



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

Title: BSW 804
Section: CASE MANAGEMENT SYSTEM
Subject: Records Requirements
Reference: Big Sky Waiver (BSW) app 01-01-2018;
Supersedes: HCBS 804 (01/01/2012)

DEFINITIONS

Verification: The documentary evidence used to confirm the accuracy of statements or information. There are two types of verification: hard copy and verbal.

Hard Copy Verification: The use of written documentation, from the source, to confirm the accuracy of statements or information. This documentation must be in paper form or scanned copy.

Verbal Verification: Verbal statement received from the applicant (or applicant's conservator, guardian or power of attorney) or other entities.

GENERAL REQUIREMENT

The Case Management Team's records must include at least the following hard copy documentation:

1. Initial Screening Results;
2. Referral Forms;
3. MPQH Profile for the PAS or SDPAS Program;
4. MPQH Level of Care for (SLTC-61)

NOTE: This form is used by Mountain Pacific Quality Health (MPQH) to record information to make a level of care determination for BSW; MPQH's level of care cannot be used to verify other BSW eligibility criteria, such as:

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confirmation of physical disability,
appropriateness for waiver or financial
eligibility for Medicaid.

5. Service Plan, cost sheets and amendment forms;
6. Progress notes;
7. Discharge Sheets;
8. Psychosocial Summary;
9. Reevaluation Forms;
10. Amendment Forms;
11. Prior authorization forms;
12. Resident agreement for members in Assisted Living Facilities;
13. Guardianship/Conservator and POA documents;
14. Entrance/Discharge into Medicaid (SLTC-55);
15. Hard copy verification from either SSA or MEDS indicating the individual's physical disability determination approval; this information must be documented in progress notes and uploaded into DPHHS' care management system prior to enrollment in BSW;
 - a. Documentation received from SSA confirming current disability status; or
 - b. Documentation received from SSA confirming the individual would be considered disabled if not for their Substantial Gainful Activity(s); or
 - c. Documentation received from the Medicaid Eligibility Determination Services (MEDS) program confirming current disability status. Refer to BSW 804. Individuals may contact the Office of Public Assistance (OPA) at 1-888-706-1535 for details regarding the MEDS process. Refer to BSW 805;

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16. Documentation confirming the individual's current Medicaid eligibility verified through Montana Medicaid provider portal(s) or a copy of the OPA approval notice sent to the member; this information must be documented in progress notes and uploaded into DPHHS' care management system prior to enrollment in BSW; and
17. Any forms signed by the member.

Upon request, the CMT must make records available for use by the following:

1. The State of Montana;
2. The State of Montana Department of Health & Human Services;
3. The U.S. Department of Health & Human Services;
4. The U.S. Comptroller General; and
5. The member or their legal representative (conservator, guardian or Power of Attorney).