

SECTION
ELIGIBILITY FOR SERVICES

SUBJECT
Waiting List Criteria

REFERENCES ARM 37.90.410

ENROLLMENT

Service must be equally available to all eligible members in the Case Management Team's (CMT) service area. CMTs serving more than one county may not allocate slots per county.

WAITING LIST CRITERIA

All members must be screened for the waiting list by the CMT to select members most in need of services. Members must be assessed in person within 30 days of the date of the formal referral. Priority is established by considering the criteria on the Waiting List Criteria Tool found on CaseWave as form 406b. A Waiting List Criteria Tool will be filled out for each member prior to assist members being admitted to the SDMI HCBS Waiver. (Refer to 406a for instructions). The CMT should refer a member to needed support or other available services until the member can be admitted to SDMI HCBS Waiver.

Individual Member SDMI HCBS Waiver Wait List Eligibility:

Members may be placed on the HCBS SDMI Waiver wait list if the following conditions are met:

- financially eligible for Medicaid,
- meet Level of Care,
- and have a score of 13 or higher on the Waiting List Criteria Tool may be placed on the waiting list.

If a member does not have a minimum score of 13, the member will not be placed on the wait list but be moved to the appropriate “client not served” category in CaseWave and notified that services will not be provided by sending the Letter of Notification DPHHS AMDD 144 found in CaseWave. A member can refer themselves to the SDMI HCBS Waiver if their needs/circumstances change by contacting Mountain Pacific Quality Health (MPQH).

Married Couple SDMI HCBS Waiver Wait List Eligibility:

A married couple may have a resource assessment done prior to having a Medicaid waiver slot if the following conditions are met:

- A level of care determination is done and sent to the case management team, and the Office of Public Assistance; or,
- The couple pays privately for waiver services for at least 30 continuous days; or
- They enter a nursing facility for a minimum of 30 days continuous.

Budget constraints may warrant the selection of a member with lower needs whose care needs can be met with limited funds. In these instances, the CMT must document the specific circumstances on the Waiting List Criteria Tool.

SECTION
ELIGIBILITY FOR SERVICES

SUBJECT
Waiting List Criteria

REFERENCES ARM 37.90.410

If a member is offered to be entered into the SDMI HCBS Waiver and refuses services, the member will be removed from the waitlist and be placed on the appropriate “client not served” category in CaseWave and sent a Letter of Notification DPHHS AMDD 144. The member can refer themselves to the SDMI HCBS Waiver when their needs/circumstances change by contacting MPQH.

REVIEW OF WAITING LIST

The CMT will determine when a more in-depth review of an individual on the wait list is necessary. However, individuals on the wait list, or family members of individuals on the wait list, must be contacted at least quarterly to ensure that the wait list is current. CMTs must monitor the wait list and update quarterly to ensure that individuals on the list are still in need of services. The review consists of verifying the individual’s current eligibility and need for service. If the individual’s level of care or need for services is in question, the CMT may involve Mountain Pacific Quality Health (MPQH) through a phone consultation to ensure the member continues to meet level of care. If the individual does not meet level of care, MPQH will notify the individual by a SLTC-61, with a copy to the CMT.

REPEAT REFERRALS

The CMT will followed the procedures below for repeat referrals:

- A referral received on a member within 90-day time period of previous referral closure and circumstances have not changed:
 - Contact the member or representative to confirm whether circumstances have changed since the last referral.
 - If circumstances have not changed, inform the member/representative a new referral should be made when circumstances change.
 - Remove the member from the waitlist and place them on the appropriate “client not served” category in CaseWave.
 - Send a Letter of Notification DPHHS AMDD 144 utilizing the “Other” box and providing an explanation to the member.
 - CMT will document this conversation with the member/representative in progress notes.

SECTION
ELIGIBILITY FOR SERVICES

SUBJECT
Waiting List Criteria

REFERENCES ARM 37.90.410

- A referral received on a member within 90-day time period of previous referral closure and circumstances have changed:
 - follow policy for referral process.
- A referral is received that is greater than 90 days since the referral closure:
 - follow policy for referral process.