STATE OF MONTANA
Department of Public Health and Human Services

Big Sky Waiver
Authorized Services for Spend Down

Member Name:	Medicaid ID #: OPA Case #:
Personal Representative (if applicable):	
Big Sky Waiver Case Manager/Agency:	Phone Number:

- ☐ Initial
- ☐ 180-day Renewal
- ☐ Revision

Services Used for Spend Down

Start Date	Service	Provider	Provider Number (if applicable)	Maximum Units per Month	Cost Per Unit	Monthly Amount
						$
						$
						$
						$
						$
Monthly Total						**$**

From (Mo./Yr.): To (Mo./Yr.):

Additional Comments:

Big Sky Waiver Case Manager Signature	Date

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BIG SKY WAIVER SERVICES

Residential Habilitation (Adult Residential)
Case Management
Community Transition
Consultative Clinical and Therapeutic Services
Dietetic Services
Health and Wellness
Nutrition
Occupational Therapy
Occupational Therapy Post-Acute Rehabilitation
Post-Acute Rehabilitation
Pain and Symptom Management
Personal Assistance
Nurse Supervision
Personal Emergency Response System
Physical Therapy
Post-Acute Rehabilitation
Private Duty Nursing
Respiratory Therapy
Respite Care Hourly
Respite Care Daily
Special Child Care for Medically Fragile Children
Speech Therapy and Audiology
Environmental Modification
Non-Medical Transportation
Vehicle Modification
Family Training Support
Homemaker
Homemaker Chore
Community Support
Day Habilitation
Specialized Medical Equipment and Supplies
Specially Trained Attendant
Prevocational Services
Supported Employment Services
Supported Living

BIG SKY BONANZA OPTION:

Independence Advisor
Financial Manager
Community Supports
Goods and Services