

Request For Assisted Living At Risk Slot

Instructions: Forward the completed form to the Regional Program Officer (RPO). RPO will forward the request to the Big Sky Waiver Program Manager for approval or placement on AL At Risk wait list.

Case Management Team:		Case Manager:	
RPO:			
Name of Member:		Medicaid ID#:	
Name of Assisted Living Facility:			City:
Admit Date:	Length of time residing in AL Facility:		
Length of time unable to meet AL costs:			
Date Placed on Waiting List:			
Portion of AL cost covered by family, the AL facility or other resources, if applicable:			
Length of time member can remain in the AL facility:			
Has been a discharge notice been provided?			
Estimated Annual Cost of AL Placement (Attach Cost Sheet):			
Comments:			
Member has been in facility paying privately for at least 90 days. _____YES _____NO			
RPO Approval: _____		Date: _____	
CSB Approval: _____		Date: _____	