

Wyoming Department of Health Division of Healthcare Financing

Long Term Care Medicaid Waiver

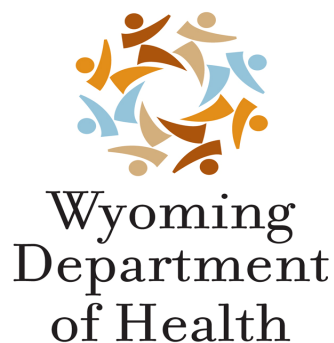


Assisted Living Facility Medicaid Waiver



Provider Instructions

**Electronic Medicaid Waiver
System (EMWS)**



Commit to your health.

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Introduction

This document is to assist Case Managers and Care Coordinators to navigate through the new web-based Electronic Medicaid Waiver System (EMWS). This document will be used for the following Home & Community Based Waivers (HCBS):

- ☞ Long Term Care (LTC)
- ☞ Assisted Living Facility (ALF)

For those Case Managers and Care Coordinators that provide services to multiple (HCBS) waivers in multiple divisions, each division will have their own guides and documentation.

Each user accessing the EMWS has a specific role and access. As each task is completed, the system automatically sends the case to the next user in the working queue to perform the assigned task. This role-based processing is referred to as workflow.

As this is a new system, this document is a working document that will change as changes to the system are made. It is important to make sure you are using the most current version of this document. This document can be located on the Home Care Services website in the Resources section to download or print.

The Home Care Services website is:

<http://health.wyo.gov/healthcarefin/medicaid/homecareservices.html>

Logging into the Electronic Medicaid Waiver System (EMWS)

The website address to log into the EMWS is:

<https://waivers.health.wyo.gov>



Use Microsoft Internet Explorer to access this website. Please refer to the "Computer Instructional Guide" for further requirements.

Log-In Screen

When you access this site, you will see the following screen:

Each user accessing this site will have a user ID and password. The ID and password is unique to each user and should not be shared within offices. A user will only be able to log into this website after receiving their unique user ID and password. *See note below.*

To log into the site:

- Enter User Name
- Enter Password
- Click Login or press Enter



NOTE: Users are encouraged to store their user name and password in a secure place. In the event a user has forgotten user name or password, please **contact (307) 777-7861**.

Created 12/13/2011

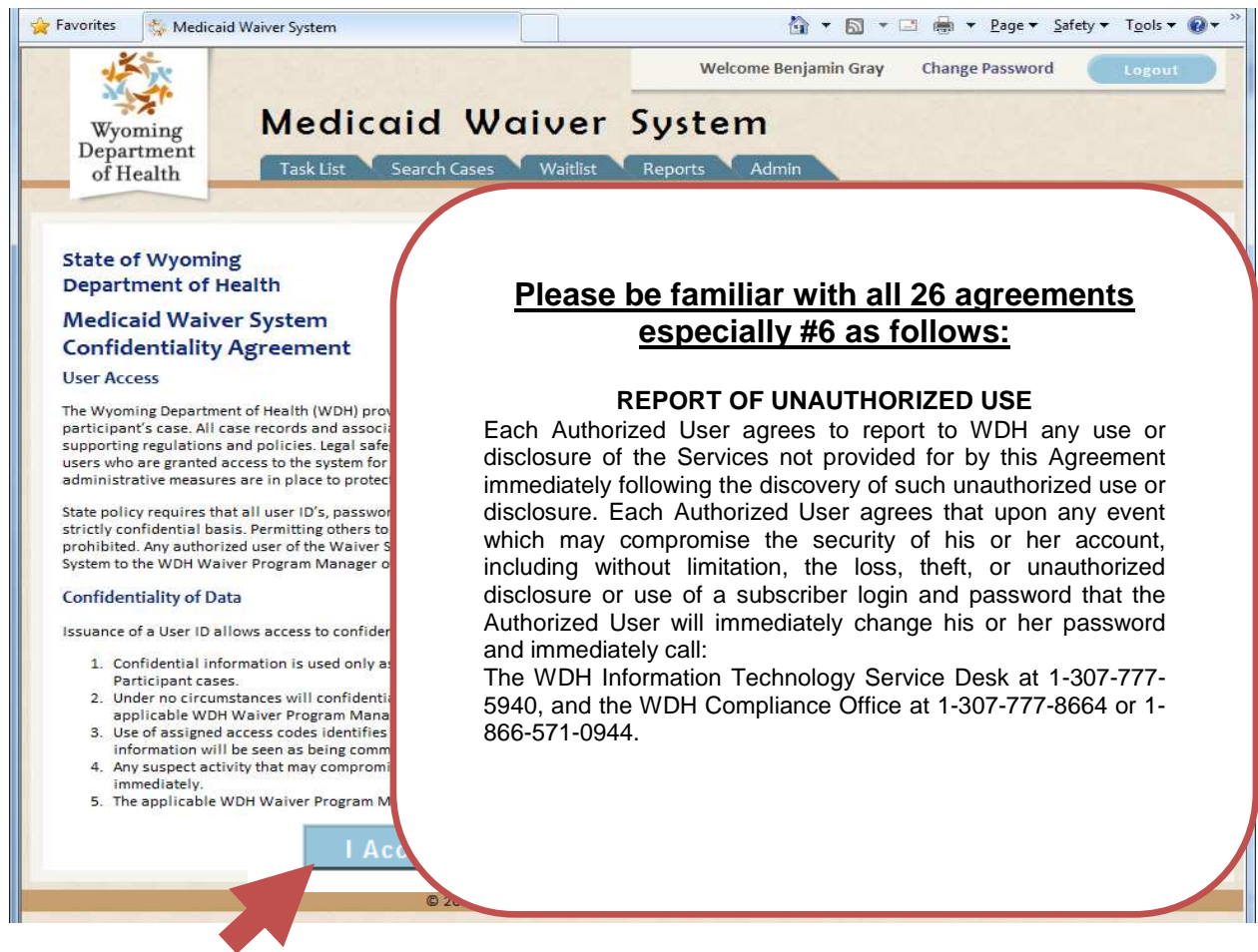
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Last Updated 4/26/2012

Confidentiality Agreement

When **logging into the EMWS for the first time and every 45 days thereafter**, the user is presented with the **Medicaid Waiver System Confidentiality Agreement** known as an End License User Agreement (EULA).

Each user is responsible for reviewing and adhering to the terms and conditions of the EULA.



Upon Agreement, User clicks the "I Accept" box to continue



NOTE: For security purposes, the **system times out after 20 minutes of idle time** and the user is then required to log in again. In most cases, User is returned to the last screen they were on when logged out.

Change Password

Once a user logs into the system, they can change their password.

Click Change Password

The screenshot shows the Medicaid Waiver System interface. At the top, there is a navigation bar with links for 'Task List', 'Search Cases', 'Waitlist', 'Reports', and 'Admin'. A 'Change Password' link is highlighted in the top right corner. Below the navigation bar, the 'Task List' section is visible, showing a table of cases assigned to the user. The table has columns for View, Last Name, First Name, SSN, Medicaid Number, Waiver, Process, Status, Assigned, and Days.

View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	Jones	Mary	XXX-XX-7866		DDD - ABI	Plan Of Care	Submit Plan Of Care	No	27
	Test	Bill	XXX-XX-3312		DDD - ABI	Eligibility	Create Application	No	22
	Last 12076	First 12076	XXX-XX-2076	XX-XXXX2076	DDD - Adult	Plan Of Care	Submit Plan Of Care	No	7
	Sample	Bill	XXX-XX-3123		DDD - ABI	Activation	MMIS Activation	No	5
	namath	Bill	XXX-XX-5456		DDD - ABI	Eligibility	PSS Ineligible Review	No	5

Case Managers will initially receive their password from the Home Care Services Unit and they are encouraged to change it after logging in the first time.

Logout

WDH APPLICATION GATEWAY

Old password:

New Password:

Confirm New Password:

Matched rules:

- ✗ At least 9 characters
- ✗ Includes a symbol (e.g., !@#\$%^&*()_+~=-\{}[]~<>?,.)
- ✗ Includes a number
- ✗ Has lower case letter
- ✗ Has upper case letter

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Review password requirements indicated at the right of the screen. You will not be able to have similar passwords from previous passwords when changing your password. For example: a user's old password is !Dog2cat2011. It cannot be changed to !Dog3cat2011

To change your password:

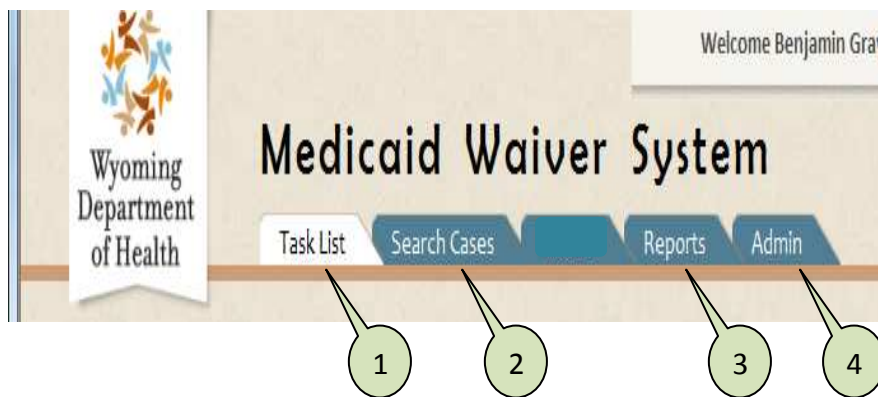
- Enter Old Password
- Enter New Password twice – be sure to match rules
- Click Change Password



NOTE: Users will be prompted to change their password every 45 days.

Top Screen Tabs

At the top of the EMWS screen are 4 tabs:



1. Task List – Your default first screen. Lists all tasks related to your participants. This includes tasks for immediate attention and tasks allowing the Case Manager/Care Coordinator to follow the process of the participant's plan.
2. Search Cases – Locate participants already in the system or create new participants. In this system a "case" is a participant and all information relating to a participant.
3. Reports – A listing of reports available to Case Managers.
4. Admin – A limited view of administrative documents.

A detailed account of each screen is on subsequent pages.

Logout

To logout of the EMWS, click on the logout button in the top left-hand corner.

The screenshot shows the Medicaid Waiver System interface. At the top, there is a navigation bar with 'Favorites', 'MWS', and a 'Logout' button. Below this, the 'Welcome Benjamin Gray' message and 'Change Password' link are visible. The main header area displays the 'Medicaid Waiver System' title and a 'Task List' button. A red box highlights the 'Logout' button in the top right corner with the text 'Click Logout to exit'. The 'Task List' section shows a table of cases not assigned to the user.

View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	Jones	Mary	XXX-XX-7866		DDD - ABI	Plan Of Care	Submit Plan Of Care	No	27
	Test	Bill	XXX-XX-3312		DDD - ABI	Eligibility	Create Application	No	22
	Last 12076	First 12076	XXX-XX-2076	XX-XXXX2076	DDD - Adult	Plan Of Care	Submit Plan Of Care	No	7
	Sample	Bill	XXX-XX-3123		DDD - ABI	Activation	MMIS Activation	No	5
	namath	Bill	XXX-XX-5456		DDD - ABI	Eligibility	PSS Ineligible Review	No	5

Please use the logout button when exiting the website rather than just exiting Windows Explorer. Using the logout button will validate the end of a user's secure session.

Reason for Accessing File

In certain instances to meet HIPAA compliance, a user may be asked to provide a reason why they are accessing a particular record.

The screenshot shows the Medicaid Waiver System interface with the 'Reason for Accessing File' form. The form has a dropdown menu labeled 'Reason' and a 'Save' button. The background shows the same navigation bar and header as the previous screenshot.

- Click the drop down menu next to Reason and click the reason for access.

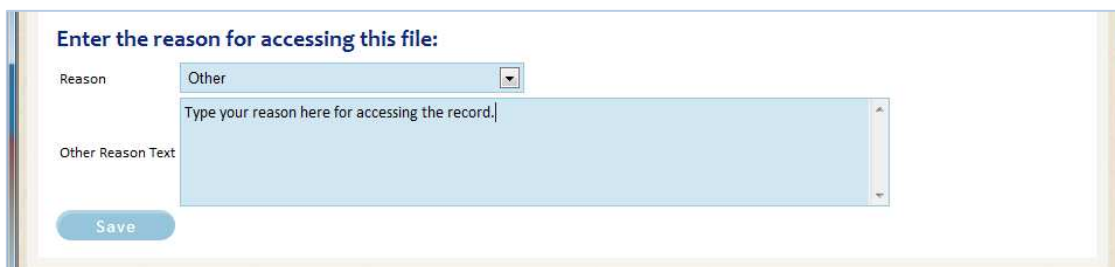


Enter the reason for accessing this file:

Reason: I am supervising my personnel's work

- Collecting information for reports
- I am filling in for assigned personnel
- I am supervising my personnel's work
- I have been asked to review this file
- I have been assigned to this case
- Other
- This case has an outstanding task for my role

- Click the reason that applies or
- Click "Other" then enter the reason for accessing the file



Enter the reason for accessing this file:

Reason: Other

Other Reason Text: Type your reason here for accessing the record.

