MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

BIG SKY WAIVER Policy Manual	Section: PERSON CENTERED PLANNING
	Subject: Level of Care

PURPOSE

All Medicaid members must meet the Department's institutional level of care criteria to be eligible for the Community First Choice (CFC) program. A member does not need to reside in an institutional setting to meet this level of care. Level of care determinations for nursing facility level of care are determined by Mountain Pacific Quality Health (MPQH). Level of care determinations for a person with developmental disabilities is made through the Developmental Disability Service Division (DDS). Level of care determination must be made initially and annually.

If a member does not meet level of care criteria they remain eligible for the personal assistance services (PAS) program.

PROCEDURE

1. Initial Level of Care (nursing facility). Referrals for level of care screen can be made to MPQH. MPQH receives a level of care referral and will complete a phone screen to determine level of care. They will also complete a Level 1 screen (SLTC-145) at this time to determine if the member has a developmental disability or mental health diagnosis. MPQH uses the level of care information to determine eligibility for CFC and PAS services. The type of services the member is eligible to receive will be indicated on the member service profile.

2. Annual Level of Care (nursing facility). The plan facilitator is responsible for assessing the member annually, and whenever the member's circumstances or health condition change. Part of this assessment includes whether the member continues to meet level of care criteria. If the plan facilitator believes the member no longer meets the level of care criteria they should contact MPQH by phone and request a re-determination of level of care. If a member no longer meets level of care the member must transition to the PAS program.

3. Initial Level of Care (developmental disability). The level of care process for a person with developmental disabilities involves two steps. First, the member or their representative must request DD eligibility and a DD Eligibility Specialist will establish if an applicant meets the State definition of developmental disability. Next, if the person is determined to be DD eligible, the Quality Improvement Specialist will complete the level of care evaluation. If a member does not request DD eligibility the member may be referred to MPQH to determine nursing facility level of care.

4. Annual Level of Care (developmental disabilities).The Quality Improvement Specialist conducts reassessments for DD level of care.