SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU
Big Sky Waiver Policy Manual

Title: **BSW 809-5**
Section: **CASE MANAGEMENT SERVICES**
Subject: **Service Plan Re-evaluations**
Reference: **BSW Application**
Supersedes: **BSW 809-5 (01/01/2012)**

REQUIREMENT

The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as member needs change. In addition, service plans must be formally re-evaluated by the Case Management Team (CMT) to review changes in member's need for BSW Services. Re-evaluations of plans of care or service plan updates must be completed no later than six months from the initial plan approval or more frequently when necessary. (Refer to BSW 899-15 and SLTC-139).

PROCEDURE

During the service plan re-evaluation, the CMT must:

1. Meet with the member to review authorized services assessing frequency, quality, and actual utilization to best determine if member services require appropriate modification;
2. Provide member education reflecting program policy and parameters of the member's BSW services. Content derived from the discussion between the CMT and member may warrant consultation with service providers and/or the RPO;
3. Contact the member's attending health care professional(s) for any new orders, as needed, to ensure medical documentation on file reflects the member's current needs and diagnosis;
4. Evaluate the member's discharge potential;
5. Evaluate and document progress towards goals and objectives;
6. Document the results of the service plan re-evaluation that are not already addressed on the SLTC-139, in the progress notes; and
7. Submit a Service Plan Cost Sheet (SLTC-134) to the Amendment form whenever the projected service plan costs change as a result of the re-evaluation.

SIGNATURES

The only signatures required for service plan re-evaluations are the CMT, nurse and social worker. The Department recognizes and accepts electronic signatures, provided the signature

mechanism and protocol meet generally accepted industry standards.

PROVIDER COMMUNICATION FORM

When a BSW provider identifies a situation indicating a member's need for services may have increased, the BSW provider will forward a completed and signed BSW-201 Provider Communication Form to the BSW CMT. This form is limited to the services of: Homemaker, PAS, STA and Respite. When a Provider Communication Form (BSW-201) is received from a BSW Provider, the BSW CMT must:

a. Review the current Service Plan with the member;

b. Review the BSW Provider's summary information with the member;

c. Re-evaluate the member's utilization of existing services, identified needs and member-centered service plan;

d. Sign/date the form and return to the Requesting Provider within 10 days of receipt of the form.

Any changes to the member's service plan will be communicated by the BSW CMT to the BSW Provider through either a Service Plan amendment form or as a cc recipient on a SLTC-144 within 10 calendar days of receipt of this form.