

**STATE OF MONTANA**  
**Department of Public Health and Human Services**

**BIG SKY WAIVER (BSW)**

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**Wait List Criteria Tool**

INDIVIDUAL: (Casewave will auto-input INDIVIDUAL name)  
AGE: (Casewave will auto-input INDIVIDUAL age)  
SLOT CATEGORY: (Drop down options of Basic or AR)  
MEDICAID ID: (Casewave will auto-input)

1. DOES THE INDIVIDUAL HAVE COGNITIVE IMPAIRMENT INDICATED ON MPQH LEVEL OF CARE DETERMINATION?

- Score 0 The individual has orientation to person, time and place, no short-term or long-term memory problems or confusion.
- Score 1 The individual has orientation to person, time and place, but uses poor judgment or has minor cognitive impairment (e.g. some memory loss or confusion indicated).
- Score 2 The individual consistently uses poor judgment or has severe difficulty in making decisions (never/rarely makes decisions), unable to function independently without supervision and/or constant reminders as indicated by MPQH.

2. IS THE INDIVIDUAL AT RISK OF MEDICAL DETERIORATION WITHOUT BSW SERVICES?

- Score 0 The individual is adequately maintaining medically at home.
- Score 1 Some of the individual's needs are being met and not available as a covered service under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, State Plan, private insurance or other third-party resource, but BSW services could help maintain or improve the individual's medical status.
- Score 2 The individual has a rapid terminal or rapidly deteriorating condition and unmet skilled care needs not available as a covered service under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, State Plan, private insurance or other third-party resource, but BSW services could help maintain or improve the individual's medical status.

3. IS THE INDIVIDUAL CURRENTLY IN A NURSING FACILITY OR AT RISK OF INSTITUTIONAL PLACEMENT OR DEATH WITHOUT BSW SERVICES?

- Score 0 The individual is not at risk of institutionalization.

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Score 1      The individual currently resides in an institution or is at risk of institutionalized placement or death.

4. DOES THE INDIVIDUAL HAVE A NEED FOR HEALTH AND SAFETY SUPERVISION SERVICES THROUGH BSW NOT AVAILABLE (OR EXCEEDING THOSE) THROUGH STATE PLAN, PRIVATE INSURANCE, COMMUNITY RESOURCES/PROGRAMS AND DO NOT SUPPLANT TASKS THAT ARE CUSTOMARILY PERFORMED BY LEGALLY RESPONSIBLE INDIVIDUALS?

Score 0:      The individual does not require BSW to provide health and safety supervision.

Score 1:      The individual has a need for health and safety supervision through BSW not available (or exceeding those) through state plan, private insurance or community resources/programs and do not supplant tasks that are customarily performed by legally responsible individuals.

5. DOES THE INDIVIDUAL HAVE A NEED FOR SOCIAL SUPERVISION/COMMUNITY INTEGRATION SERVICES THROUGH BSW NOT AVAILABLE (OR EXCEEDING THOSE) THROUGH STATE PLAN, PRIVATE INSURANCE, COMMUNITY RESOURCES/PROGRAMS AND DO NOT SUPPLANT TASKS THAT ARE CUSTOMARILY PERFORMED BY LEGALLY RESPONSIBLE INDIVIDUALS?

Score 0:      The individual does not require BSW to provide social supervision/community integration services.

Score 1:      The individual has a need for social supervision/community integration services through BSW not available (or exceeding those) through state plan, private insurance or community resources/programs and do not supplant tasks that are customarily performed by legally responsible individuals.

6. DOES THE INDIVIDUAL HAVE A NEED FOR MORE FORMAL (PAID) SERVICES THROUGH BSW THAT EXCEED THOSE AVAILABLE THROUGH OTHER THIRD-PARTY RESOURCE (STATE PLAN, PRIVATE INSURANCE, COMMUNITY RESOURCES/PROGRAMS) AND DO NOT SUPPLANT TASKS THAT ARE CUSTOMARILY PERFORMED BY LEGALLY RESPONSIBLE INDIVIDUALS?

Score 0:      The individual does not require BSW to provide formal supports.

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Score 1: The individual receives formal services but requires additional formal services through BSW.

**7. DOES THE INDIVIDUAL HAVE A NEED FOR MORE INFORMAL SUPPORTS (FAMILY, FRIENDS, NEIGHBORS, ETC.)?**

Score 0: The individual has adequate informal supports.

Score 1: The individual's informal supports are absent, inadequate and/or inappropriate.

**8. DOES THE UNPAID PRIMARY CAREGIVER REQUIRE RELIEF THROUGH BSW FOR PERIODS OF TIME NOT COVERED OR AVAILABLE THROUGH STATE PLAN, PRIVATE INSURANCE, OR COMMUNITY RESOURCES/PROGRAMS, AND THE SERVICES DO NOT SUPPLANT TASKS THAT ARE CUSTOMARILY PERFORMED BY LEGALLY RESPONSIBLE INDIVIDUALS?**

Score 0: There is no caregiver, or the caregiver does not require relief.

Score 1: Caregiver requires relief through BSW for periods of time not already covered or available through state plan, private insurance, community resources/programs, and the services do not supplant tasks that are customarily performed by legally responsible individuals.

**9. IS THERE A NEED FOR ADAPTIVE AIDS OR ENVIRONMENTAL MODIFICATIONS WITHIN BSW CRITERIA?**

Score 0: The individual has no current need for adaptive aids or environmental modifications through BSW.

Score 1: The individual is requesting adaptive aids or environmental modifications through BSW. Evaluation from a therapist (Occupational, Physical or Speech) or other Health Care Professional can be provided that includes recommendations for adaptive aids or environmental modifications that will assist the individual to live in the community and to prevent a higher level of care. In addition, the aids or modifications are not a covered service under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, State Plan, private insurance or other third-party sources.

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10. THE INDIVIDUAL REQUIRES PARENTAL OR SPOUSAL IMPOVERISHMENT TO ACCESS BIG SKY WAIVER SERVICES?

Score 0: The individual does not require spousal or parental deeming to access Big Sky Waiver Services.

Score 1: The individual does require spousal or parental deeming to access Big Sky Waiver Services.

11. THE INDIVIDUAL HAS ADDITIONAL CURRENT HEALTH AND SAFETY ISSUES THAT PLACE THE INDIVIDUAL AT RISK NOT ALREADY IDENTIFIED IN 1-9.

Score 0: The individual has no additional current health and safety issues.

Score 1: The individual has additional current health and safety issues. Details provided below:

Total Score:  
Review Date: