

**BIG SKY WAIVER SERVICES PROGRAM  
SERVICE ANIMALS  
PROVIDER ASSURANCES**

The provider must sign off and make the following assurances to the State of Montana:

1. The provider will educate the member on legal rights pertaining to service animals.
2. The provider will inform each prospective applicant of their organization’s policy concerning return of the animal prior to any contractual agreement for reimbursement. Once reimbursement is made in full, the State of Montana will consider the service animal to be in legal possession of the waiver member.
3. The provider will design a course of training for the member sufficient to master and maintain the Service Animal’s performance of the skills as listed in the pre-training assessment until the service animal has reached the age of 10 years. This would exclude the changing physical and cognitive needs of the handler as well as aging of the animal.
4. All service animals provided by this organization will be spayed or neutered prior to placement.
5. The service animal will meet minimum health and physical requirements to ensure it does not present a health risk to the public and is able to perform the tasks for which it is intended. The provider is responsible to ensure that the animal meets these requirements. As a condition of reimbursement, the provider will submit proof that the animal received and passed a basic physical exam given by a licensed and certified veterinarian. The provider will follow any veterinarian recommendations including immunizations and vaccinations.
6. The animal will be screened for temperament and must be determined appropriate for the tasks it will be performing. This animal will not demonstrate inappropriate aggression toward people or other animals. The animal cannot be excessively dominant, fearful, or submissive.
7. The provider will provide ancillary items and supplies (i.e. harness, lead, etc.), necessary for the service animal to perform the member specific tasks. These items and supplies will be included in the total package of the service animal.
8. The provider will ensure that their organization is enrolled as a Montana Medicaid waiver provider and maintains their active status.

\_\_\_\_\_  
Provider Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date