



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

**Title:** BSW 801  
**Section:** CASE MANAGEMENT SYSTEM  
**Subject:** Case Management Requirements  
**Reference:** Big Sky Waiver app 01-01-2018

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## GENERAL

The Department contracts with Case Management Teams (CMT) to provide case management services. Case management providers may be public, private, or nonprofit organizations; such as a County Welfare Department, a County Health Department, a Home Health Agency or any other organization which has the resources to meet program requirements.

## ADMINISTRATIVE SEPARATENESS

An agency that provides case management services and plans to provide other Home and Community Based Services (HCBS) must assure that the case management team is administratively separate. This means the case management team must be able to make independent decisions regarding the use of any and all available service providers and monitor the quality of services provided. This is to assure the case management team can arrange for services according to the member's needs and choice of providers and is under no mandate to use the agency's services over other available service providers. The team must assure that services provided are necessary, of appropriate quality, and least costly and should have no vested interest in who is selected to provide the services. At the beginning of each contract period, the case management agency must provide the Department with a statement describing which HCBS will be provided in addition to case management. The statement includes the type of services provided, who bills for the services, and the reimbursement rates for each service. This does not include HCBS provided by subcontractors.

The statement should also include an assurance of the following:

1. The direct provision of these services is necessary to assure an adequate supply of services.

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2. The services are of comparable quality to other services in the area; and
3. The services are included in a Plan of Care that considers member choice, types of services needed and geographical area.

## **ENROLLMENT LIMITS**

The CMT shall provide case management services to no more than the number of persons allowed by the Department. Each CMT has been informed of their projected budget. CMTs expenditures are expected to not exceed their budgets. The Department will track utilization and expenditures using the Monthly Utilization Reports to ensure that CMTs provide services within the authorized parameters. CMTs that exceed their authorized budget may be subject to sanctions (refer to ARM 37.85.501-507).

## **CONTRACT TERMS AND CONDITIONS**

CMTs will be held to the assertions made in their responses to the request for proposals. If a team wishes to revise responses to the RFP, they must make such a request in writing to the Department. The Department may or may not grant the request, depending upon its impact on the program.

## **REQUIREMENTS**

All case managers must complete the on-line CMS HCBS training at [HCBS Assurances](#) within 6 months of employment as a case manager.

All case managers must complete the Department's New Case Management Training within 12 months of employment as a case manager.

Case management teams must be represented at the annual CSB sponsored conferences and the pre-conference case management session.