Save

- Click Save



Enter the reason for accessing this file:

Reason: I am filling in for assigned personnel

Save



NOTE: The system automatically tracks all user activity.

Task List Screen



As mentioned in the previous section, the Task List screen will be the default screen after logging into the system. This screen shows all tasks that are attached to a participant where the user is listed as Case Manager/Care Coordinator. The role a user is given will dictate what information is seen.

Task List

Show Filter Contacts

Cases assigned to you that require your direct action.

View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	Green	Josephine	XXX-XX-6958	XX-XXXX6552	DHCF - LTC	Plan Of Care	Approve Plan Of Care	Yes	1
	guy	closed	XXX-XX-3442	XX-XXXX5092	DHCF - ALF	Eligibility	Review LT 101	Yes	1
	Geisert	Carol	XXX-XX-2064		DHCF - LTC	Eligibility	Select Case Management Agency	Yes	0

Cases assigned to you that DO NOT require your direct action.

View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	Green	Josephine	XXX-XX-6958	XX-XXXX6552	DHCF - LTC	Funding Opportunity	Confirm Financial Eligibility	Yes	1
	Dubry	Donald	XXX-XX-8610	XX-XXXX5002	DHCF - LTC	Plan Of Care	Pending MMIS Approval	Yes	1

After logging in, the task list will show 2 sections:

- ✎ **Cases assigned to you that require your direct action.** The participants listed in this section have tasks the Case Manager/Care Coordinator must finish before the participant can move to the next task.
- ✎ **Cases assigned to you that DO NOT require your direct action.** The participants listed here still have tasks that need completion, but **NOT** by the Case Manager/Care Coordinator. This task list is to let Case Managers and Care Coordinators know where a participant is in the workflow process.



View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	Green	Josephine	XXX-XX-6958	XX-XXXX6552	DHCF - LTC	Plan Of Care	Approve Plan Of Care	Yes	1
	guy	closed	XXX-XX-3442	XX-XXXX5092	DHCF - ALF	Eligibility	Review LT 101	Yes	1
	Geisert	Carol	XXX-XX-2064		DHCF - LTC	Eligibility	Select Case Management Agency	Yes	0

The task list view shows the following information:

- 1 View** – allows the user to open the participant’s information. To open a participant to view the task, click on the document icon.
- 2 Last Name** – participant last name
- 3 First Name** – participant first name
- 4 SSN** – participant’s Social Security Number. In the task list view, the user will only see the last four digits of the SSN.
- 6 Medicaid Number** – participant’s Client ID Number. In the task list view, the user will only see the last four digits of the Client ID.
- 6 Waiver** – which waiver the task is referencing
- 7 Process** – which process the task is in
- 8 Status** – where the participant is in the workflow
- 9 Assigned** – the provider and Case Manager/Care Coordinator the participant is assigned to. Roll the mouse over the “Yes” to view the information.
- 10 Days** – the number of days the participant has been at the particular task

If a participant has a task for more than one waiver, process or status there will be multiple listings for the participant.

Filter the Task List Screen

The task list screen also has the ability to filter which participants are viewed on the screen. By default the filter section does not show on the screen. It must be selected to show the fields available for filtering.

To open the filter section, click on the words “Show Filter” underneath the words “Task List”.

The screenshot shows the 'Medicaid Waiver System' interface. At the top, there's a navigation bar with 'Task List', 'Search Cases', 'Waitlist', 'Reports', and 'Admin'. The 'Task List' section is active, showing a 'Show Filter' button (highlighted with a red box) and a 'Contacts' button. Below the buttons, there's a table with the following data:

View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	applebee	george	XXX-XX-3325		DHCF - ALF	Eligibility	Case Manager Document	No	40

Once clicked, it will open another section to the window. Notice that “Show Filter” has now changed to “Hide Filter”.

The screenshot shows the 'Medicaid Waiver System' interface. The 'Task List' section is active, and the 'Show Filter' button has been replaced by a 'Hide Filter' button (highlighted with a red box). Below the button, there are input fields for 'Last Name', 'Medicaid ID', and 'SSN'.

The screenshot shows the 'Medicaid Waiver System' interface. The 'Task List' section is active, and the 'Hide Filter' button has been replaced by a 'Filter' button. The filter section is expanded, showing the following options (each marked with a yellow star):

- Last Name
- Division (dropdown menu with 'DHCF' selected)
- Process (dropdown menu)
- Medicaid ID
- Waiver Type (dropdown menu)
- Status (dropdown menu)
- SSN
- County (dropdown menu)

Below the filter section, there's a 'Filter' button. The table below the filter section is empty.

Currently the system has the following options in which a user can filter the task list:

- ★ Last Name – Last name of a participant
- ★ Division
 - DDD - Developmental Disabilities

- DHCF – Division of HealthCare Financing. *Unless user is a provider for a waiver other than LTC or ALF this will be the only choice.*
- MHSAD – Mental Health and Substance Abuse
- ★ Process
 - Closure
 - Eligibility
 - Funding Opportunity
 - Plan of Care
- ★ Medicaid ID – the “06...” of the participant. **REMINDER – ID’s that start with “00...” are NOT Client ID’s and cannot be used as such.**
- ★ Waiver Type – *Unless user is a provider for a waiver other than LTC or ALF these will be the only options*
 - LTC
 - ALF
- ★ Status – This would be where the participant is in the workflow process
- ★ SSN – The Social Security Number of the participant
- ★ County – The county of the participant’s residence as listed in the demographics

A user may utilize one or all criteria to filter the Task List screen. Determine what information is necessary to filter the list. With the exception of “SSN” and “Medicaid ID” (*which if entered correctly, should return the desired participant in the result set*) the more criteria entered, the smaller the result set will be.

- 📌 If a user only enters county “Fremont”, all participants with the county “Fremont” will appear in the result set.
- 📌 If a user enters both county “Fremont” and the last name “Smith”, the result set will return all participants with the county “Fremont” and the last name “Smith”.

Once a user has chosen the desired filter criteria, click on the “Filter” button to return the result set. If no results show, take out one or more filter criteria and try again.

The screenshot displays a filter interface for a task list. It includes the following fields and controls:

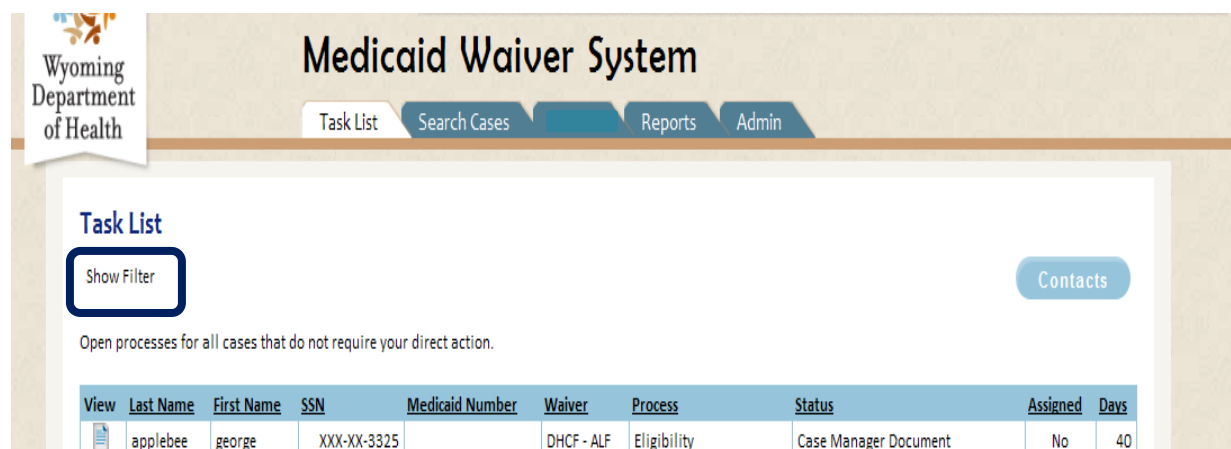
- Last Name:** A text input field.
- Medicaid ID:** A text input field.
- SSN:** A text input field.
- Division:** A dropdown menu with "DHCF" selected.
- Waiver Type:** A dropdown menu.
- County:** A dropdown menu.
- Process:** A dropdown menu.
- Status:** A dropdown menu.
- Filter:** A blue button to execute the search.

A large brown arrow points from the right towards the "Filter" button, indicating the next step in the process.

A user can collapse or hide the filter section of the Task List screen. To hide the filter section, click on the words “Hide Filter” underneath the words “Task List”.






Once clicked, it will close the filter section of the window. Notice that “Hide Filter” has now changed to “Show Filter”.



View Information from the Task List Screen

To process the needed task, or to view a task at any point in the workflow process, click on the document icon in the “View” column of the task. This will take you directly to the task associated with that icon.

View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	applebee	george	XXX-XX-3325		DHCF - ALF	Eligibility	Case Manager Document	No	40
	me	Help	XXX-XX-3588	XX-XXXX0159	DHCF - LTC	Plan Of Care	Submit Plan Of Care	No	14
	me	Help	XXX-XX-3588	XX-XXXX0159	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	No	14

LTC Participant: **me, Help** Case Manager: **JESSEN, CRISTEEN**

Plan Dates: **3/13/2012 - 8/31/2012 (Future)** Status: **Submit Plan Of Care**
 Effective Date: **3/13/2012 (Initial)**
 Print:

Plan Details
 Plan Start Date: **3/13/2012** Plan End Date: **8/31/2012**
[Save](#)

History
 Process: Plan Of Care

Status	Description	Modified By	Modified Date
	Submit Plan Of Care		

In the example above, choosing to view the task “Submit Plan of Care” for Help Me, opens the “Submit Plan of Care” screen.

From this point a user may access other sections of a participant’s information by using the links to the left of the screen.

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plans of Care](#)
- [Individual Budget Amount](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Notes](#)

Plan of Care Links

- [Plan Status](#)
- [Demographics](#)
- [Assessments](#)
- [Medical](#)
- [Goals](#)
- [Services](#)
- [Documents](#)
- [Notes](#)

Plan Dates: **3/13/2012 - 8/31/2012 (Future)** Status: **Submit Plan Of Care**
 Effective Date: **3/13/2012 (Initial)**
 Print:

Plan Details
 Plan Start Date: **3/13/2012** Plan End Date: **8/31/2012**
[Save](#)

History
 Process: Plan Of Care

Status	Description	Modified By	Modified Date
	Submit Plan Of Care		

Action
[Submit Plan of Care](#) [Submit](#)

Links

Search Cases Screen



When looking for a participant in the database, the user will click on the “Search Cases” tab. After clicking on the tab the following screen will open.

A screenshot of the 'Search Cases' screen. The page shows the Wyoming Department of Health logo and the title 'Medicaid Waiver System'. The 'Search Cases' tab is selected in the navigation bar. On the left, there are two links: 'Search' and 'Create Case'. The main search area contains six input fields, each with a numbered callout: 1. First Name, 2. Last Name, 3. SSN, 4. Medicaid ID, 5. Date Of Birth, and 6. Gender. A 'Search' button is located at the bottom of the search area.

To the left of the screen are two options:

- Search
- Create Case



The screen will default to the option “Search Cases”. A Case Manager/Care Coordinator should not need to create a case.

To search for a participant, currently there are six potential search criteria:

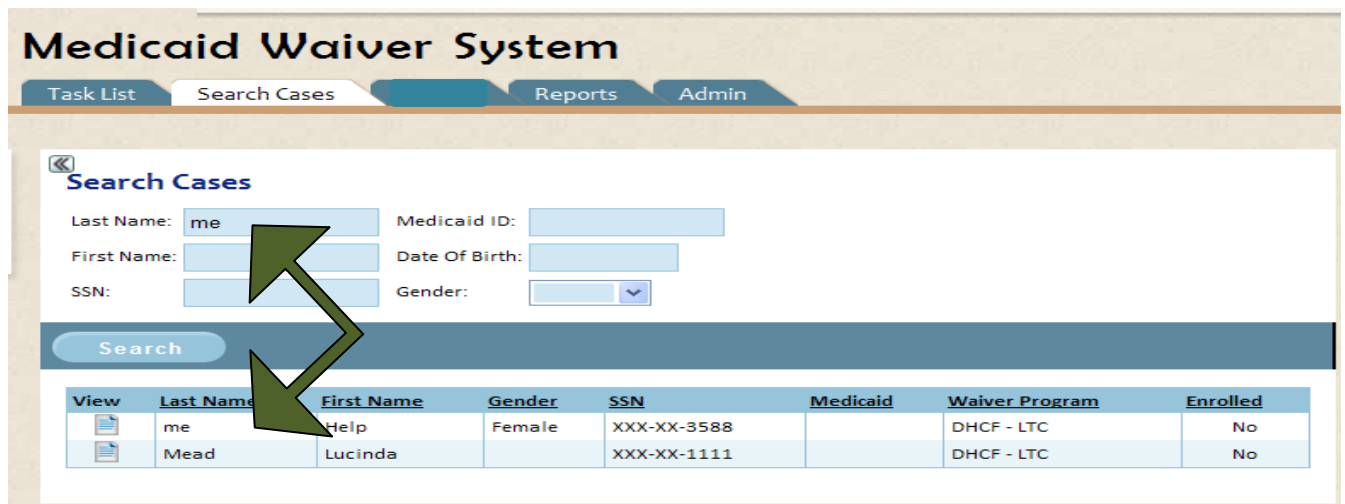
- 1 First Name
- 2 Last Name
- 3 SSN



- 4 Medicaid ID
- 5 Date of Birth
- 6 Gender

A user may utilize one or all six criteria to search for a participant. Determine what information you will be using. With the exception of "SSN" and "Medicaid ID" (*which if entered correctly, should return the desired participant in the result set*), the more criteria entered, the smaller the result set will be.

