



Senior & Long Term Care Division

Community Services Bureau

Big Sky Waiver Policy Manual

Title: **BSW 410**
Section: **ELIGIBILITY FOR SERVICES**
Subject: **Retainer Payments**
Reference: **ARM 37.40.1415, .40. Big Sky Waiver (BSW) Application 01-01-2018.**
Supersedes: **BSW 410 (07/01/2012)**

PURPOSE

As a general rule, BSW providers may not bill Medicaid for services on the days the member is absent from the home or adult residential care facility due to entry to a hospital or nursing facility or on vacation (absence from services). Retainer payments are an exception to this rule and allows providers to be reimbursed the provider rate for specific services even though the BSW member is absent from the home or adult residential care facility. Retainer payments are available to keep members from losing their caregivers or placement in a residential care facility.

Retainer payments must only be authorized by the CMT when the member is absent from the home or adult residential care facility due to entry to a hospital or nursing facility, or on vacation (absence from services) for a period not to exceed 30 days per Service Plan year. If a member is discharged from BSW and is later readmitted to the program (following the wait list policy), a new Service Plan with a new annual Service Plan date span is required. The 30-day restarts with each Service plan year.

NOTE: Retainer payments must not be used while a member resides at the Montana State Hospital.

AFFECTED SERVICES

This policy pertains only to the following services, and is applicable only to payment of BSW waiver services:

1. BSW Personal Assistance Services (Agency-Based, Self-Directed; Community Supports in BSB). Refer to BSW 722 (Personal Assistance Services); and
2. Residential Habilitation; refer to BSW 728 (Residential Habilitation).

REQUIREMENT

Providers of this service may be eligible for a retainer payment if authorized by the CMT or BSB Financial Management. CMTs are required to have an agreement in place with retainer payment providers that ensures providers are informed retainer payments will not be made in excess of 30 days.

NOTE: Retainer payments will not be reimbursed for days exceeding 30 in a service plan year.

The CMT must keep a record of a member's retainer payment information to ensure that they do not exceed 30 days within the service plan year and the appropriate rate if applicable.

Providers are required to report retainer payment information to the CMT as soon as possible but within at least 10 calendar days from the first date of absence. Member absences not reported to the CMT timely by the provider are not eligible for retainer payments.

Retainer payments must not be billed and are not eligible for reimbursement by BSW if:

1. When a provider rate includes vacancy savings; in this situation, retainer payments are considered a duplication of services; or
2. The Personal Assistance Services (PAS) provider has the option to provide PAS services to another BSW member during that time period; refer to BSW 722 (Personal Assistance Services).

Exception: self-directed services.

PROCEDURE

If a member's absence meets Retainer Payment criteria, the CMT should not send a Discharge Sheet (SLTC-137) to MPQH, nor should an Entrance/Discharge into Medicaid Home and Community Based Services (SLTC-55) be sent to the Office of Public Assistance (OPA) via the OPA Helpline phone or fax. The CMT should, however, notify the OPA if the member has been admitted to a nursing facility or hospital and that the waiver span should be kept open because the institutional placement is expected to be temporary.