

401 Eligibility for Services

INDIVIDUALS TO BE SERVED

To be eligible for BSW services, individuals must meet all the following criteria to be eligible for Big Sky Waiver services:

1. Be financially eligible for general and long term care standard Medicaid. Individuals who are eligible for standard Medicaid have additional eligibility requirements under BSW. Individuals may contact the Office of Public Assistance (OPA) at 1-888-706-1535 for details on BSW's long term care Medicaid additional eligibility requirements. Refer to BSW 804 (Record Requirements);
2. Be elderly (65 years or older) or meet the Social Security Administration (SSA)'s physical disability criteria. Refer to BSW 804 (Record Requirements);
- ~~2-3.~~ Require the level of care of a nursing facility as assessed through a pre-admission screening determination and functional assessment via a level of care assessment completed by Mountain Pacific Quality Health (MPQH). Refer to BSW 804 (Record Requirements);
4. Have a need(s) that can only be met through BSW Big Sky Waiver services.;
- ~~3-5.~~ Are not receiving services from another Home and Community Based Services waiver.
4. Choose to receive BSW services; confirmed through signature of the Service Plan by the member or the member's legal representative;
5. Be determined appropriate for the BSW program given the individual's current needs and risks, of services available through the program. Appropriateness criteria includes but is not limited to: requiring one or more BSW services, the services provided by BSW are appropriate or effective in relation to the member's needs, without the services provided the individual would be institutionalized and the BSW service providers necessary to the delivery of services as provided for in the service plan are available;
6. Require the level of care of a nursing facility via a level of care assessment completed by Mountain Pacific Quality Health (MPQH). Refer to BSW 804 (Record Requirements);
7. Not reside in a hospital or nursing facility. For exceptions, refer to BSW 410 (Retainer Payments);
8. Not receive case management services through another Medicaid program. Refer to BSW 702 (Service Limitations and Exclusions)

Commented [KS1]: Should we just spell these out here, or is it super complex? Also, would OPA be the contact, or BSW?

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APPLICANT REQUEST FOR INFORMATION PROCESS

The Case Management Team (CMT) must send a Request for Information notice (BSW 101) to an applicant when information, documentation and/or an action is required in order to determine an applicant's eligibility for the BSW program. The CMT must list a fifteen (15) calendar day deadline on the BSW-101.

If an applicant requests (prior to the current BSW 101 deadline date) for additional time to comply with the Request for Information notice, an extension may be provided. Once an extension has been approved, the CMT will issue a new Request for Information Notice (BSW 101) with a new fifteen (15) calendar day deadline. Applicants may only request up to two extensions of 15 additional days.

If an applicant fails to comply with the Request for Information by the deadline provided, the request for coverage through BSW must be denied. NOTE: Refer to BSW 412 (Adverse Action) for program denial policy and procedures.

PROGRAM APPROVAL PROCEDURE

A BSW Program Approval Notice (BSW 102) is required to be provided to the member within 10 days of enrollment into the program. The member is not officially enrolled in the program until both the intake meeting has been held to develop a service plan and the SLTC 55 form has been received from the OPA. The date of enrollment cannot be prior to the date of eligibility on the SLTC 55 form. NOTE: Refer to BSW 412 (Adverse Action) for program denial policy and procedures.