



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 (07/01/2018)

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 the Wait List Criteria Tool. 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 disability criteria, 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 Medicaid may also be placed on the wait list; are still required to meet all non-financial wait list criteria.

NOTE: The BSW deeming form must be completed for spouses and children requiring waiver of deeming. The CMT must submit the completed form to the BSW Program Manager prior to placing these individuals on the wait list.

Individuals who qualify for another waiver may also be placed on BSW's wait list. Refer to BSW 411.

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, or
2. An Entrance/Discharge into Medicaid Home and Community Based Services form (SLTC-55) is received from the OPA confirming Medicaid ineligibility.

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

ENROLLMENT

All open slots must be equally available to all eligible individuals in the CMTs service area. CMTs serving more than one county may not allocate slots per county. 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 the Wait List Criteria Tool (SLTC-146). A Wait List Criteria Tool will 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 HCBS.

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 expeditiously 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 submitted to CSB 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 Office of Public Assistance (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 MA-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)

Members determined to be a MFP demonstration grant referral are placed on the wait list per the same criteria as described in this policy section. Transitions occurred through December 31, 2018. MFP grant funds will continue to be utilized for waiver services for enrolled members through day 365 of participation in the BSW program.

Members enrolled in the BSW program through the MFP grant will no longer have a guaranteed additional waiver slot or funding at day 366 of participation in the program. CMTs who enrolled a member through the MFP grant may continue to access MFP demonstration services, including the MFP Regional Transition Coordinator service. Prior to the member reaching day 365 of participation, the CMT must absorb the member in a team-managed slot and budget allocation.

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 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 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 when a slot becomes available. Budget constraints may warrant the selection of an individual with lower needs whose care needs can be met with limited funds.

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In these instances, the CMT must document the specific circumstances on the Wait List Criteria Tool in the Comment section of the form. BSW 406-1 provides specific instructions on completion of the Wait List Tool.

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 SLTC-55s to the OPA Medically Needy/Waiver Unit.

EXCEPTON: CMTs will submit a SLTC-55 form to the OPA Medically Needy/Waiver unit via the central scanning office by faxing the form to 1-877-418-4533 in the following circumstance:

1. Short-term admissions.

NOTE: Wait list placement for children under 21 for either a long-term and short-term admission require prior authorization. Refer to BSW 403 (Prior Authorizations).