



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

**Title:** BSW 405  
**Section:** ELIGIBILITY FOR SERVICES  
**Subject:** Referrals for Services  
**References:** Big Sky Waiver (BSW) Application 02-2019  
**Supersedes:** BSW 405 01-01-2012

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## REQUIREMENT

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

If the CMT is making the referral, they should also refer the individual to the appropriate Office of Public Assistance (OPA) for a determination of Long Term Care Medicaid eligibility.

## GENERAL INQUIRIES

The CMT must respond to or follow up on general inquiries regarding BSW within five business days.

## FORMAL REFERRALS

If MPQH determines that the individual does meet Level of Care for BSW they will provide the CMT with a formal written referral. Formal referrals mandate that the CMT initiate contact according to the response time indicated below.

## RESPONSE TIME

The CMT must initiate contact within five business days of receipt of a formal referral. Onsite visits by the CMT must be made within 60 days of the referral.

## REFERRAL SUMMARY

The case record progress notes must begin with a summary of the initial contact, including who made the referral, the date the referral

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was received, the date and name of the team making the initial contact, who was contacted, and how the initial contact was made; i.e., telephone, office visit, home visit, etc.

**MODE OF  
RESPONSE**

The initial contact must be made in person or by telephone. A letter to the consumer is not sufficient. When the first contact is a phone contact, the in-person visit should follow as soon as possible not to exceed 60 days from date of initial referral.