

BSW 415 Eligibility for Services: Temporary Absences

March 22, 2021

REQUIREMENT DEFINITION

A temporary absence occurs when a member is not receiving waiver services because they are in a hospital, nursing facility, or on vacation. When a temporary absence occurs, members retain Big Sky Waiver eligibility for 30 days.

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Big Sky Waiver (BSW) program eligibility for members may continue and Personal Assistance Services and Residential Habilitation Services are eligible for payment during the first 30 days of a member's temporary absence. Case management services may be billed during a member's temporary absence (on vacation with a plan to return home) of less than 30 days. Refer to BSW 410 (Retainer Payments) for more information.

EXTENDED TEMPORARY ABSENCE WITH INTENT TO RETURN

Occasionally members may require an absence of more than 30 days, but still plan to return to the Big Sky Waiver. Case management teams will place members in the extended temporary absence pool for absences of 31 to 60 days.

Members' long term slots remain open during this timeframe; members are not discharged.

The Department will work with the case management team to ensure members are able to successfully return to the waiver after the extended absence. This may include paying for case management and adult residential services.

RESUMPTION OF SERVICES

Case management teams must evaluate the service plan to determine if any changes are needed to support members as they transition from a higher level of care back to the Big Sky Waiver. Members do not need a new level of care evaluation unless there has been a significant change in the member's condition.

DISCHARGE AT 60 DAYS

Case management teams must discharge members after 60 days. Members may use Money Follows the Person to transition back to the waiver after 60 days.

MEMBER COMMUNICATION

Case management teams will communicate with members and, when appropriate, hospital or nursing facility case managers at least every 15 days during a member's temporary absence. **EXCEPTION:**

Case management services may not be billed for members having a temporary absence due to:

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1. Admission to a hospital, nursing facility or Transitional Care Unit; or

NOTE:

CMTs are required to provide adequate notice to the member within 5 calendar days of receiving confirmation a member's stay in a hospital, nursing facility or TCU will exceed 30 days. Refer to BSW 412.

2. Receiving outpatient medical care;

The CMT must send written communication to the Office of Public Assistance (OPA) indicating the member has been admitted to a nursing facility (hospital or TCU) or receiving outpatient medical care; the OPA waiver span should remain open while the absence remains less than 30 days.

RE-ENROLLMENT

~~Not supposed to re-enroll – if someone is in a NH, need to give them a slot when they come out.~~

~~For a member whose services are terminated and reinstatement of Big Sky Waiver coverage is requested, the member must meet all standard eligibility requirements for the BSW program, meet all wait list criteria and have the highest wait list score prior to re-entry to the program.~~

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