

STATE OF MONTANA
Department of Public Health and Human Services
BIG SKY WAIVER (BSW)

BSW Intake Sheet

Member Last Name:

Member First Name:

Medicaid ID Number:

Case Management Team Number:

Original Admit Date:

Intake Date:

Pay Status:

Comment:

RESIDENTIAL STATUS PRIOR TO BSW:

CARE CATEGORY:

Intake Services:

Service/Service Procedure Code:

Case Manager Signature

Date