MONTANA DPHHS Healthy People. Healthy Communities. Department of Public Health & Human Services	**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: *SDMI HCBS 405*	**Subject:** Evaluations/Reevaluations Schedule

General Requirements

(1) The case management teams (CMT) are required to review the status of members as part of the provision of case management services.

(2) On a monthly basis, the CMT must:

(a) verify continuing Medicaid eligibility in the web portal; and

(b) have contact the member, either in person or telephonically. Email is allowable with a documented reason under special circumstances such as hearing impairment, non-verbal, or other circumstances approved by the CPO.

(3) The CMT must meet with the member in person:

(a) quarterly;

(b) annually (within 12-month service plan date span); and

(c) if there is a significant change in the members condition or waiver policy changes that affect the member.

(4) Quarterly reviews must include the following activities:

(a) monitor service delivery, health, and welfare;

(b) assess service effectiveness; and

(c) update the member's PCRP as necessary.

(5) Annual Reviews must include the following activities:

(a) monitoring the service delivery, health, and welfare of the member;

(b) obtaining and evaluating information concerning the member's satisfaction with services;

(c) evaluating the effectiveness and appropriateness of services being provided;

(d) completing a LOC assessment, if the level of functioning has changed forward to the QIO for a re-assessment;

(e) re-evaluation of the LOI assessment, if the level of functioning has changed forward to the QIO for a re-assessment;

(f) re-evaluation of the Strengths assessment; and

(g) gauging the cost effectiveness of the services.

(6) Prior to the annual review, the CMT must refer the member to a professional to complete the "Severe and Disabling Mental Illness, Home and Community-Based Waiver, Evaluation and Level of Impairment" (LOI) assessment.

(7) The CMT must review the updated LOI and diagnosis to confirm the member still meets the eligibility requirements for the SDMI HCBS waiver.

(8) If the member meets the LOI for the SDMI HCBS waiver, the CMT must complete the following tasks:

(a) review the PCRP, service agreements, and provider contract agreements;

(b) evaluate service effectiveness, quality of care, and appropriateness of services;

(c) verify continuing Medicaid eligibility and other financial and program eligibility;

(d) complete a new PCRP and service agreement(s); and

(e) maintain appropriate documentation.

(9) The CMT must submit the PCRP to the Community Program Officers at least 30 days prior to the end of the service plan date span as described in Person-Centered Recovery Plan, SDMI HCBS 410.

(10) For each contact, the CMT must submit progress notes in the care management system as described in SDMI HCBS Progress Note, Policy 215.

(11) If the member does not meet the LOI for the SDMI HCBS waiver, the CMT must refer the member's LOI to the Quality Assurance Organization for review.