



Senior & Long Term Care Division Community Services Bureau Big Sky Waiver Policy Manual

Title: BSW 502
Section: PREADMISSION SCREENING
Subject: Screening Referral Procedures
References: BSW Application 02-2019; ARM 37.40.1408
Supersedes: BSW 502 01-01-2012

REFERRAL

Referrals for Big Sky Waiver (BSW) should be directed to MPQH for a Level of Care (LOC) determination. BSW case managers can make this referral by calling 1-800-219-7035 or by completing the Level of Care Determination referral form (Refer to 899-7 SLTC-85 form). Other entities such as personal assistance providers, home health, hospital and nursing home discharge planners, family's or the applicant themselves may also make a referral to MPQH.

NOTIFICATION

MPQH will notify the applicant of the results of the screening by completing and mailing a copy of the Screening Determination SLTC-61. MPQH will also send a copy of the SLTC-61 to the Office of Public Assistance and the BSW Case Management Team(s) that serve the county in which the applicant resides. (Refer to BSW 599-1 for a copy of the SLTC-61).

RESPONSE TIME

As a general rule, screenings will be initiated within three working days of referral. When decisions must be made regarding response time for screening, the priorities are:

1. Individuals in hospitals awaiting placement in the Big Sky Waiver Program;
2. Individuals in the community who are at risk of institutionalization, including individuals in assisted living facilities that require Big Sky Waiver to avoid discharge to a nursing facility; or
3. Individuals in the community or in nursing facilities who are not at immediate risk. This would include individuals who have a secure environment in the community with appropriate family support.