



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: APPENDIX

**Subject: Entrance Into Medicaid (SLTC-55)
Instructions**

References: ARM: 37.40.1408

PURPOSE

This form is originated by the Case Management Team (CMT) to enroll an individual into Home and Community Based Services (HCBS) or discharge a member from HCBS.

DISTRIBUTION

CMT retains pink copy as a suspense copy. White and yellow copies are sent to the county where Medicaid eligibility is determined. The county office will complete their portion of the form and retain the yellow copy for its files. The white copy will be returned to the CMT.

INSTRUCTIONS

APPLICANT

Enter identifying information of the member.

REFERRING CASE MANAGEMENT TEAM

Enter name, agency, date referral sent to county, address and phone number of CMT making referral.

ENROLLMENT REQUEST

Enter name of county office where financial eligibility is determined.

EFFECTIVE DATE

Enter the date HCBS is scheduled to start. The effective date should be the same date as the admit date on the Intake Sheet (SLTC-136).

HCBS WAIVER

Indicate appropriate waiver category.

DISCHARGE REQUEST

Enter the date HCBS is terminated. The discharge date should be the same date as the discharge date on the Discharge Sheet (SLTC-137).

COMPLETED BY COUNTY OFFICE

The county office will complete this section of form and return a copy to CMT.