



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

Title: BSW 407
Section: ELIGIBILITY FOR SERVICES
Subject: Medically Needy Billing Procedures
Reference: BSW Application 01-01-2018; ARM 37.84.415
Supersedes: BSW 407 (01/01/2019)

DEFINITION

Aged, blind and disabled individuals whose income is over the limit of other Medicaid programs may qualify for the Medically Needy program. Individuals enrolled in the Medically Needy program are required to meet or pay a spend down (similar to an insurance deductible) before each month's benefits are approved.

SLTC-131

The Authorized Services for Spend Down form (SLTC-131) must only be used to authorize waiver-approved expenses to reduce the spend down for those individuals receiving Veteran's Aid & Attendance benefits. The CMT lists only those expenses that are the obligation of the member and will not be paid by Big Sky Waiver. Waiver expenses must be incurred prior to the expense being used to reduce the spend down. Billing statements are not accepted if the statements are created in advance of the expense being incurred.

Services on the SLTC-131 must meet the following criteria:

1. The service must be medically necessary and relate specifically to the member's medical diagnosis. This must be documented in the member's service plan;
2. The service must be such that without the service the recipient would require institutionalization.
3. The service plan must include documentation supporting that the service is the most cost-effective option to meet the needs of the member;
4. The CMT must pursue all other potential third-party sources of coverage (including, but not limited to: natural supports, Medicare, EPSDT, CFC and State Plan). All third-party sources must be evaluated and exhausted prior to the authorization of services; documentation that needed items are not coverable

- by another payer source must be present in the member's case record;
5. The service must be received after the client's enrollment into BSW and prior to termination from BSW. Payment will not be made for services rendered after the effective date of termination. Services that are incurred prior to the Prior Authorization request will not be approved and are subject to repayment. Services that are expected to be received or consumed over a period that exceeds the member's BSW enrollment period such as dietary supplements purchased in bulk which are expected to be consumed after the client's BSW termination date; those services do not meet BSW service or Prior Authorization criteria;
 6. The service must provide a direct medical or remedial benefit to the member; and
 7. The service is an approved service listed in the BSW Application.

VETERAN'S AID & ATTENDANCE

The U.S. Department of Veterans Affairs provides Aid and Attendance benefits to qualified individuals who require the aid and attendance of another person or are housebound. Members receiving Aid and Attendance benefits cannot use the cash option to meet their spend down; these members must incur medical expenses equal to their spend down prior to receiving Medicaid coverage.

PROCEDURES

The SLTC-131 form must be submitted to the OPA when there is a change in the services allowed and at the 180-day visit, regardless if there are changes to the expenses listed on the form or not. The Additional Comments section of the SLTC-131 must be completed when there is authorization of any one-time expense.