



**SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU**

**HOME AND COMMUNITY BASED WAIVER
Policy Manual**

Section: APPENDIX

**Subject: Entrance Into Medicaid (SLTC-55)
Instructions**

References: ARM: 37.40.1408

PURPOSE

This form is originated by the Case Management Team (CMT) to enroll an individual into Home and Community Based Services (HCBS) or discharge a member from HCBS.

DISTRIBUTION

CMT retains pink copy as a suspense copy. White and yellow copies are sent to the county where Medicaid eligibility is determined. The county office will complete their portion of the form and retain the yellow copy for its files. The white copy will be returned to the CMT.

INSTRUCTIONS

APPLICANT

Enter identifying information of the member.

**REFERRING
CASE
MANAGEMENT
TEAM**

Enter name, agency, date referral sent to county, address and phone number of CMT making referral.

**ENROLLMENT
REQUEST**

Enter name of county office where financial eligibility is determined.

EFFECTIVE DATE

Enter the date HCBS is scheduled to start. The effective date should be the same date as the admit date on the Intake Sheet (SLTC-136).

HCBS WAIVER

Indicate appropriate waiver category.

**DISCHARGE
REQUEST**

Enter the date HCBS is terminated. The discharge date should be the same date as the discharge date on the Discharge Sheet (SLTC-137).

**COMPLETED
BY COUNTY
OFFICE**

The county office will complete this section of form and return a copy to CMT.