

# 402 Slot Categories

January 21, 2021

## DEFINITION

Slot categories are mechanisms for tracking Home and Community-Based Services (HCBS) Program costs. Slot types are determined through the person-centered planning process based off individuals' needs. The slot types set general guidelines for services and serve as one control mechanism for program costs.

## CATEGORIES OF SLOTS

Slots fall into three main categories, which are associated with the level of service intensity:

1. **BASIC SLOTS** Basic Slots: These slots include members who are elderly (over the age of 65) and have physical disabilities (under the age 65) but do not necessarily have high intensity needs. Individuals under the age of 65 must have been declared disabled by the Social Security Administration. The Case Management Team (CMT) is allotted a specific number of basic slots. Service plan costs for these slots may not exceed the established upper limit without prior authorization.
2. **Adult Residential Slots**: Adult Residential is a Big Sky Waiver n HCBS service under Residential Habilitation (BSW 728). Refer to HCBS 728. Individuals in an adult residential slot must be age 18 or older. This service is available in assisted living facilities and adult foster homes. CMTs are allocated a fixed number of adult residential slots for individuals requiring this service. Service plan costs for these slots may not exceed the established upper limit without prior authorization.
3. **Care Category 3 Slots CARE CATEGORY 3 SLOTS (CC3)**: CC3 slots are for members with the highest level of service needs and are limited in number and distributed by the Department based on need and availability. As this is a high-cost service, enrollment is limited. CC3 slots must be prior authorized by the Community Services Bureau. For procedure requirements on the temporary conversion of slots refer to HCBS 805. CC3 slots include the following sub-categories:
  - a. **Supported Living**. Supported Living is a comprehensive habilitation service for people with severe disabilities. Funds for this service are limited in number and distributed by the Department based on need and availability of funding. Refer to BSW 736 (Supported Living HCBS) for a description of Supported Living services for more information.
  - b. **Heavy Care/Ventilator Dependent**. Funds for this service are limited and distributed by the Department based on need and availability of funding.
  - c. **Residential Habilitation/Residential Habilitation Slots**. Intensive services provided in a group home or specialized assisted living setting. These are limited in number and distributed by the Department. Refer to BSW 728 HCBS (Residential Habilitation) for more information.

Formatted: Font: 11 pt, Bold

Commented [KS1]: Delete this too?

Formatted: Font: 11 pt, Bold

Commented [KS2]: Delete this too?

Formatted: Font: 11 pt, Bold

Formatted: Font: 11 pt, Underline

Formatted: Font: 11 pt, Underline

Commented [KS3]: Res Hab includes adult residential, specialized adult res, and group home. Is this residential habilitation supposed to only refer to one type within this broader category?

d. ~~Group Home~~ Refer to HCBS 728.

Formatted: Underline

e. ~~Bridges/Headway~~ Traumatic Brain Injury (TBI) services provided under the HCBS service Post-Acute Rehabilitation. This service is a residential or a non-residential program for persons with a TBI, or other severe disability that would benefit from extensive rehabilitation. Refer to HCBS 725 for more information and specific referral process.

Formatted: Indent: Left: 0.5", Space Before: 0 pt, After: 0 pt, Don't add space between paragraphs of the same style, No bullets or numbering

—

PROGRAM ELIGIBILITY

Formatted: List Paragraph, Space Before: 6 pt, After: 6 pt, Numbered + Level: 2 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

Formatted: List Paragraph

The Department will determine eligibility for enrollment of CC3 due to the high cost of services and the limited number of slots. The Community Services Bureau (CSB) will allocate these slots to Case Management Teams via the Regional Program Officer (RPO) upon request when a member has been determined to be eligible for CC3. CC3 slots must be returned to the CSB when the member is discharged from the slot. For procedure requirements on the temporary conversion of slots refer to:

Commented [KS4]: Delete as process?

REFERRAL PROCEDURES FOR BASIC AND ADULT RESIDENTIAL MEMBERS

Responsibility and Action

Mountain Pacific Quality Health will:

1. Screens individual to determine level of care.
2. Refers individual to CMT if individual meets level of care

Formatted: List Paragraph, Indent: Left: 0"

Formatted: Indent: Left: 0.5", No bullets or numbering

Case Management Team will:

1. Must initiate contact within five working days of receipt of referral. Onsite visits must be made within 60 days of the referral. If extenuating circumstances prevent this visit from occurring within 60 days, the CMT must document the reasons and complete the visit as close to this date as possible. Refer to HCBS 405 Mode of Response section for clarification.

Formatted: List Paragraph, Indent: Left: 0"

Formatted: Indent: Left: 0.5", No bullets or numbering

REFERRAL PROCEDURES FOR CC3 MEMBERS

Formatted: List Paragraph

Responsibility and Action

Mountain Pacific Quality Health will:

1. Screens individual to determine level of care.
2. Refers individual to Case Management Team if individual meets level of care.

Formatted: List Paragraph, Indent: Left: 0"

Formatted: Indent: Left: 0.5", No bullets or numbering

Case Management Team will:

1. Assesses the individual to determine the type of service required.

Formatted: List Paragraph, Indent: Left: 0"

Formatted: Indent: Left: 0.5", No bullets or numbering

2. ~~Completes Request for Prior Authorization for CC3 individual using SLTC-148. (Refer to Appendix 899-21.)~~

a. ~~EXCEPTION: Refer to HCBS 725 for referral procedure for Bridges/Headways.~~  
3. ~~Submits to the RPO the Initial Service Plan, Cost Sheet, and Prior Authorization for CC3.~~

~~Regional Program Officer will:~~

- ~~1. Reviews initial Service Plan documents.~~
- ~~2. Signs initial Request for Prior Authorization for CC3.~~
- ~~3. Submits referral package containing all documents to the Community Services Bureau for initial CC3 slots.~~

~~Community Services Bureau will:~~

- ~~1. Approves or denies request.~~
- ~~2. Notifies RPO by completing the bottom section of the Request for Prior Authorization for CC3.~~

~~Regional Program Officer will:~~

- ~~1. If approved, forward the Request for Prior Authorization to CMT.~~
  - ~~2.c. If denied, the RPO will notify applicant/member via the Letter of Notification, SLTC-144. Refer to Appendix 899-18.~~

Formatted: List Paragraph, Indent: Left: 0"

Formatted: Indent: Left: 0.5", No bullets or numbering

Formatted: List Paragraph, Indent: Left: 0"

Formatted: Indent: Left: 0.5", No bullets or numbering

Formatted: List Paragraph, Indent: Left: 0"

Formatted: Indent: Left: 0.5", No bullets or numbering

Formatted: Space Before: 6 pt, After: 6 pt, Add space between paragraphs of the same style, Numbered + Level: 2 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

DRAFT