

405 Referrals for Services

REQUIREMENT

~~Big Sky Waiver case managers, personal assistance providers, home health providers, hospital and nursing facility discharge planners, family members, and individuals can make a referral for Big Sky Waiver services. Individuals should direct Referrals for BSW the Big Sky Waiver should be directed to MPQH Mountain Pacific Quality Health for a Level of Care (LOC) determination. BSW case managers-Individuals can make this a referral by calling 800-219-7035 or by completing the Level of Care Determination referral form (Refer to and). Other entities such as personal assistance providers, home health, hospital and nursing home discharge planners, family members or the individual themselves may also make a referral to MPQH. If the CMT is making the referral, they should also refer the individual to the appropriate Office of Public Assistance (OPA) for a determination of Long Term Care Medicaid eligibility.~~

Commented [KS1]: Needed? Or procedure?

GENERAL INQUIRIES

The ~~CMT case management team~~ must respond to or follow up on general inquiries regarding ~~BSW the Big Sky Waiver~~ within five business days.

FORMAL REFERRALS

If ~~Mountain Pacific Quality Health MPQH~~ determines that the individual ~~does meets~~ Level of Care for ~~BSW the Big Sky Waiver~~ they will provide the ~~CMT case management team~~ with a formal written referral.

~~Formal referrals mandate that the Case management team must CMT initiate contact in response to referrals according to the response to the timeframes indicated below.~~

RESPONSE TIME

The ~~case management team CMT~~ must initiate contact within five business days of receipt of a formal referral. Onsite visits by the ~~case management team CMT~~ must be made within 60 days of the referral.

REFERRAL SUMMARY

~~The case record progress notes must begin with a summary of the initial contact, including who made the referral, the date the referral was received, the date and name of the team making the initial contact, who was contacted, and how the initial contact was made; i.e., telephone, office visit, home visit, etc.~~

MODE OF RESPONSE

~~Case management teams must make The initial contact must be made in person or by telephone. A letter to the consumer-member is not sufficient. When the first contact is a-by~~

| phone ~~contact~~, the an in-person visit should follow as soon as possible not to exceed 60 days from date of initial referral.

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