

**BIG SKY WAIVER  
TERMINATION, DENIAL OR DECREASE OF SERVICE FORM**

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**Section 1: Member Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Section 2: CMT Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Section 3: Termination or Denial of Services**

The Big Sky Waiver service(s) of: \_\_\_\_\_ is/are  
being terminated effective: \_\_\_\_\_ due to:

OR

The Big Sky Waiver service(s) of \_\_\_\_\_ is/are  
denied due to:

- Member's plan of care exceeds allowable limits.
- The service is not medically necessary and/or relate specifically to the member's medical diagnosis.
- The service is not the most cost-effective option available to meet the needs of the member.
- The service does not provide a direct medical or remedial benefit to the member.
- The services are no longer appropriate or effective in relation to the member's needs.
- Member's failure to use services as provided for in the service plan.
- Member's behavior creates serious risk to the member, caregivers or others or substantially impedes the delivery of services as provided for in the service plan.

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- The health of the member is deteriorating or in some other manner placing the member at risk of harm.
- The service providers necessary to the delivery of services are unavailable.
- The services requested by the member do not prevent institutionalization.
- Insufficient Big Sky Waiver program funds.
- Member's written request to end program coverage\*.
- Other.

\*Does not require RPO Authorization

**Section 4: Decrease in services**

The Big Sky Waiver service of \_\_\_\_\_,  
provided by \_\_\_\_\_, will be  
reduced from \_\_\_\_\_ units to \_\_\_\_\_ units effective \_\_\_\_\_ due  
to:

- Member's plan of care exceeds allowable limits.
- The services are no longer appropriate or effective in relation to the member's needs.
- Insufficient Big Sky Waiver program funds.
- Member's written request to end program coverage\*.
- Other.

\*Does not require RPO Authorization

**Section 5: CMT Authorization**

Case Management Team Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

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**Section 6: RPO Authorization**

RPO:  Concur  Do Not Concur

Regional Program Officer Signature:

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Date: \_\_\_\_\_

**Section 7: CSB Authorization**

Community Services Bureau  Concur  Do Not Concur

Community Services Bureau Signature:

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Date: \_\_\_\_\_

**Legal Basis for Action:** ARM 37.40.1401, .1426; ARM 37.5.307; 42 CFR Part 431 Subpart E; Big Sky Waiver Application

**IMPORTANT**

If you disagree with the determination stated on this front of this form, you may request a fair hearing before an Administrative Law Judge of the Office of Fair Hearings. You must request a fair hearing in writing or complete information below, sign and mail to address listed below.

Under certain circumstances you may continue to receive services during the period of your appeal. A request for continuation of services must be made prior to the date given in the notice of the change in, or termination of, your services. If you are interested in continuing to receive services during the period of your appeal, you must indicate in your request for a fair hearing. Benefits provided to a claimant pending a hearing decision are subject to repayment by the claimant if the adverse action is sustained.

A request for a hearing by a claimant must be received by the department within 90 days from the date of mailing of notice of the adverse action. You may use the "Request for Fair Hearing" section below to make your request. A request for fair hearing must be directed to: Department of Public Health and Human Services Office of Fair Hearing, PO Box 202953, Helena, MT 59620.

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**REQUEST FOR FAIR HEARING**

I am requesting a continuation of benefits during the period of the appeal if eligible:

YES  NO

I request a fair hearing for the following reasons:

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I have an attorney:

YES  NO

My attorney's contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Claimant or Authorized Representative Signature:

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Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Prior to the fair hearing, a Department representative will conduct an administrative review of the matters which you are appealing. The administrative review is an opportunity to informally present your case and for the Department to reconsider the matters that you are appealing. The fair hearing is a process in which the parties formally present their legal arguments and evidence in support of their positions on the matters at issue. The

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decision of the Administrative Law Judge is made based on the evidence presented at the hearing and upon governing federal and state laws, regulations and policies. The decision of the Administrative Law Judge resolves the matters at issue and is binding upon the parties unless an appeal is made to state district court.