-  If a user only enters female, all females will appear in the result set.
-  If a user enters both female and the last name "Smith", the result set will return all females with the last name "Smith".

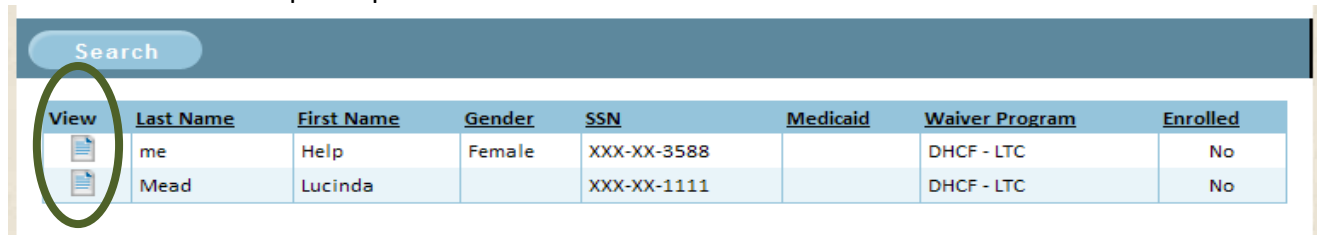
In the example below just the letters "m" and "e" were entered in the last name field. Notice both the last names "Me" and "Mead" appeared.





View	Last Name	First Name	Gender	SSN	Medicaid	Waiver Program	Enrolled
	me	Help	Female	XXX-XX-3588		DHCF - LTC	No
	Mead	Lucinda		XXX-XX-1111		DHCF - LTC	No

Case Managers and Care Coordinators will only see the participants associated with their provider number.

Once the participant desired is located, the user will click on the document icon in the "View" column to access the participant's information.



View	Last Name	First Name	Gender	SSN	Medicaid	Waiver Program	Enrolled
	me	Help	Female	XXX-XX-3588		DHCF - LTC	No
	Mead	Lucinda		XXX-XX-1111		DHCF - LTC	No

From this point a user may access other sections of a participant's information by using the links to the left of the screen.



Waiver Links

- Case
- Waiver
- Participant
- Contacts
- Associated Users
- Plans of Care
- Individual Budget Amount
- Letter History
- Document Library
- Assessment History
- Processes
- Notes

Wyoming

Waiver

Guardian(s)

Participant Addresses

Type: Physical/Mailing
Address: 5238 e 90th St
Cheyenne, WY 82001

Waiver Status

Status: Funding Opportunity
Start Date: 3/13/2012
End Date: 8/31/2012

On Hold: ☐

Save

View	Process	Current Status	Start Date	Modified By	Modified Date
	Plan Of Care	Submit Plan Of Care	12/13/2011 9:32:20	waivers_admin	12/13/2011 9:32:20

Trusted sites 100%

Reports Screen



The Reports Screen will have all reports available to Case Manager/Care Coordinator Agencies.

There are NO reports available.

Admin Screen



The Admin Screen will have all documents and administrative items available to Case Manager/Care Coordinator Agencies.

There are NO items available.

Waitlist Process

To Put a Participant on the Waitlist

Steps to put a participant on the waiting list:

1. Participant contacts Home Care Services Unit for information.
2. Information is sent to participant.
3. Follow-up by Home Care Services Unit if application is not received timely.
4. Once application has been completed, Home Care Services unit will enter application information into EMWS. This will trigger a notification to:
 - a. Department of Family Services (DFS) to initiate financial evaluation.
 - b. Clinical Manager for Long Term Care to contact Public Health Nursing (PHN) to initiate evaluation of medical necessity.
 - c. Chosen Case Management/Care Coordinator Agency to assign a Case Manager/Care Coordinator to the participant.
5. After BOTH the financial evaluation and the evaluation of medical necessity are complete, and participant is deemed financially and functionally eligible, the Case Manager/Care Coordinator is notified to proceed.
6. Case Manager/Care Coordinator will visit participant in their home (if this hasn't been already been done).
 - a. Review with participant needed services.
 - b. Have participant sign "Client Choice of Service" form.
 - c. Review with participant the "Rights and Responsibilities" form and have participant sign to indicate understanding.
7. Case Manager/Care Coordinator reviews/validates/updates participant information.
 - a. Case Manager/Care Coordinator uses the task list to view required information for participant.
 - b. Case Manager/Care Coordinator locates the participant through the "Search Case" screen.
8. Case Manager/Care Coordinator uploads "Client Choice of Service" and "Rights and Responsibilities" forms.
9. Home Care Services Unit reviews and validates information and documentation.
10. If information and documentation is valid, participant goes onto waiting list.

4.c. Case Manager/Care Coordinator assignment by agency

After a participant's application has been entered into the EMWS, notification will be sent to the chosen agency for Case Manager/Care Coordinator assignment.

Open processes for all cases that do not require your direct action.

View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	applebee	george	XXX-XX-3325		DHCF - ALF	Eligibility	Case Manager Document	No	32
	me	Help	XXX-XX-3588		DHCF - LTC	Plan Of Care	Submit Plan Of Care	No	6
	me	Help	XXX-XX-3588		DHCF - LTC	Funding Opportunity	Pending Plan of Case Approval	No	6
	Jones	Alice	XXX-XX-5412		DHCF - LTC	Eligibility	Select Case Manager	No	0

The Case Manager/Care Coordinator will click on the document icon in the “View” column to access this task. When this screen opens, a choice of providers for the agency will appear.

The screenshot shows the 'Medicaid Waiver System' interface. The top navigation bar includes 'Welcome Waivers Admin', 'User Agreement', 'Change Password', and a 'Logout' button. The main header displays 'Task List', 'Search Cases', 'Reports', and 'Admin'. Below this, the 'Waiver' is set to 'DHCF - LTC', the 'Participant' is 'Jones, Alice', and the 'Case Manager' is 'N/A'. On the left, a 'Waiver Links' sidebar lists various options like Case, Waiver, Participant, etc. The main content area is titled 'Case Manager' and features a 'Select Case Manager' section. This section shows the 'Agency' as 'CHEYENNE-LARAMIE COUNTY HEALTH DEPT' and a table of potential Case Managers. The table has columns for 'Name', 'NPI', and 'WY'. The 'Select' link next to 'PEREA, KATHY ANN' is highlighted with a red box.

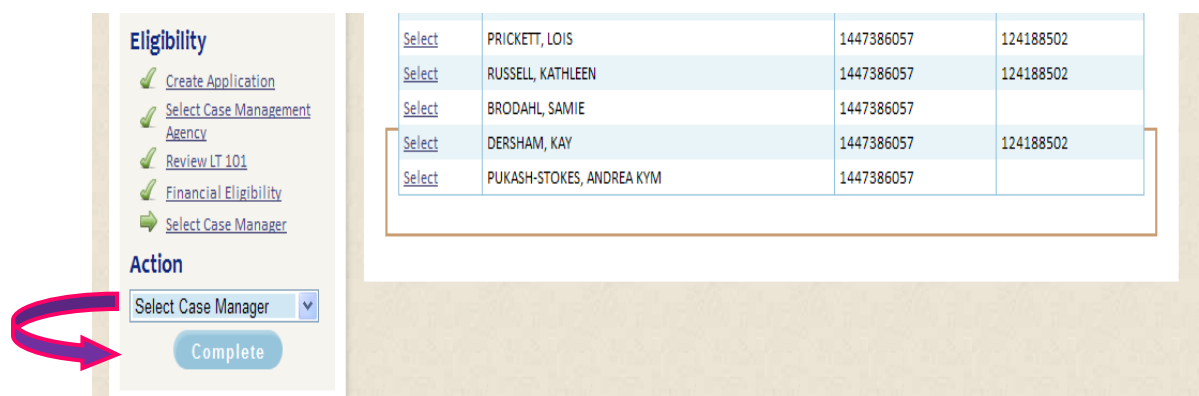
Name	NPI	WY
MORRIS, NADINE	1447386057	124188502
PEREA, KATHY ANN	1447386057	124188502
PRICKETT, LOIS	1447386057	124188502
RUSSELL, KATHLEEN	1447386057	124188502

Click on “Select” next to the Case Manager/Care Coordinator chosen. Once the Case Manager/Care Coordinator is chosen, their information will appear above the selection options.

This screenshot shows the same 'Case Manager' selection screen, but now the 'Case Manager' field is populated with 'PEREA, KATHY ANN'. The 'Agency' remains 'CHEYENNE-LARAMIE COUNTY HEALTH DEPT'. The 'NPI Number' is '1447386057' and the 'WY Number' is '124188502'. The table of potential Case Managers is still visible, but the 'Select' link next to 'PEREA, KATHY ANN' is now highlighted with a red oval, indicating it is the chosen option.

Name	NPI	WY
MORRIS, NADINE	1447386057	124188502
PEREA, KATHY ANN	1447386057	124188502

When the choice has been made, to the left is an action drop down box. Choose “Select Case Manager” then click on the “Complete” button



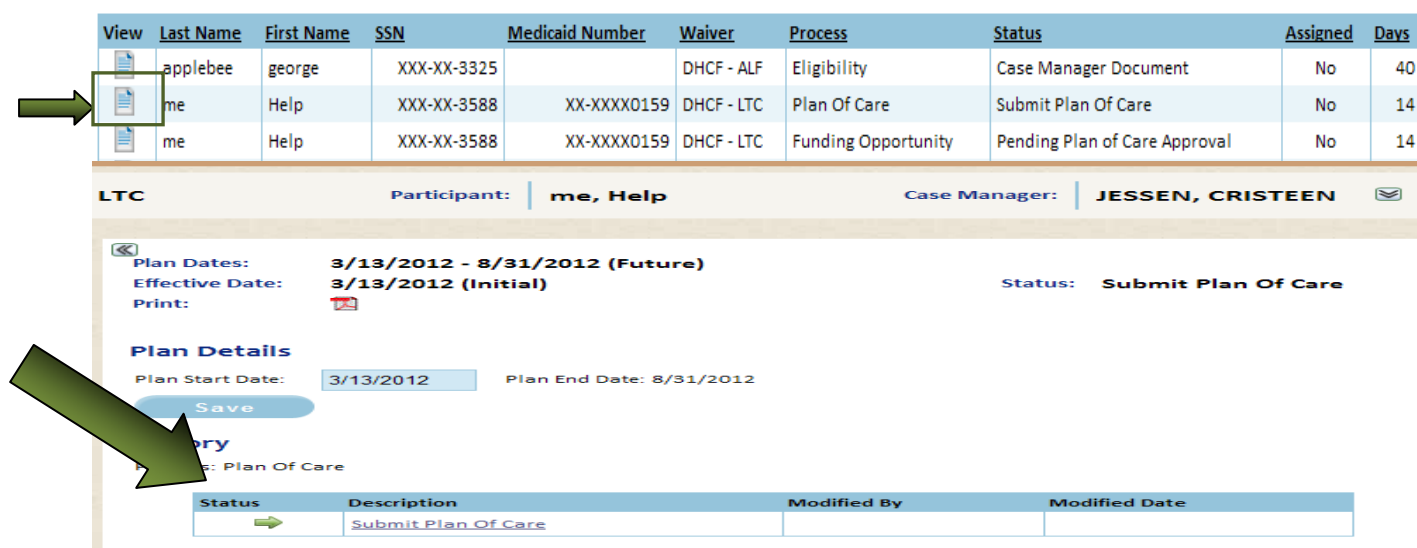
Select	PRICKETT, LOIS	1447386057	124188502
Select	RUSSELL, KATHLEEN	1447386057	124188502
Select	BRODAHL, SAMIE	1447386057	
Select	DERSHAM, KAY	1447386057	124188502
Select	PUKASH-STOKES, ANDREA KYM	1447386057	

6. Obtaining required documentation (from page 22)

After the participant has been determined BOTH financially and functionally eligible, the Case Manager/Care Coordinator visits the participant (if not done already). The Case Manager/Care Coordinator will review the participant’s needs and review the document “Client Choice of Service”. If client continues to be interested in one of the LTC/ALF waiver programs, the Case Manager/Care Coordinator will obtain the participant’s signature on the “Client Choice of Service” document.

7.a. Locating participant in the waiver system through the Task List Screen (from page 22)

To process the needed task, or to view a task at any point in the workflow process, click on the document icon in the “View” column of the task. This will take you directly to the task associated with that icon.



