



# Senior & Long Term Care Division Community Services Bureau Big Sky Waiver Policy Manual

**Title:** BSW 406  
**Section:** ELIGIBILITY FOR SERVICES  
**Subject:** Wait List Criteria  
**Reference:** Big Sky Waiver (BSW) Application 01-01-2018; ARM 37.40.1408  
**Supersedes:** BSW 406 (01/01/2019)

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## PURPOSE

An available opening for services will be offered to the disabled or elderly individual determined most in need of the service and most likely to benefit from the available services.

Case Management Teams (CMTs) are required to maintain current wait list records in the case management software system.

## GENERAL CRITERIA

Entrance into Big Sky Waiver (BSW) is based on statewide criteria through a BSW Wait List Criteria Tool (SLTC-146). When all available slots are filled, the CMTs must establish a wait list. CMTs must only place individuals on the wait list who meet the following criteria: individuals who are financially eligible for Medicaid, elderly or meet the Social Security Administration's (SSA) disability criteria as determined by the SSA or through Montana's Medicaid Eligibility Determination Services (MEDS), meet level of care, have a need(s) that can only be met through BSW services, and are able and willing to accept a slot. Individuals who require a resource assessment or children who need waiver of deeming to qualify for Big Sky Waiver may also be placed on the wait list; are still required to meet all non-financial wait list criteria.

**NOTE:** The BSW Deeming Form BSW 101-18 is required to verify an individual requiring parental or spousal deeming meets the Medicaid eligibility criteria to be placed on the wait list. The CMT must submit the completed and signed BSW deeming form to the BSW Program Manager for review.

If the Program Manager does not approve the Deeming form, the Program Manager

will return the Deeming Form to the CMT with the indication of 'Does not concur'. The CMT must send the individual a SLTC-144 notice denying BSW program coverage due to not meeting Medicaid eligibility within 10 calendar days of receiving the form from the Program Manager.

If the Program Manager approves the Deeming form, the CMT must evaluate the individual under the remaining general wait list criteria listed above. If the Deeming form is for a minor, refer to BSW 403 Prior Authorizations.

Placement on the wait list is not a guarantee an individual will receive enrollment into BSW.

Individuals qualified but not enrolled in another waiver may be placed on BSW's wait list. Refer to BSW 411 (Individuals with Intellectual Disabilities).

#### **WAIT LIST APPROVAL PROCEDURE**

A BSW Wait List Placement Approval notice BSW-103 must be provided to the applicant within 10 calendar days from the date the applicant is placed on the wait list.

#### **DENIAL PROCEDURE**

The CMT must provide a Termination or Denial of Program Coverage SLTC-144 form to an individual if:

1. The individual does not meet general criteria for BSW; refer to BSW 401 for information on the Request for Information Process; or
2. An Entrance/Discharge into Medicaid Home and Community Based Services form (SLTC-55) is received with a determination from the Office of Public Assistance (OPA) confirming Medicaid ineligibility.

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**NOTE:** CMTs must remove an individual from the wait list within 10 calendar days of receiving a SLTC-55 indicating ineligibility.

## **ENROLLMENT**

All open slots must be equally available to all eligible individuals in the CMTs service area. Individuals placed on the wait list must be assessed in person within 60 days of the date of the referral. Priority is established through scoring the criteria on a BSW Wait List Criteria Tool (SLTC-146). A BSW Wait List Criteria Tool (SLTC-146) must be completed for each individual awaiting BSW services. The CMT will assist applicants in securing needed support or other available services until the member can be admitted to BSW.

## **DEFINITION**

BSW short-term services include: specialized medical equipment services and supplies, home modifications and/or vehicle modifications.

## **SHORT-TERM ADMISSIONS**

The purpose of a short-term admission is to provide case management services to manage short-term services on a short-term basis. Short-term admissions requesting more than short-term services require CSB prior authorization.

Short-term admissions cannot exceed six months. Services provided under a short-term admission must be processed as expediently as possible. CMTs must end short-term admissions once the approved services/products have been received.

**EXCEPTION:** There may be rare circumstances when a short-term admission may be extended beyond six months. Extension requests must be forwarded by the CMT to the assigned RPO within 30 calendar days prior to the effective date of the extension.

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### **BSW ELIGIBILITY EFFECTIVE DATE**

The member is not officially admitted to the program until both the intake meeting has been held to develop a service plan and the SLTC-55 form has been received from the OPA. The date of admit cannot be prior to the date of eligibility on the SLTC-55 form.

A member may be scheduled for an intake meeting and have a situation arise requiring the meeting be rescheduled to a later date.

The SLTC-55 may have been requested for the earlier date. The date of enrollment will be the date of the intake meeting when the service plan is developed and signed. For example, the SLTC-55 indicates eligibility effective July 10 but the intake meeting is rescheduled for July 15. The enrollment effective date is July 15.

### **MONEY FOLLOWS THE PERSON (MFP)**

The MFP Demonstration Grant allows eligible members to transition from qualified institutional settings to qualified community residence through December 31, 2019 and receive up to 365 days of services through December 2020 using MFP funds.

### **REVIEW OF WAIT 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 a legally responsible individual working on behalf the individual, 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 Medicaid eligibility and appropriateness for BSW. If the individual's level of care or need for services is in question, the CMT should consult with the RPO.

### **TRANSITION TO WAIVER**

The CMT will select the next prioritized individual on the wait list

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when a slot becomes available.

**EXCEPTION:** Refer to BSW 414 Assisted Living At Risk Slot Process. In these instances, the CMT must document the specific circumstances on the Wait List Criteria Tool in the comment section of the form.

**SCREENING  
DETERMINATION**

It is not necessary for MPQH to complete a new screening tool or request a Screening Determination (SLTC-61) if the individual continues to qualify, unless the member has been on the wait list for more than 90 days or there has been a significant change in the individual's condition.

**SLTC-55  
SUBMISSION**

Central Office will submit all SLTC-55s to the OPA Medically Needy/Waiver Unit.