

## BIG SKY WAIVER WAIT LIST CRITERIA TOOL

Applicant: \_\_\_\_\_

Slot Category: \_\_\_\_\_

Medicaid ID# \_\_\_\_\_

Initial review date: \_\_\_\_\_

Date      Date      Date      Date  
\_\_\_\_\_

1. Is the applicant at risk of medical deterioration without services?	1 2 3	1 2 3	1 2 3	1 2 3
2. Does the applicant have cognitive impairment?	1 2 3	1 2 3	1 2 3	1 2 3
3. Is applicant currently in a nursing facility or at risk of institutional placement or death?	1 2 3	1 2 3	1 2 3	1 2 3
4. Does the applicant require 24-hour supervision?	1 2 3	1 2 3	1 2 3	1 2 3
5. Is there a need for more formal (paid) services?	1 2 3	1 2 3	1 2 3	1 2 3
6. Is there a need for more informal supports?	1 2 3	1 2 3	1 2 3	1 2 3
7. Does the primary caregiver need relief?	1 2 3	1 2 3	1 2 3	1 2 3
8. Is there a need for adaptive aids or environmental modifications?	1 2 3	1 2 3	1 2 3	1 2 3
9. Does the applicant frequently utilize emergency services?	1 2 3	1 2 3	1 2 3	1 2 3
10. Has the applicant had involvement from Adult Protection Services (APS), Child Protection Services (CPS), Law Enforcement or an Ombudsman?	1 2 3	1 2 3	1 2 3	1 2 3
11. Does the applicant have safe, adequate housing?	1 2 3	1 2 3	1 2 3	1 2 3
12. Does the applicant receive financial support through family or other resources?	1 2 3	1 2 3	1 2 3	1 2 3
13. Are there other health and safety issues (not identified in 1-12) that place the applicant at risk? Please explain below in comments.	1	1	1	1
14. Does the applicant require spousal impoverishment or waiver of deeming for children, to qualify for Big Sky Waiver services?	Y N	Y N	Y N	Y N

Total Score: \_\_\_\_\_

Comments:

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CM Signature: \_\_\_\_\_ Date: \_\_\_\_\_