practitioner (NP).
- (3) The CMT must upload the referral by the appropriately licensed professional in the care management system.

Provider Requirements

- (1) Health and Wellness may be provided, within the scope of their business, by/at:
 - (a) private providers;
 - (b) local medical facilities;
 - (c) horse therapy businesses;
 - (d) art instructors or therapists;
 - (e) gyms; and
 - (f) independent living centers.
- (2) Case management teams (CMT) may serve as a pass-through entity to issue payments for services that must be prepaid or paid prior to delivery or reimbursement for services rendered by a non-Medicaid provider.
- (3) Each provider/facility is required to carry an active license or certificate of designation in their specialty and scope of practice as required by state law, administrative rules, and appropriate requirements pertaining to the provider/facility's licensure or certification.
- (4) Referring providers must be enrolled as a Medicaid provider, have a provider agreement in accordance with ARM 37.85.402, and may bill Montana Medicaid using the appropriate CPT code through the MMIS system.

Service Requirements

- (1) Health and Wellness may include the following, as appropriate:
 - (a) an assessment;
 - (b) the development of a home treatment/support plan;
 - (c) training and technical assistance to carry out the plan; and
 - (d) monitoring in the implementation of the person-centered recovery plan (PCRP).
- (2) Health and Wellness include:
 - (a) classes on weight loss, smoking cessation, and healthy lifestyles;
 - (b) health club memberships and exercise classes;
 - (c) art, music, and dance classes;
 - (d) costs associated with adaptive sports and recreational activities;
 - (e) classes on managing disabilities such as Living Well with a Disability; and
 - (f) hippotherapy.
- (3) The provider must complete a progress note for each member receiving Health and Wellness services as required in ARM 37.85.414.

- (4) The case management team must update the member's PCRCP to document the member's progress on the member's identified goals.
- (5) The services may be delivered in the member's home or in the community as described in the PCRCP.

Utilization

- (1) Health and Wellness is based on the member's assessed need and are limited to additional services not otherwise covered under Medicaid state plan.