

	Addictive and Mental Disorders Division Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual
	Date effective: July 1, 2020 Date revised:
Policy Number: <i>SDMI HCBS 105</i>	Subject: Eligibility and Selection

Eligibility

- (1) A member is eligible for enrollment in the Severe and Disabling Mental Illness Home and Community-Based Services (SDMI HCBS) waiver program if the member needs the following criteria:
- (a) is at least 18 years of age;
 - (b) is Medicaid eligible;
 - (c) requires a Level of Care (LOC) in a nursing facility as determined by the Quality Improvement Organization (QIO) under contact with the department;
 - (d) meets the severe and disabling mental illness requirements in SDMI HCBS 005; and
 - (e) meets the level of impairment criteria established in the waiver program Evaluation and Level of Impairment (LOI Form), as determined by a licensed mental health professional, by scoring a three or higher on at least three areas.

Selection

- (1) Once a member has been found eligible to receive waiver program services, the QIO refers the member to the appropriate case management team (CMT).
- (2) The CMT must offer the member an available opening for program services, if one is available, or place the member on the wait list until an opening is available.
- (3) The CMT must place the member on the waitlist in the service area the member selects. (see Waitlist policy, SDMI HCBS 115)
- (4) Eligibility for consideration for the waiver program does not entitle a member for selection and entry into the program.
- (5) A member must need two SDMI HCBS waiver services in order to be enrolled in SDMI HCBS waiver, one service must be case management.

- (6) A member may be removed from the SDMI HCBS waiver program for the following reasons:
- (a) a determination has been made by a mental health professional that the member no longer meets eligibility criteria;
 - (b) the member refuses to receive the required assessments as directed by the waiver;
 - (c) the member does not actively participate in at least two services in the waiver program within 45 calendar days from the date the member agrees to and signs the PCR;P;
 - (d) the department determines that the member has failed to utilize or attempted to utilize at least two waiver services, in over 90 days, with repeated attempts documented by the CMT to engage the member; and
 - (e) the member no longer requires the LOC of a nursing facility as determined by the QIO.

Justice Involved Individuals:

- (1) Medicaid coverage is not available to inmates in public institutions. An inmate is someone who is involuntarily confined to a public institution, including individuals who are awaiting criminal proceedings, penal dispositions, or other involuntary detainment determinations.
- (2) An individual, who is voluntarily residing in a public institution, pending other arrangements, may be eligible for Medicaid. Individuals who are committed to Montana State Hospital or Montana Mental Health Nursing Center are not considered inmates but are also not eligible for Medicaid coverage if over age 21 but not yet age 65.