**MONTANA**
**DPHHS**
*Healthy People. Healthy Communities.*
Department of Public Health & Human Services

# SENIOR & LONG TERM CARE DIVISION
# COMMUNITY SERVICES BUREAU

| HOME AND COMMUNITY BASED WAIVER Policy Manual | Section: APPENDIX |
|---|---|
| | Subject: Level of Care (SLTC85) Request Instructions |

**References:** *ARM: 37.40.1408*

**PURPOSE**

To request a level of care screen for long term care services from the Mountain-Pacific Quality Health for the following:

1.  A new applicant

2.  An applicant who has had a previous level of care screen completed which is no longer valid after 90 days, or

3.  A Home & Community Based Services member who may no longer meet level of care.

**PROCEDURE**

Case management teams, nursing facilities and other interested agencies or individuals complete the form and fax to Mountain-Pacific Quality Health at (800)413-3890.

**INSTRUCTIONS**

Date of Request

Enter the date the requestor is mailing or faxing the request for the level of care determination.

Requestor Information

Enter date of request, phone and fax numbers, name of person requesting screen and name of agency.

Identifying Information

Enter legal name of applicant, Social Security number, mailing and physical addresses, telephone number, county of application, date of birth, age, sex, veteran status and Medicaid status of the applicant.

Residential Status

Enter place where applicant resides (i.e. home, nursing facility, etc.)

Name of Facility

Enter the name of facility where applicant resides.

Anticipated LOS          Enter the anticipated length of stay in months, weeks or days.  If it is anticipated to be a long term stay, please indicate so.

Medicare Skilled          Check if the applicant was Medicare skilled. Enter date skilled services were initiated.

Previous Medicaid
Screen and Date          Check if prior Medicaid screen was completed. Enter date of previous screen.

Health Care
Professional          Enter the name and phone number of the applicant's health care professional and state the type of professional (i.e., physician, nurse practitioner or physician assistant).

Other Contacts          List the name and phone number of other contacts that Mountain-Pacific Quality Health may call.