View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	applebee	george	XXX-XX-3325		DHCF - ALF	Eligibility	Case Manager Document	No	40
	me	Help	XXX-XX-3588	XX-XXXX0159	DHCF - LTC	Plan Of Care	Submit Plan Of Care	No	14
	me	Help	XXX-XX-3588	XX-XXXX0159	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	No	14

LTC Participant: **me, Help** Case Manager: **JESSEN, CRISTEEN**

Plan Dates: 3/13/2012 - 8/31/2012 (Future)
Effective Date: 3/13/2012 (Initial)
Print:

Status: **Submit Plan Of Care**

Plan Details
Plan Start Date: 3/13/2012 Plan End Date: 8/31/2012
Save

Plan Of Care

Status	Description	Modified By	Modified Date
	Submit Plan Of Care		

In the example above, choosing to view the task “Submit Plan of Care” for Help Me, opens the “Submit Plan of Care” screen.

From this point a user may access other sections of a participant's information by using the links to the left of the screen.



Waiver Links

- Case
- Waiver
- Participant
- Contacts
- Associated Users
- Plans of Care
- Individual Budget Amount
- Letter History
- Document Library
- Assessment History
- Processes
- Notes

Plan of Care Links

- Plan Status
- Demographics
- Assessments
- Medical
- Goals
- Services
- Documents
- Notes

Plan Dates: 3/13/2012 - 8/31/2012 (Future)
Effective Date: 3/13/2012 (Initial)
Status: Submit Plan Of Care

Plan Details
 Plan Start Date: 3/13/2012 Plan End Date: 8/31/2012
 Save

History
 Process: Plan Of Care

Status	Description	Modified By	Modified Date
➡	Submit Plan Of Care		

Action
 Submit Plan of Care Submit

Links

7.b. Locating participant in the waiver system through the Search Cases Screen (from page 22)

When looking for a participant in the database, the user will click on the "Search Cases" tab. After clicking on the tab the following screen will open.



Wyoming Department of Health

Welcome Benjamin Gray Change Password Logout

Medicaid Waiver System

Task List Search Cases Reports Admin

Search Cases

- Search
- Create Case

Search Cases

1 First Name: 4 Medicaid ID:

2 Last Name: 5 Date Of Birth:

3 SSN: 6 Gender:

Search

To the left of the screen are two options:



- Search
- Create Case

The screen will default to the option “Search Cases”. A Case Manager/Care Coordinator should not need to create a case.

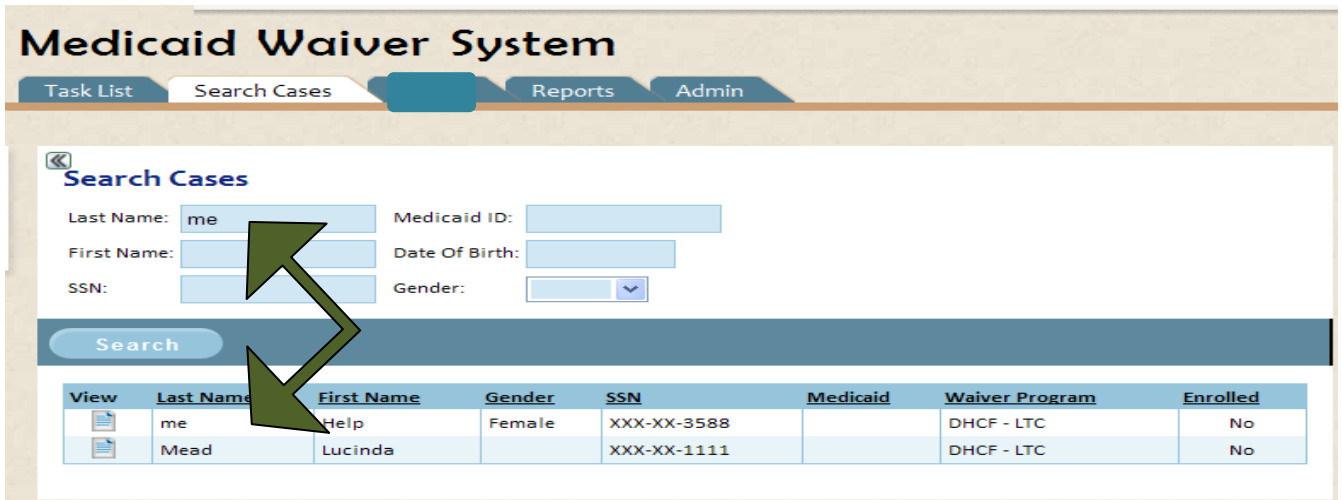
To search for a participant, currently there are six potential search criteria:

- 1 First Name
- 2 Last Name
- 3 SSN
- 4 Medicaid ID
- 5 Date of Birth
- 6 Gender

A user may utilize one or all six criteria to search for a participant. Determine what information you will be using. With the exception of “SSN” and “Medicaid ID” (which if entered correctly, should return the desired participant in the result set), the more criteria entered, the smaller the result set will be.

-  If a user only enters female, all females will appear in the result set.
-  If a user enters both female and the last name “Smith”, the result set will return all females with the last name “Smith”.

In the example below just the letters “m” and “e” were entered in the last name field. Notice both the last names “Me” and “Mead” appeared.





Medicaid Waiver System

Task List Search Cases Reports Admin

Search Cases



Last Name: Medicaid ID:
First Name: Date Of Birth:
SSN: Gender:

Search

View	Last Name	First Name	Gender	SSN	Medicaid	Waiver Program	Enrolled
	me	Help	Female	XXX-XX-3588		DHCF - LTC	No
	Mead	Lucinda		XXX-XX-1111		DHCF - LTC	No

Case Managers and Care Coordinators will only see the participants associated with their provider number.

Once the participant desired is located, the user will click on the document icon in the “View” column to access the participant’s information.

Search							
View	Last Name	First Name	Gender	SSN	Medicaid	Waiver Program	Enrolled
	me	Help	Female	XXX-XX-3588		DHCF - LTC	No
	Mead	Lucinda		XXX-XX-1111		DHCF - LTC	No

From this point a user may access other sections of a participant’s information by using the links to the left of the screen.



Waiver Links

- Case
- Waiver
- Participant
- Contacts
- Associated Users
- Plans of Care
- Individual Budget Amount
- Letter History
- Document Library
- Assessment History
- Processes
-
- Notes

Waiver

Guardian(s):

Participant Addresses


Type: Physical/Mailing
Address: 5238 e 90th St
Cheyenne, WY 82001

Waiver Status

Status: Funding Opportunity
Start Date: 3/13/2012
End Date: 8/31/2012

On Hold: ☐

Save

View	Process	Current Status	Start Date	Modified By	Modified Date
	Plan Of Care	Submit Plan Of Care	12/13/2011 9:32:20	waivers_admin	12/13/2011 9:32:20

Trusted sites 100%

7. Updating participant information (from page 22)

To update a participant’s information, a Case Manager/Care Coordinator must be in the “Participant” screen. The “Participant” screen should look like the screen below at the top of a user’s screen.



Wyoming Department of Health

Medicaid Waiver System

Task List Search Cases Reports Admin

Waiver: DHCF - LTC Participant: me, Help Case Manager: JESSEN, CRISTEEN

Waiver Links

- Case
- Waiver
- Participant
- Contacts
- Associated Users
- Plans of Care
- Individual Budget Amount
- Letter History
- Document Library
- Assessment History
- Processes
-
- Notes

Participant

Demographics

Last Name: me First Name: Help
Middle Name: Suffix:
SSN: 335-82-3588 Medicaid ID: 06-0000159
Birth Date: 6/23/1919 Gender: Female
Ethnicity: Method of Contact: Phone
Communication Barriers
County: Laramie

Addresses

Type	Street Address	City	State	Zip Code
<input checked="" type="checkbox"/> Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001

Add

Phone Numbers

If the screen does not look like above, click on the link “Participant” under the title “Waiver Links” to the left of the screen.



If a user is not at a participant's screen, please refer to sections "Review Information through Task List Screen" on page 11 or "Search Cases Screen" on page 17 for instructions to access a screen with "Waiver Links".

On the Participant's demographic screen are four sections:

- ❖ Demographics
- ❖ Addresses
- ❖ Phone Numbers
- ❖ Email Addresses

Each section must be verified for correctness.

Demographics

The demographics section has the following fields:

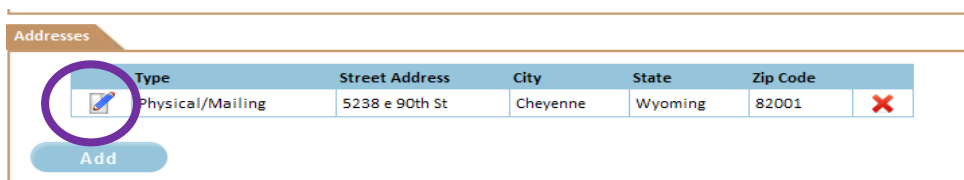
- 🔗 Last Name – The last name of the participant
- 🔗 First Name – The first name of the participant
- 🔗 Middle Name – The middle name of the participant (if available)
- 🔗 Suffix – Jr., III, etc
- 🔗 SSN – the social security number of the participant. This **MUST** be the participant's SSN; not the spouse's.



- 🔗 Medicaid ID - the “06...” of the participant. **REMINDER – ID’s that start with “00...” are NOT Client ID’s and cannot be used as such.**
- 🔗 Birth Date – The participant’s date of birth
- 🔗 Gender – Male/Female
- 🔗 Ethnicity – Race of participant
- 🔗 Method of Contact – the Participant’s desired form of contact.
- 🔗 Communication Barriers – A note section to indicate any limitations the participant may have to communicate. This can include a physical disability or language barrier.
- 🔗 County – the participant’s county of residence. (This is dictated by the participant’s physical address).

Verify the information is correct and current.

Addresses

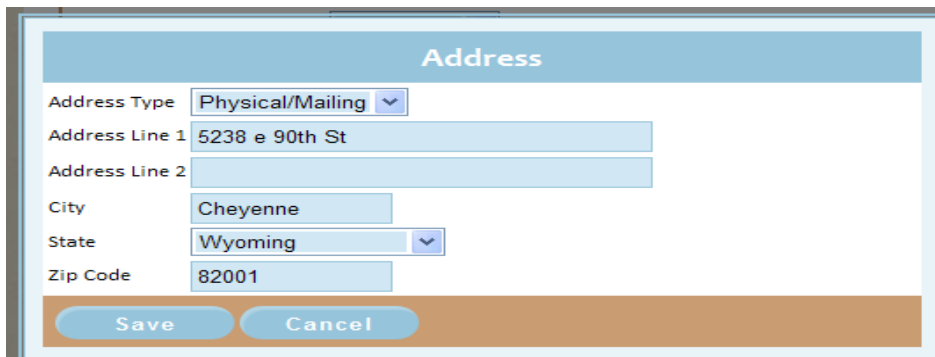
The next section has the participant’s address information. A participant may have one or multiple addresses.



Type	Street Address	City	State	Zip Code	
 Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001	

Add

To update an address currently in the system, click on the “pencil” icon next to the address to update. This will open the address window.



Address

Address Type: Physical/Mailing

Address Line 1: 5238 e 90th St

Address Line 2:

City: Cheyenne

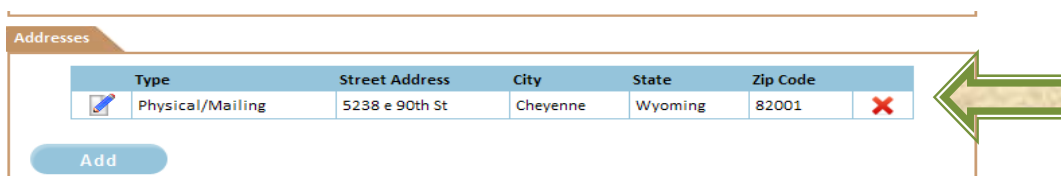
State: Wyoming



Zip Code: 82001

Save Cancel

Update any information to be changed. When finished, click on the “Save” button.


To disregard any changes made, click on the “Cancel” button.



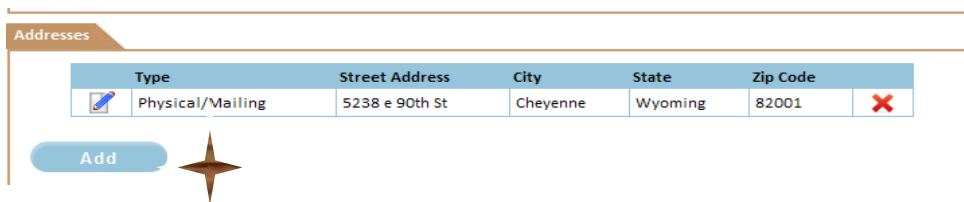
Type	Street Address	City	State	Zip Code	
 Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001	

Add



Save Cancel

To delete an address, click on the Red “X” button . This will delete the address from the system.

To add a new address, click on the “Add” button.



The screenshot shows a table titled 'Addresses' with the following data:

Type	Street Address	City	State	Zip Code	
 Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001	

Below the table is a blue 'Add' button. A brown star icon is positioned between the 'Add' button and the text below.

This will open the window to add a new address.









