

BSW 406 Eligibility for Services: Wait List Criteria

Draft – March 4, 2021

PURPOSE

When all available Big Sky Waiver slots are filled, case management teams place applicants on a wait list for services. The Big Sky Waiver generally has a waiting list for services. Case management teams manage the wait list through a prioritization process, offering slot openings as they become available to individuals determined to be most in need of, and most likely to benefit from, waiver services.

OPEN REFERRALS

Individuals may be referred for Big Sky Waiver services with and without a Medicaid eligibility determination from the Office of Public Assistance. See BSW 401 (Eligibility for Services) for more information. An Open Referral is defined as a member who has not been determined eligible to be placed on the wait list but is in the process of an eligibility determination. For example, a member that has been referred to the Big Sky Waiver program and has been determined to meet level of care criteria but has not been determined financially eligible for Medicaid is considered an Open Referral. Case management teams maintain a separate open referral list.

WAIT LIST PREREQUISITES

Members must complete the general and long term care Medicaid eligibility process and meet all other Big Sky Waiver eligibility criteria before they can be assessed for the Big Sky Waiver waiting list.

An available opening for services will be offered to the disabled or elderly individual determined most in need of the service and most likely to benefit from the available services.

Case Management Teams (CMTs) are required to maintain current wait list records in the case management software system.

GENERAL CRITERIA/WAIT LIST ASSESSMENT

Case management teams prioritize applicant entrance into the Big Sky Waiver (BSW) is based on statewide criteria through defined in a the Big Sky Waiver Wait List Criteria Tool (SLTC-146). Case management teams fill out the Wait List Criteria Tool with all eligible members who are placed on the Big Sky Waiver waiting list for long term slots within 45 days of referral.

Individuals must be willing and able to accept a waiver slot to be assessed for the waiting list.

The CMT will assist applicants in securing needed support or other available services until the member can be admitted to BSW. When all available slots are filled, the CMTs must establish a wait list. CMTs

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must only place individuals on the wait list who meet the following criteria: individuals who are financially eligible for Medicaid, elderly or meet the Social Security Administration's (SSA) disability criteria as determined by the SSA or through Montana's Medicaid Eligibility Determination Services (MEDS), meet level of care, have a need(s) that can only be met through BSW services, and are able and willing to accept a slot. Individuals who require a resource assessment or children who need waiver of deeming to qualify for Big Sky Waiver may also be placed on the wait list; are still required to meet all non-financial wait list criteria.

NOTE:

The BSW Deeming Form BSW-101-18 is required to verify an individual requiring parental or spousal deeming meets the Medicaid eligibility criteria to be placed on the wait list. The CMT must submit the completed and signed BSW deeming form to the BSW Program Manager for review.

If the Program Manager does not approve the Deeming form, the Program Manager will return the Deeming Form to the CMT with the indication of 'Does not concur'. The CMT must send the individual a SLTC-144 notice denying BSW program coverage due to not meeting Medicaid eligibility within 10 calendar days of receiving the form from the Program Manager.

If the Program Manager approves the Deeming form, the CMT must evaluate the individual under the remaining general wait list criteria listed above. If the Deeming form is for a minor, refer to BSW-403 Prior Authorizations.

Placement on the wait list is not a guarantee an individual will ~~receive enrollment~~ be enrolled into ~~BSW~~ the Big Sky Waiver.

Individuals qualified but not enrolled in another waiver may be placed on ~~BSW's~~ the Big Sky Waiver's wait list. Refer to ~~BSW-411~~ Individuals with Developmental Disabilities and Severe Disabling Mental Illness (BSW 411).

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SUPPORT FOR INDIVIDUALS ON WAIT LIST

Case management teams will assist members in securing needed services and support until the member can be admitted to the Big Sky Waiver.

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WAIT LIST APPROVAL PROCEDURE

Case management teams will provide members with an approval notice within ten calendar days from placing them on the wait list.

