



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU Big Sky Waiver Policy Manual

Title: Big Sky Waiver Policy 804
Section: CASE MANAGEMENT SYSTEM
Subject: Records Requirements
Reference: Big Sky Waiver (BSW) Application 02-11-2019
Supersedes: HCBS 804 (07/01/2018)

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

GENERAL REQUIREMENTS

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

- A. Initial Screening Results;
- B. Referral Forms;
- C. MPQH Profile for the PAS or SDPAS Program;
- D. 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: confirmation of physical disability, appropriateness for waiver or financial eligibility for Medicaid;

- E. Service Plan, cost sheets and amendment forms;
- F. Progress notes;
- G. Discharge Sheets;
- H. Psychosocial Summary;
- I. Reevaluation Forms;
- J. Amendment Forms;
- K. Prior authorization forms;
- L. Resident agreement for members in Assisted Living Facilities;
- M. Guardianship/Conservator and POA documents;
- N. Entrance/Discharge into Medicaid (SLTC-55);
- O. Hard copy documentation verifying the individual meets Social Security Administration (SSA)'s criteria for physical disability; this information must be documented in progress notes and uploaded into DPHHS' care management system prior to enrollment into BSW and/or placement on the wait list. The CMT must bring to the attention of the RPO individuals whose disability determination documentation does not fall under the situations listed below:
 - a. Documentation received from SSA confirming current disability status; or
 - b. Documentation received from SSA confirming the individual is receiving SSA disability benefits; or
 - c. Documentation received from SSA confirming current SSI benefits; or
EXCEPTION: For individuals receiving SSI between the ages of 62 and 64, the CMT must contact the RPO for assistance.
 - d. Documentation received from SSA confirming the individual would be considered disabled if not for their Substantial Gainful Activity(s); or

- e. Documentation from the Railroad Retirement Board (RRB) confirming the individual is currently receiving “total” disability benefits; or
- f. Documentation received from the Medicaid Eligibility Determination Services (MEDS) program confirming current disability status.

NOTE: A MEDS determination may indicate a re-exam date. If a re-exam date has passed), the member is required to pursue and receive an approved MEDS re-evaluation in order to continue to meet BSW’s disability criteria. If indicated, the MEDS determination is only valid through the re-exam date. If the MEDS medical re-exam date has expired (the medical re-exam

NOTE: The Veterans Administration (VA) does not necessarily use SSA’s disability criteria. Those individuals receiving VA disability benefits must be determined disabled under the MEDS process unless they have disability documentation from SSA as outlined above.

Individuals may contact the Office of Public Assistance (OPA) at 1-888-706-1535 for details regarding the MEDS process;

- P. 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

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DPHHS' care management system prior to enrollment in BSW; and

Q. 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;
and
4. The U.S. Comptroller General.

NOTE: Documentation held in a member's case file (electronic or hard copy) must not be released to the member or their legal representative (Conservator, Guardian, or Power Of Attorney) without prior approval by Central Office.