The screenshot shows a form titled 'Address' with the following fields:

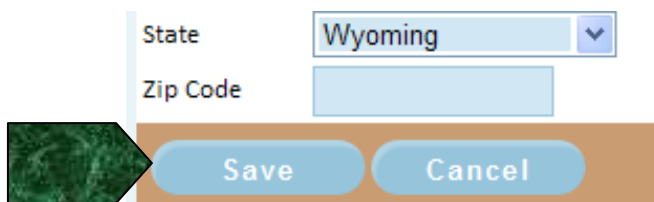
- Address Type:
- Address Line 1:
- Address Line 2:
- City:
- State:
- Zip Code:

At the bottom are 'Save' and 'Cancel' buttons.

Enter the following information:

-  Address Type – this will be one of three options
 - Physical – The address the participant resides
 - Mailing – The address all correspondence is mailed to, if different from the physical address.
 - Physical/Mailing – If both the physical and mailing addresses are the same, use this option.
-  Address Line 1 – Street address or PO Box
-  Address Line 2 – Apt. number, or additional street address information if there is not enough room on the first line.
-  City – City the address is associated with. *Mailing and Physical addresses may be different.*
-  State – the State will default to Wyoming. Can be changed for mailing address information. **THE PARTICIPANT MUST RESIDE IN THE STATE TO BE AN ELIGIBLE PARTICIPANT ON THE WAIVER.**
-  Zip Code – the zip code associated with the city and address.

When the address has been added, click on the “Save” Button.



The screenshot shows the 'State' dropdown menu set to 'Wyoming' and the 'Zip Code' input field. Below these fields are 'Save' and 'Cancel' buttons. A green arrow points to the 'Save' button.

Phone Numbers

In the phone number section of the screen, all phone numbers associated with the participant are listed here. A participant may have one or many phone numbers.

The screenshot shows a section titled "Phone Numbers" with a table containing one row. The table has columns for Type, Phone Number, and Primary. Below the table is an "Add" button.

Type	Phone Number	Primary
Home	(307) 637-2222	Yes

Add

To update a phone number currently in the system, click on the "pencil" icon next to the phone number to update. This will open the phone window.

The screenshot shows a "Phone" window with fields for Type (Home), Phone Number ((307) 637-2222), and a checkbox for "Is this the primary phone?". There are "Save" and "Cancel" buttons at the bottom.

Phone

Type: Home

Phone Number: (307) 637-2222

Is this the primary phone? ☒

Save Cancel

Update any information to be changed. When finished, click on the "Save" button.

Save

To disregard any changes made, click on the "Cancel" button.

Cancel

The screenshot shows the "Phone Numbers" section with a table containing one row. A green arrow points to the Red "X" button in the Primary column.

Type	Phone Number	Primary
Home	(307) 637-2222	Yes

Add

To delete a phone number, click on the Red "X" button . This will delete the phone number from the system.

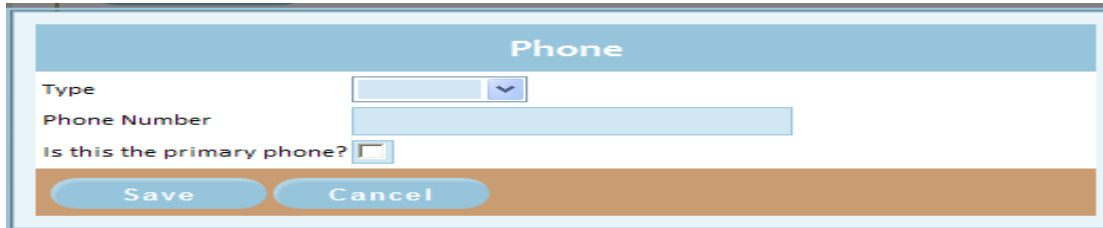
To add a new phone number, click on the "Add" button.

The screenshot shows the "Phone Numbers" section with a table containing one row. A star points to the "Add" button.

Type	Phone Number	Primary
Home	(307) 637-2222	Yes

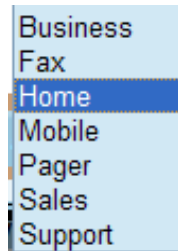
Add

This will open the window to add a new phone number.

A screenshot of a 'Phone' form window. It has a title bar 'Phone'. Below it, there are three fields: 'Type' with a dropdown arrow, 'Phone Number' with a text input field, and 'Is this the primary phone?' with a checkbox. At the bottom, there are two buttons: 'Save' and 'Cancel'.

Enter the following information:

- Type – the phone type. Current phone types are listed below:

A screenshot of a dropdown menu for phone types. The options are: Business, Fax, Home (highlighted), Mobile, Pager, Sales, and Support.

- Phone number – the full phone number for the participant. This includes area code.
- Is this the primary phone? – A check box to indicate the primary phone for the participant.


When the phone number has been added, click on the “Save” Button.

A screenshot of the 'Phone' form window, focusing on the bottom section. A green arrow points to the 'Save' button. The 'Is this the primary phone?' checkbox is also visible.

Email Addresses

The email section is an optional section to the participant’s demographics. If a participant wishes to give their email, it is to be entered here. A participant may have one or multiple email addresses.

A screenshot of the 'Email Addresses' section. It features a table with columns: Type, Email Address, and Primary. There is an 'Add' button below the table. A green arrow points to the 'Add' button.

Type	Email Address	Primary
 Personal	help.me@goocl.com	Yes

To update an email address currently in the system, click on the “pencil” icon next to the address to update. This will open the email window.

Email

Type: Personal

Email Address: help.me@goocl.com

Is this the primary email? ☒

Save Cancel

Update any information to be changed. When finished, click on the “Save” button.



To disregard any changes made, click on the “Cancel” button.



Email Addresses

Type	Email Address	Primary	
Personal	help.me@goocl.com	Yes	

Add



To delete an email address, click on the Red “X” button . This will delete the address from the system.

To add a new email address, click on the “Add” button.

Email Addresses

Type	Email Address	Primary	
Personal	help.me@goocl.com	Yes	

Add

This will open the window to add a new email address.

Email

Type:

Email Address:

Is this the primary email? ☐

Save Cancel

Enter the following information:

- Type – the email type. Current email types are listed below

Business
Corporate
Personal
Sales
Support

- Email Address – the full email address for the participant. This includes the @ symbol and a valid “.com” site.
- Is this the primary email? – A check box to indicate the primary email address for the participant.

When the email address has been added, click on the “Save” Button.



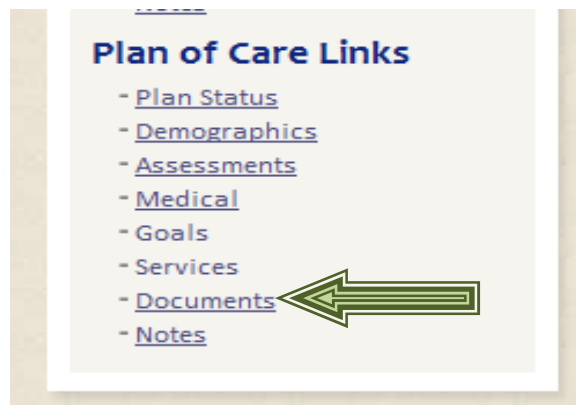
There is no “Action” button for this task.

8. Uploading documents (from page 22)

There are two documents that are required for a Plan of Care:

- ✓ Client Choice of Service (HCBS-1)
 - Due when putting a participant on the waiting list
 - Due when a participant has received a funding opportunity
 - Due at each renewal plan period
- ✓ Client Rights and Responsibilities
 - Due when a participant has received a funding opportunity
 - Due at each renewal plan period

To upload the documents into the system, click on the “Documents” link under the section “Plan of Care Links” to open the document window.



If a user is not at a participant’s Plan of Care screen, please refer to sections “Review Information through Task List Screen” on page 15 or “Search Cases Screen” on page 17 for instructions to access a participant’s information.

When open, the document window should look like this.

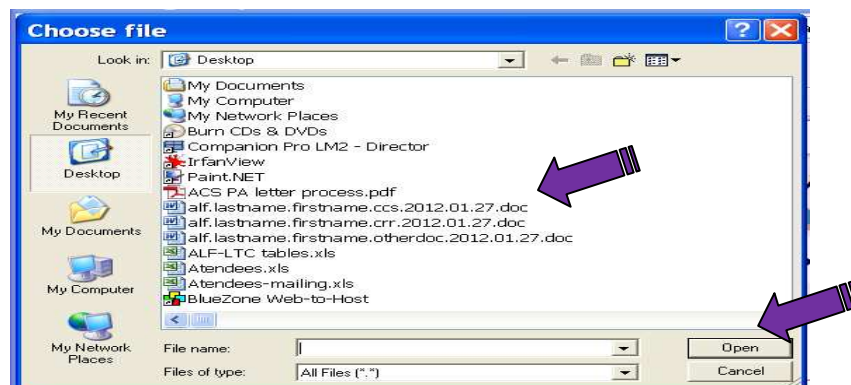
Client Choice of Service

To upload a scanned Client Choice of Service, click on the Browse button.

Client Choice of Service

Please upload the Client Choice of Service document. You can download a copy of the document [here](#).

This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.



Once uploaded, a link to the document will be available.

Client Choice of Service

Document: [alf.lastname.firstname.ccs.2012.01.27.doc](#)

If an error is made and the wrong document is uploaded, just re-upload the correct document. It will override the incorrect document.

Client Rights and Responsibilities

To upload a scanned Client Rights and Responsibilities, click on the “Browse” button under “Rights and Responsibilities” section.

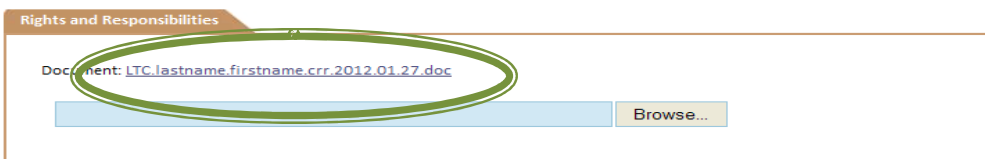
Rights and Responsibilities

Please upload the Rights and Responsibilities document. You can download a copy of the document [here](#).

This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.



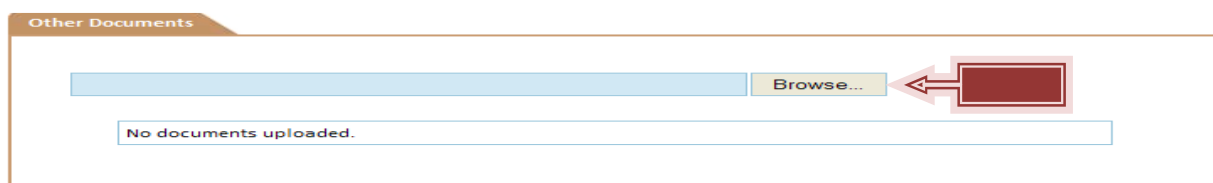
Once uploaded, a link to the document will be available.



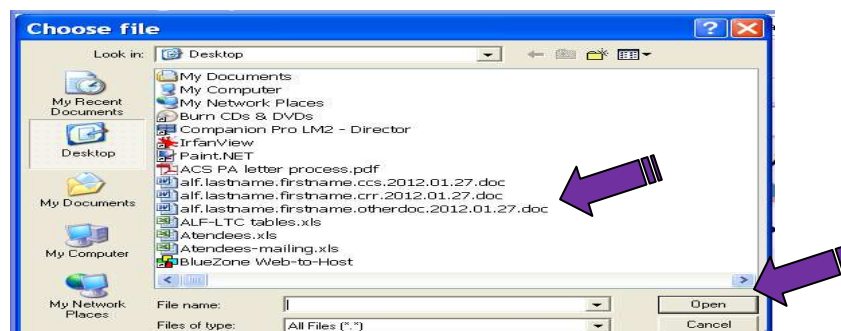
If an error is made and the wrong document is uploaded, just re-upload the correct document. It will override the incorrect document.

Other Documents

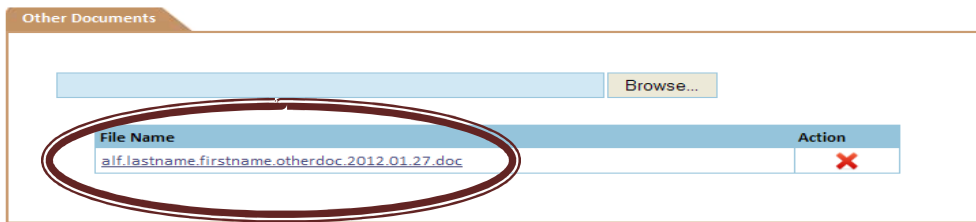
There may be times when additional documentation is required. To upload additional documents, click on the “Browse” button under “Other Documents” section.



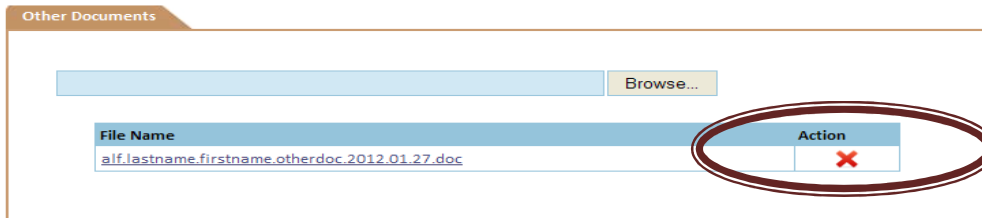
This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.