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~~A BSW Wait List Placement Approval notice BSW 103 must be provided to the applicant within 10 calendar days from the date the applicant is placed on the wait list.~~

DENIAL PROCEDURE

~~The CMT must provide a Termination or Denial of Program Coverage SLTC 144 form to an individual if:~~

- ~~1. The individual does not meet general criteria for BSW; refer to BSW 401 for information on the Request for Information Process; or~~

~~An is received with a determination from the Office of Public Assistance (OPA) confirming Medicaid ineligibility. The CMT must provide a form to an individual if:~~

- ~~2. _____~~

NOTE:

~~CMTs must remove an individual from the wait list within 10 calendar days of receiving a SLTC 55 indicating ineligibility.~~

ENROLLMENT

~~All open slots must be equally available to all eligible individuals in the CMTs service area. Individuals placed on the wait list must be assessed in person within 60 days of the date of the referral. Priority is established through scoring the criteria on a BSW Wait List Criteria Tool (SLTC 146). A BSW Wait List Criteria Tool (SLTC 146) must be completed for each individual awaiting BSW services. The CMT will assist applicants in securing needed support or other available services until the member can be admitted to BSW.~~

DEFINITION

~~BSW short term services include: specialized medical equipment services and supplies, home modifications and/or vehicle modifications.~~

SHORT TERM ADMISSIONS

~~The purpose of a short term admission is to provide case management services to manage short term services on a short term basis. Short term admissions requesting more than short term services require CSB prior authorization.~~

~~Short term admissions cannot exceed six months. Services provided under a short term admission must be processed as expediently as possible. CMTs must end short term admissions once the approved services/products have been received.~~

EXCEPTION:

~~There may be rare circumstances when a short term admission may be extended beyond six months. Extension requests must be forwarded by the CMT to the assigned RPO within 30 calendar days prior to the effective date of the extension.~~

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BSW ELIGIBILITY EFFECTIVE DATE

The member is not officially admitted to the program until both the intake meeting has been held to develop a service plan and the SLTC 55 form has been received from the OPA. The date of admit cannot be prior to the date of eligibility on the SLTC 55 form.

A member may be scheduled for an intake meeting and have a situation arise requiring the meeting be rescheduled to a later date.

The SLTC 55 may have been requested for the earlier date. The date of enrollment will be the date of the intake meeting when the service plan is developed and signed. For example, the SLTC 55 indicates eligibility effective July 10 but the intake meeting is rescheduled for July 15. The enrollment effective date is July 15.

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MONEY FOLLOWS THE PERSON (MFP)

The MFP Demonstration Grant allows eligible members to transition from qualified institutional settings to qualified community residence through December 31, 2019 and receive up to 365 days of services through December 2020 using MFP funds.

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REVIEW OF WAIT LIST REVIEW

The CMT case management team will review the wait list at least quarterly by contacting applicants or their legal representatives. determine when a more in depth review of an individual on the wait list is necessary. However, individuals on the wait list, or a legally responsible individual working on behalf the individual, must be contacted at least quarterly to ensure that the wait list is current. CMTs must monitor the wait list and update quarterly to ensure that individuals on the list are still in need of services. The quarterly review consists of verifying the individual's current Medicaid eligibility and appropriateness for BSW continued need for Big Sky Waiver services. If the individual's level of care or need for services is in question, the CMT case management team should consult with the RPO regional program officer.

Also, is this the right placement for MFP? Is this about wait list or just eligibility as an exception in terms of where someone lives while applying? Or move this to the transition to waiver as an exception to the process – since there are slots reserved for MFP?

TRANSITIONING FROM THE WAIT LIST TO THE WAIVER

The CMT case management team will select the next prioritized individual on the wait list when a slot becomes available. A new level of care screening is not required for individuals who have been on the waiting list for more than 90 days unless there has been a significant change in the member's condition.

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Some members may delay their acceptance of their waiver slot because they are waiting for an adult residential slot or another specific setting to become available. There is no time limit placed on members as they stay on the waiver wait list while waiting for the adult residential slot. This member will remain at the top of the waiting list.

EXCEPTION:

Refer to BSW 414 Assisted Living At Risk Slot Process. In these instances, the CMT must document the specific circumstances on the Wait List Criteria Tool in the comment section of the form.

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WAIT LIST COMMUNICATION SUMMARY

Members can expect the following communication and timeframes as they wait for a slot in the Big Sky Waiver:

1. A case manager will contact a member within five days of receiving a referral to set up a time to assess the member for the wait list.
2. The scheduled meeting to assess the member for the waiting list will occur within 45 days of the initial referral for waiver services.
3. Case management teams will communicate with members every 90 days to update the member on wait list status.

SCREENING DETERMINATION

It is not necessary for MPQH to complete a new screening tool or request a Screening Determination (SLTC 61) if the individual continues to qualify, unless the member has been on the wait list for more than 90 days or there has been a significant change in the individual's condition.

SLTC 55 SUBMISSION

Central Office will submit all SLTC 55s to the OPA Medically Needy/Waiver Unit.

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