Tribe's Role:
Case Management/Service Coordination
Provide or Contract Waiver Services

Referrals are submitted to Mountain Pacific Quality Health from many different sources. Initial eligibility considered: the person must be disabled or aged (over age 65) and financially eligible for Medicaid.

Next, a Level of Care (LOC) determination is made by Mountain Pacific Quality Health.

Does not meet LOC
MPQH sends denial notice to member.

Meets LOC

Case Manager determines final waiver eligibility: Does the member have needs that can be met by waiver services that will help the member stay in his or her home?

Yes
Case Manager develops a waiver service plan with the member.

No
Case Manager sends denial notice to member.

Case Manager meets with the member on a regular basis to ensure he or she continues to receive appropriate services to remain in his or her home.

Case Management Activities:
* Assessment of the member's needs
* Care or service planning
* Service management
* Monitoring services
* Reassessment of service plan and service delivery
* Addressing problems that arise related to service delivery
* Crisis intervention and amendments to service plan

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