Once uploaded, a link to the document will be available.



These documents may be deleted if necessary. To delete the scanned and uploaded document, click on the red "X" under "Action" to the left of the file name.



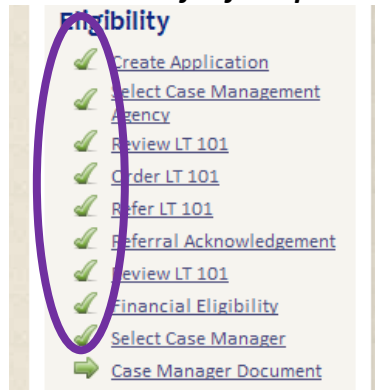
This will remove the document from the system.

Receiving a Funding Opportunity for a Participant

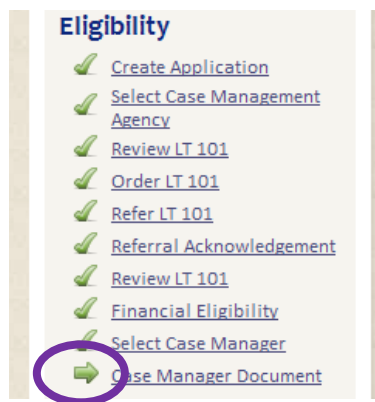
Steps when a participant receives a funding opportunity:

1. Participant reaches the top of the waiting list and receives a funding opportunity.
2. This will trigger a notification to:
 - a. Department of Family Services (DFS) to re-verify financial eligibility.
 - b. Clinical Manager for Long Term Care to contact Public Health Nursing (PHN) to initiate the evaluation of medical necessity, if current LT101 is more than 60 days old.
 - c. The chosen Case Management/Care Coordinator to inform of participant status.
3. After the evaluation of medical necessity is complete, and participant is deemed functionally eligible, the Case Manager/Care Coordinator is notified of ability to complete the Plan of Care.
4. Case Manager/Care Coordinator will visit participant (if this hasn't been already been done).
 - a. Review needed services with participant.
 - b. Have participant sign "Client Choice of Service" form.
 - c. Review with participant the "Rights and Responsibilities" form and have participant sign to indicate understanding.
5. Case Manager/Care Coordinator reviews/validates/updates participant information.
 - a. Case Manager/Care Coordinator uses the task list to view required information for participant.
 - b. Case Manager/Care Coordinator locates the participant through the "Search Case" screen.
6. Case Manager/Care Coordinator reviews/validates/updates participant demographic information.
7. Case Manager/Care Coordinator enters information to create a Plan of Care:
 - a. Medical information
 - b. Goals
 - c. Services
8. Case Manager/Care Coordinator uploads Client Choice of Service and Rights and Responsibilities forms.
9. Home Care Services Unit reviews and validates information and documentation.
10. DFS re-validates participant eligibility for LTC/ALF waiver.
11. If information and documentation is valid and eligibility is confirmed, participant receives funding opportunity.
12. Participant's Plan of Care is sent to Fiscal Agent (ACS, a Xerox Company) for Prior Authorization.

As a user goes through each step in the system, there will be a green check mark next to each finished task. The task list for each process is located below the “Waiver Links” to the left of the participant’s screen.



If there is a green arrow next to the task, this is the next task to be worked on.



2.c. Notification of participant status (from page 38)

When a participant reaches the top of the waiting list, either through a special funding opportunity or through the normal progression, notification will be sent to the Case Manager/Care Coordinator to inform of the participant’s status. The Case Manager/Care Coordinator may inform the participant of their status and to be aware of the PHN visit and DFS re-verification. The Case Manager/Care Coordinator may commence the Plan of Care process.

4. Obtaining required documentation (from page 38)

After the participant has been determined BOTH financially and functionally eligible, the Case Manager/Care Coordinator visits the participant (if not done already).

1. The Case Manager/Care Coordinator will review the participant’s needs.
2. Reviews the document “Client Choice of Service”.
3. If client continues to be interested in one of the LTC/ALF waiver programs, the Case Manager/Care Coordinator will obtain the participant’s signature on the “Client Choice of Service” document.
4. The Case Manager/Care Coordinator will review the “Client Rights and Responsibilities” document with the participant. After reviewing the document, making sure the

participant understands their rights and responsibilities, the Case Manager/ Care Coordinator will have the client sign the document.

5.a. Locating participant in the waiver system through the Task List Screen (from page 38)

To process the needed task, or to view a task at any point in the workflow process, click on the document icon in the “View” column of the task. This will take you directly to the task associated with that icon.

View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	applebee	george	XXX-XX-3325		DHCF - ALF	Eligibility	Case Manager Document	No	40
	me	Help	XXX-XX-3588	XX-XXXX0159	DHCF - LTC	Plan Of Care	Submit Plan Of Care	No	14
	me	Help	XXX-XX-3588	XX-XXXX0159	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	No	14

LTC Participant: **me, Help** Case Manager: **JESSEN, CRISTEEN**

Plan Dates: **3/13/2012 - 8/31/2012 (Future)**
Effective Date: **3/13/2012 (Initial)**
Print:

Status: **Submit Plan Of Care**

Plan Details
Plan Start Date: **3/13/2012** Plan End Date: **8/31/2012**
Save

History
Process: Plan Of Care

Status	Description	Modified By	Modified Date
	Submit Plan Of Care		

In the example above, choosing to view the task “Submit Plan of Care” for Help Me, opens the “Submit Plan of Care” screen.

From this point a user may access other sections of a participant’s information by using the links to the left of the screen.

Waiver Links

- Case
- Waiver
- Participant
- Contacts
- Associated Users
- Plans of Care
- Individual Budget Amount
- Letter History
- Document Library
- Assessment History
- Processes
- Notes

Plan of Care Links

- Plan Status
- Demographics
- Assessments
- Medical
- Goals
- Services
- Documents
- Notes

Plan Dates: **3/13/2012 - 8/31/2012 (Future)**
Effective Date: **3/13/2012 (Initial)**
Print:

Status: **Submit Plan Of Care**

Plan Details
Plan Start Date: **3/13/2012** Plan End Date: **8/31/2012**
Save

History
Process: Plan Of Care

Status	Description	Modified By	Modified Date
	Submit Plan Of Care		

Action
Submit Plan of Care **Submit**

Links

5.b. Locating participant in the waiver system through the Search Cases Screen (from page 38)

When looking for a participant in the database, the user will click on the “Search Cases” tab. After clicking on the tab, the following screen will open.

Wyoming Department of Health

Welcome Benjamin Gray Change Password Logout

Medicaid Waiver System

Task List Search Cases Reports Admin

Search Cases

[Search](#) [Create Case](#)

1 First Name: Medicaid ID: 4

2 Last Name: Date Of Birth: 5

3 SSN: Gender: 6

Search

To the left of the screen are two options:

- Search
- Create Case

The screen will default to the option “Search Cases”. *A Case Manager/Care Coordinator should not need to create a case.*

To search for a participant, currently there are six potential search criteria:

- 1 First Name
- 2 Last Name
- 3 SSN
- 4 Medicaid ID
- 5 Date of Birth
- 6 Gender

A user may utilize one or all six criteria to search for a participant. Determine what information you will be using. With the exception of “SSN” and “Medicaid ID” (*which if entered correctly, should return the desired participant in the result set*), the more criteria entered, the smaller the result set will be.

- 🚦 If a user only enters female, all females will appear in the result set.

- If a user enters both female and the last name “Smith”, the result set will return all females with the last name “Smith”.

In the example below just the letters “m” and “e” were entered in the last name field. Notice both the last names “Me” and “Mead” appeared.

Medicaid Waiver System

Task List Search Cases Reports Admin

Search Cases

Last Name: Medicaid ID:

First Name: Date Of Birth:

SSN: Gender:

View	Last Name	First Name	Gender	SSN	Medicaid	Waiver Program	Enrolled
	me	Help	Female	XXX-XX-3588		DHCF - LTC	No
	Mead	Lucinda		XXX-XX-1111		DHCF - LTC	No

Case Managers and Care Coordinators will only see the participants associated with their provider number.

Once the participant desired is located, the user will click on the document icon in the “View” column to access the participant’s information.

View	Last Name	First Name	Gender	SSN	Medicaid	Waiver Program	Enrolled
	me	Help	Female	XXX-XX-3588		DHCF - LTC	No
	Mead	Lucinda		XXX-XX-1111		DHCF - LTC	No

From this point a user may access other sections of a participant’s information by using the links to the left of the screen.

Waiver Links

- Case
- Waiver
- Participant
- Contacts
- Associated Users
- Plans of Care
- Individual Budget Amount
- Letter History
- Document Library
- Assessment History
- Processes
- Notes

Waiver

Guardian(s):

Participant Addresses:

Type:
Address:

Waiver Status:

Status:
Start Date:
End Date:

On Hold: ☐

View	Process	Current Status	Start Date	Modified By	Modified Date
	Plan Of Care	Submit Plan Of Care	12/13/2011 9:32:20	waivers_admin	12/13/2011 9:32:20

6. Updating participant information (from page 38)

It is important to keep a participant's demographic information current and up-to-date. At a minimum, a Case Manager/Care Coordinator **must** validate and update demographic information at these times:

- When placing a participant on the wait list
- When a participant has received a funding opportunity
- At each renewal period for a participant
- Anytime a participant's information changes

To update a participant's information, a Case Manager/Care Coordinator must be in the "Participant" screen. The "Participant" screen should look like the screen below at the top of a user's screen.

Wyoming Department of Health

Medicaid Waiver System

Task List Search Cases Participant Reports Admin

Waiver: DHCF - LTC Participant: me, Help Case Manager: JESSEN, CRISTEEN

Participant

Demographics

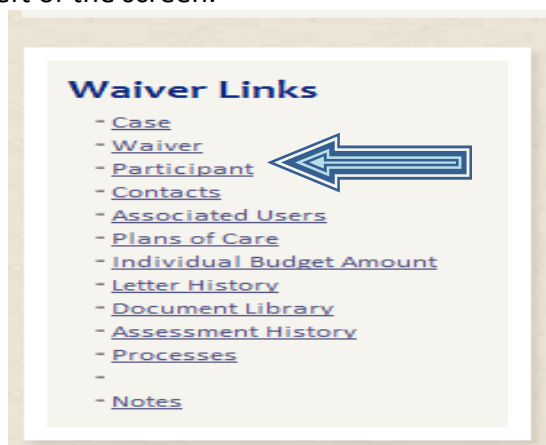
Last Name: me First Name: Help
Middle Name: Suffix:
SSN: 335-82-3588 Medicaid ID: 06-0000159
Birth Date: 6/23/1919 Gender: Female
Ethnicity: Method of Contact: Phone
Communication Barriers:
County: Laramie

Addresses

Type	Street Address	City	State	Zip Code
<input checked="" type="checkbox"/> Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001

Add

If the screen does not look like above, click on the link "Participant" under the title "Waiver Links" to the left of the screen.



If a user is not at a participant's screen, please refer to sections "Review Information through Task List Screen" on page 11 or "Search Cases Screen" on page 17 for instructions to access a screen with "Waiver Links".

On the Participant's demographic screen are four sections:

- ❖ Demographics
- ❖ Addresses
- ❖ Phone Numbers
- ❖ Email Addresses

Each section must be verified for correctness.

Demographics

The screenshot shows a web form titled "Participant" with a sub-tab "Demographics". The form contains the following fields:

Last Name:	me	First Name:	Help
Middle Name:		Suffix:	
SSN:	335-82-3588	Medicaid ID:	06-0000159
Birth Date:	6/23/1919	Gender:	Female
Ethnicity:		Method of Contact:	Phone
Communication Barriers			
County:	Laramie		

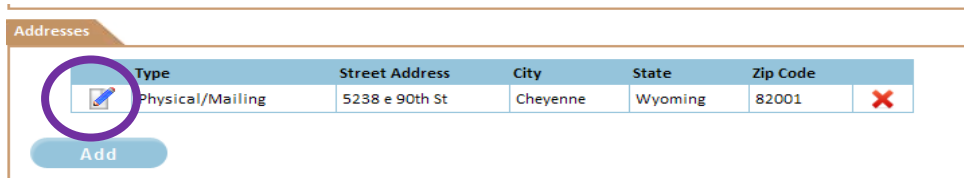
The demographics section has the following fields:



- 🔗 Last Name – The last name of the participant
- 🔗 First Name – The first name of the participant
- 🔗 Middle Name – The middle name of the participant (if available)
- 🔗 Suffix – Jr., III, etc
- 🔗 SSN – the social security number of the participant. This **MUST** be the participant's SSN; not the spouse's.
- 🔗 Medicaid ID - the "06..." of the participant. **REMINDER – ID's that start with "00..." are NOT Client ID's and cannot be used as such.**
- 🔗 Birth Date – The participant's date of birth
- 🔗 Gender – Male/Female
- 🔗 Ethnicity – Race of participant
- 🔗 Method of Contact – the Participant's desired form of contact.
- 🔗 Communication Barriers – A note section to indicate any limitations the participant may have to communicate. This can include a physical disability or language barrier.
- 🔗 County – the participant's county of residence. (This is dictated by the participant's physical address).

Verify the information is correct and current.

Addresses

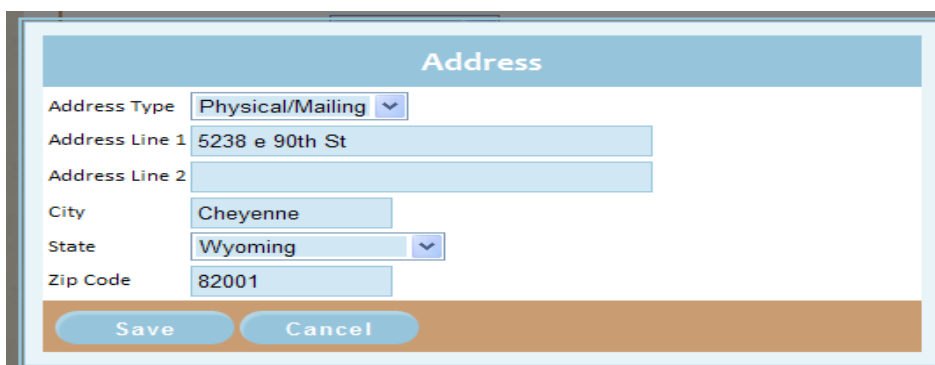
The next section has the participant's address information. A participant may have one or multiple addresses.



Type	Street Address	City	State	Zip Code	
 Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001	

Add

To update an address currently in the system, click on the “pencil” icon next to the address to update. This will open the address window.



Address

Address Type: Physical/Mailing

Address Line 1: 5238 e 90th St

Address Line 2:

City: Cheyenne

State: Wyoming

Zip Code: 82001

Save Cancel

Update any information to be changed. When finished, click on the “Save” button.

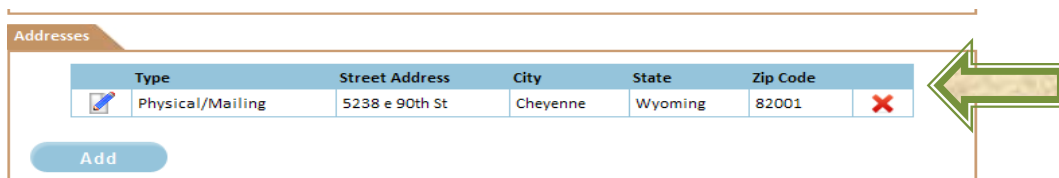




Save

To disregard any changes made, click on the “Cancel” button.



Cancel

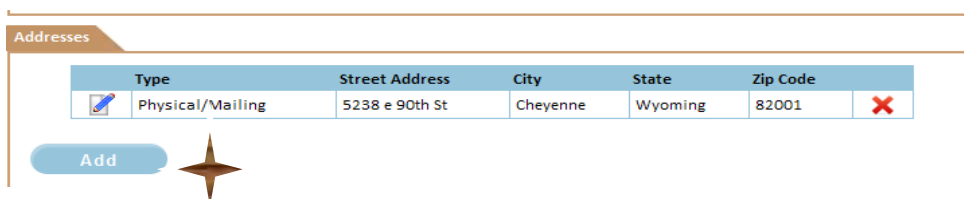




Type	Street Address	City	State	Zip Code	
 Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001	

Add

To delete an address, click on the Red “X” button . This will delete the address from the system.


To add a new address, click on the “Add” button.









Type	Street Address	City	State	Zip Code	
 Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001	

Add

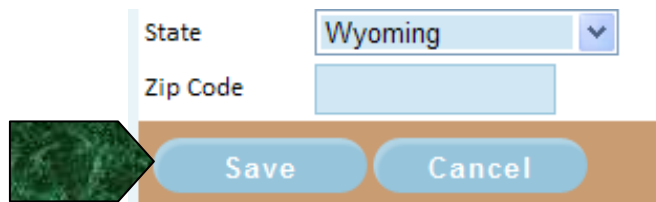
This will open the window to add a new address.



Enter the following information:

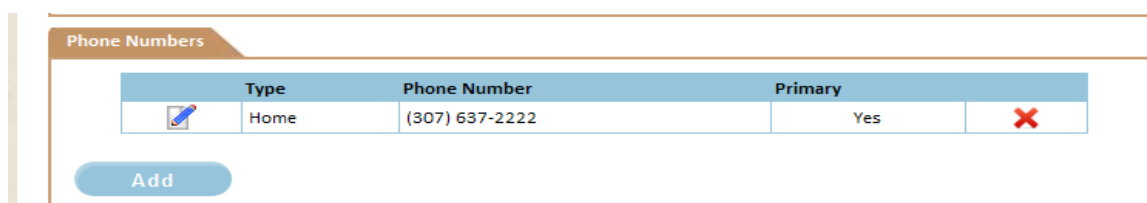
-  Address Type – this will be one of three options:
 - Physical – The address the participant resides
 - Mailing – The address all correspondence is mailed to, if different from the physical address.
 - Physical/Mailing – If both the physical and mailing addresses are the same, use this option.
-  Address Line 1 – Street address or PO Box
-  Address Line 2 – Apt. number, or additional street address information if there is not enough room on the first line.
-  City – City the address is associated with. *Mailing and Physical addresses may be different.*
-  State – the State will default to Wyoming. Can be changed for mailing address information. **THE PARTICIPANT MUST RESIDE IN THE STATE TO BE AN ELIGIBLE PARTICIPANT ON THE WAIVER.**
-  Zip Code – the zip code associated with the city and address.

When the address has been added, click on the “Save” Button.



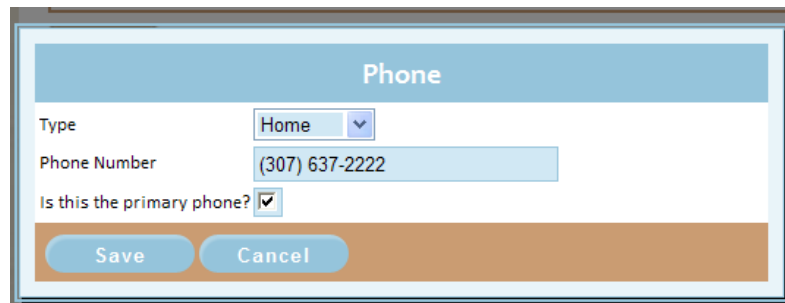
Phone Numbers

In the phone number section of the screen, all phone numbers associated with the participant are listed here. A participant may have one or many phone numbers.



Type	Phone Number	Primary
Home	(307) 637-2222	Yes

To update a phone number currently in the system, click on the “pencil” icon next to the phone number to update. This will open the phone window.

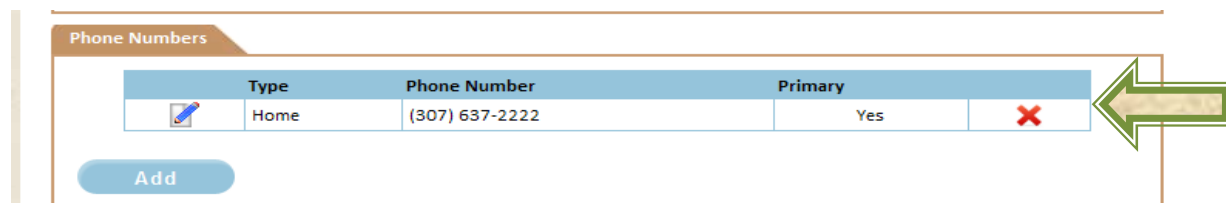


A screenshot of a 'Phone' update window. It has a title bar 'Phone' in a blue header. Below the header, there are three fields: 'Type' with a dropdown menu showing 'Home', 'Phone Number' with a text box containing '(307) 637-2222', and 'Is this the primary phone?' with a checked checkbox. At the bottom, there are two buttons: 'Save' and 'Cancel'.

Update any information to be changed. When finished, click on the “Save” button.




To disregard any changes made, click on the “Cancel” button.

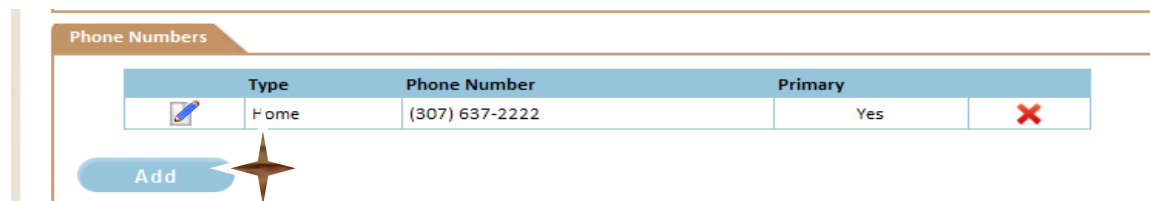


A screenshot of a 'Phone Numbers' section. It features a table with the following columns: 'Type', 'Phone Number', and 'Primary'. The first row contains a pencil icon, 'Home', '(307) 637-2222', 'Yes', and a red 'X' icon. Below the table is an 'Add' button. A large green arrow points to the red 'X' icon.

Type	Phone Number	Primary		
	Home	(307) 637-2222	Yes	

To delete a phone number, click on the Red “X” button . This will delete the phone number from the system.

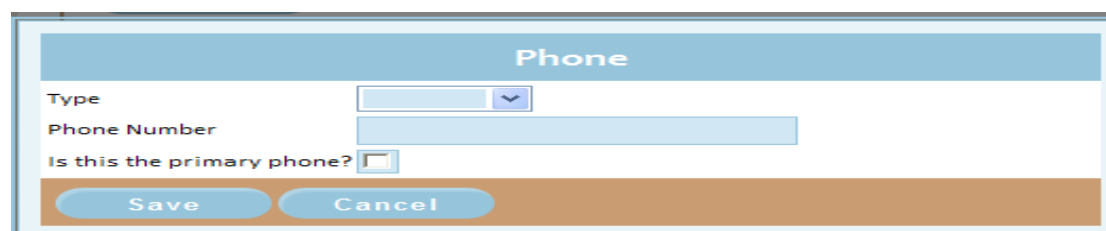
To add a new phone number, click on the “Add” button.



A screenshot of a 'Phone Numbers' section. It features a table with the following columns: 'Type', 'Phone Number', and 'Primary'. The first row contains a pencil icon, 'Home', '(307) 637-2222', 'Yes', and a red 'X' icon. Below the table is an 'Add' button. A starburst graphic points to the 'Add' button.

Type	Phone Number	Primary		
	Home	(307) 637-2222	Yes	

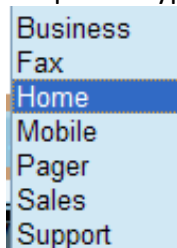
This will open the window to add a new phone number.



A screenshot of a 'Phone' add window. It has a title bar 'Phone' in a blue header. Below the header, there are three fields: 'Type' with a dropdown menu, 'Phone Number' with a text box, and 'Is this the primary phone?' with an unchecked checkbox. At the bottom, there are two buttons: 'Save' and 'Cancel'.

Enter the following information:

- Type – the phone type. Current phone types are listed below



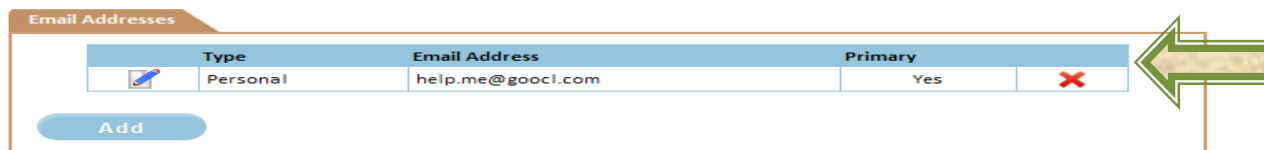
- Phone number – the full phone number for the participant. This includes area code.
- Is this the primary phone? – A check box to indicate the primary phone for the participant.

When the phone number has been added, click on the “Save” Button.

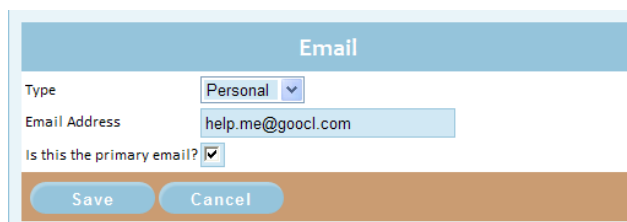
A form with a label 'Is this the primary phone?' followed by a checkbox. Below the checkbox are two buttons: 'Save' and 'Cancel'. A green arrow points to the 'Save' button.

Email Addresses

The email section is an optional section to the participant’s demographics. If a participant wishes to give their email, it is to be entered here. A participant may have one or multiple email addresses.

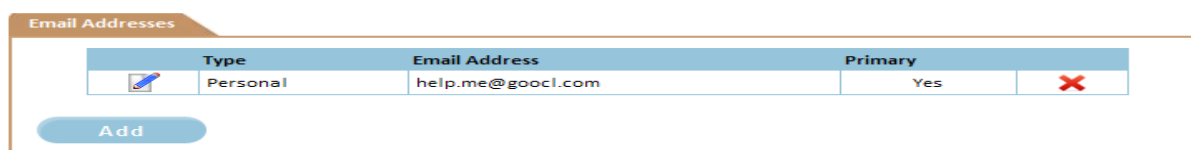
A table titled 'Email Addresses' with the following columns: Type, Email Address, and Primary. The first row shows 'Personal' as the type, 'help.me@goocl.com' as the email address, and 'Yes' as the primary status. There is a pencil icon next to the 'Personal' type and a red 'X' icon next to the 'Yes' primary status. A green arrow points to the red 'X' icon. Below the table is an 'Add' button.


To update an email address currently in the system, click on the “pencil” icon next to the address to update. This will open the email window.

A form titled 'Email' with the following fields: Type (dropdown menu set to 'Personal'), Email Address (text box with 'help.me@goocl.com'), and Is this the primary email? (checkbox checked). Below the fields are two buttons: 'Save' and 'Cancel'.

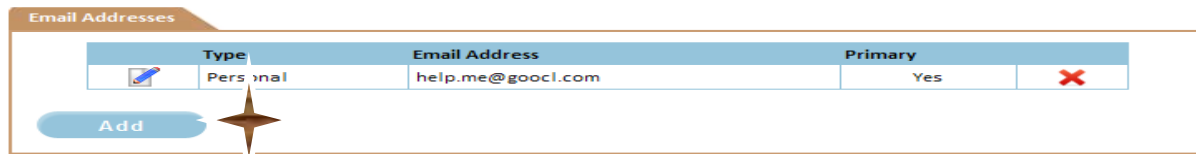
Update any information to be changed. When finished, click on the “Save” button.

To disregard any changes made, click on the “Cancel” button.

A table titled 'Email Addresses' with the following columns: Type, Email Address, and Primary. The first row shows 'Personal' as the type, 'help.me@goocl.com' as the email address, and 'Yes' as the primary status. There is a pencil icon next to the 'Personal' type and a red 'X' icon next to the 'Yes' primary status. Below the table is an 'Add' button.

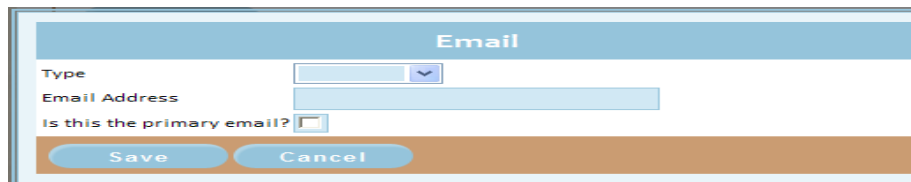
To delete an email address, click on the Red “X” button  . This will delete the address from the system.

To add a new email address, click on the “Add” button.



The screenshot shows a table titled "Email Addresses" with the following columns: Type, Email Address, and Primary. The first row contains the text "Personal", "help.me@goocl.com", and "Yes". To the right of the "Primary" column is a red "X" button. Below the table is a blue "Add" button. A star icon is placed over the "Add" button.

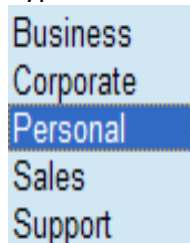
This will open the window to add a new email address.



The screenshot shows a form titled "Email". It has three input fields: "Type" (a dropdown menu), "Email Address" (a text box), and "Is this the primary email?" (a checkbox). At the bottom of the form are two buttons: "Save" and "Cancel".

Enter the following information:

- Type – the email type. Current email types are listed below



A dropdown menu showing the following options: Business, Corporate, Personal (highlighted), Sales, and Support.

- Email Address – the full email address for the participant. This includes the @ symbol and a valid “.com” site.
- Is this the primary email? – A check box to indicate the primary email address for the participant.

When the email address has been added, click on the “Save” Button.



A close-up of the bottom of the form, showing the "Save" and "Cancel" buttons. A large arrow points to the "Save" button.

There is no “Action” button for this task.

7. Creating the participant Plan of Care (from page 38)

Refer to section “Entering a participant on EMWS” on page 55 for instructions.

8. Uploading documents (from page 38)

There are two documents that are required for a Plan of Care:

- ✓ Client Choice of Service (HCBS-1)
 - Due when putting a participant on the waiting list
 - Due when a participant has received a funding opportunity
 - Due at each renewal plan period
- ✓ Client Rights and Responsibilities
 - Due when a participant has received a funding opportunity
 - Due at each renewal plan period

To upload the documents into the system, click on the “Documents” link under the section “Plan of Care Links” to open the document window.



If a user is not at a participant’s Plan of Care screen, please refer to sections “*Review Information through Task List Screen*” on page 11 or “*Search Cases Screen*” on page 17 for instructions to access a participant’s information.

When open the document window should look like this.

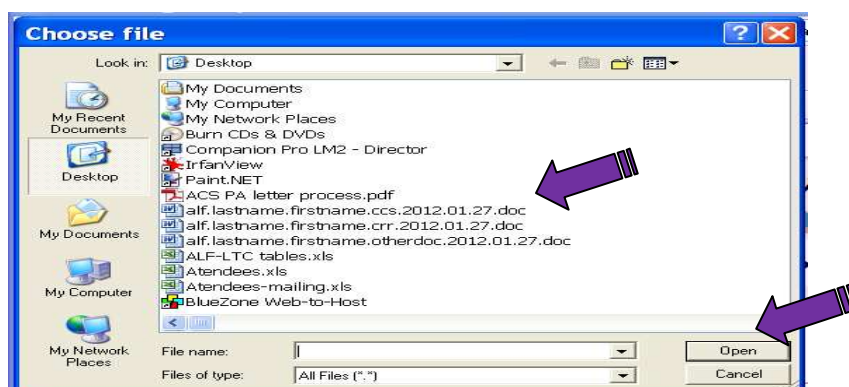
Client Choice of Service

To upload a scanned Client Choice of Service, click on the Browse button.

Client Choice of Service

Please upload the Client Choice of Service document. You can download a copy of the document [here](#).

This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.



Once uploaded, a link to the document will be available.

Client Choice of Service

Document [alf.lastname.firstname.ccs.2012.01.27.doc](#)

If an error is made and the wrong document is uploaded, just re-upload the correct document. It will override the incorrect document.

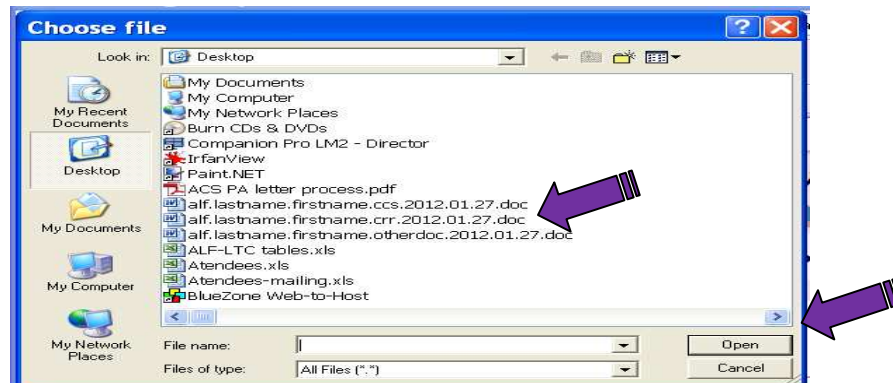
Client Rights and Responsibilities

To upload a scanned Client Rights and Responsibilities, click on the “Browse” button under “Rights and Responsibilities” section.

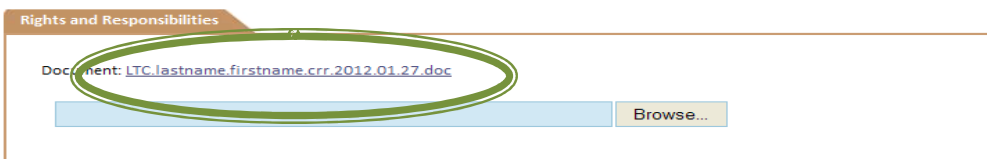
Rights and Responsibilities

Please upload the Rights and Responsibilities document. You can download a copy of the document [here](#).

This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.



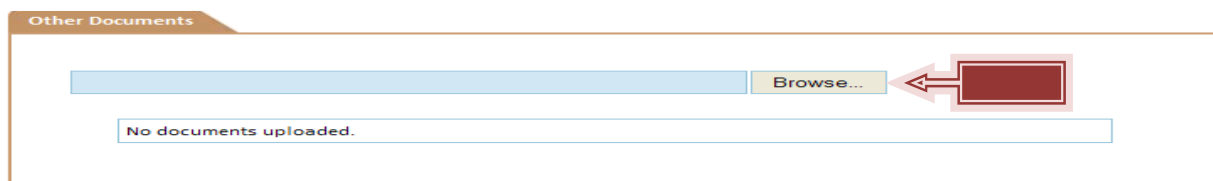
Once uploaded, a link to the document will be available.



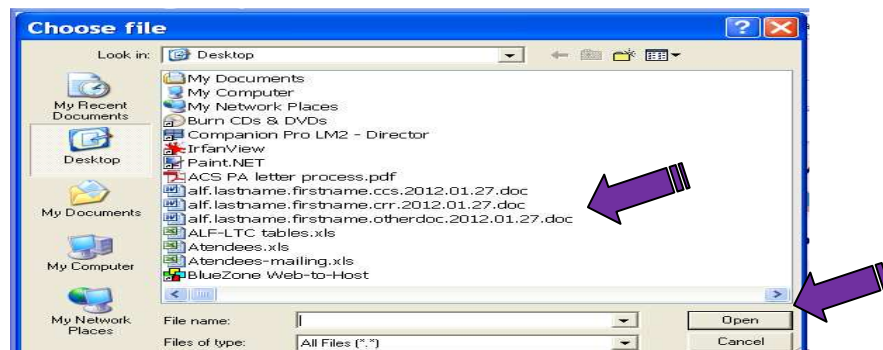
If an error is made and the wrong document is uploaded, just re-upload the correct document. It will override the incorrect document.

Other Documents

There may be times when additional documentation is required. To upload additional documents, click on the “Browse” button under “Other Documents” section.



This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.



Once uploaded, a link to the document will be available.

Other Documents

Browse...

File Name	Action
alf.lastname.firstname.otherdoc.2012.01.27.doc	

These documents may be deleted if necessary. To delete the scanned and uploaded document, click on the red “X” under “Action” to the left of the file name.

Other Documents

Browse...

File Name	Action
alf.lastname.firstname.otherdoc.2012.01.27.doc	

This will remove the document from the system.

After all required documents have been scanned and uploaded in the appropriate sections, go to the “Action” drop down box to the left of the screen.

Action

Submit Documents ▼

Complete

Choose “Submit Documents” and

Action

Submit Documents ▼

Complete

click on the “Complete” button to finish the process.

Action

Submit Documents ▼




Complete

At this point the Program Manager reviews the documents. If the documents are correct, the participant will go on the waitlist. If the documents are NOT correct, the Case Manager/Care Coordinator will receive a notification to make corrections and re-submit.

Entering a participant on EMWS


Notification

When a participant is ready to have their Plan of Care entered into the system and submitted, notification is sent to the Case Manager/Care Coordinator. When a Case Manager/Care Coordinator logs into the system, a task will be in the top section of the Task List screen. Click on the document icon in the “View” column of the associated task. This will open the “Plan Status” screen.

View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	applebee	george	XXX-XX-3325		DHCF - ALF	Eligibility	Case Manager Document	No	40
	me	Help	XXX-XX-3588	XX-XXXX0159	DHCF - LTC	Plan Of Care	Submit Plan Of Care	No	14
	me	Help	XXX-XX-3588	XX-XXXX0159	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	No	14

Plan Status Screen

When the Plan Status screen is open, it should look like this.



Department of Health

Task List Search Cases Reports Admin


Waiver: DHCF - LTC Participant: me, Help Case Manager: JESSEN, CRISTEEN

Waiver Links

- Case
- Waiver
- Participant
- Contacts
- Associated Users
- Plans of Care
- Individual Budget Amount
- Letter History
- Document Library
- Assessment History
- Processes
- Notes

Plan of Care Links

- Plan Status
- Demographics
- Assessments
- Medical
- Goals
- Services
- Documents
- Notes

Plan Dates: 3/13/2012 - 8/31/2012 (Future)
Effective Date: 3/13/2012 (Initial)
Print: 

Status: Submit Plan Of Care


Plan Details

Plan Start Date: 3/13/2012 Plan End Date: 8/31/2012

Save

History

Process: Plan Of Care

Status	Description	Modified By	Modified Date
	Submit Plan Of Care		

Action

Submit Plan of Care Submit

Links

[Planning Workbook for Individualized Plans of Care](#)

To the left are several links to allow the user to access other areas of the participants information.

- Waiver Links – This section gives links to participant specific information that may or may not be related to a specific Plan of Care.



- Plan of Care Links – This section gives links to participant information related to a specific Plan of Care.



If a section is not available to view or edit, there will not be a link to the section. In the example above, "Goals" and "Services" are not underlined. This indicates these sections are not available.

Updating/Verifying Information

To update a participant's information, a Case Manager/Care Coordinator must be in the "Participant" or "Demographics" screens. The "Participant" and "Demographics" screens should look like the screen below at the top of a user's screen.

Wyoming Department of Health

Medicaid Waiver System

Task List Search Cases Reports Admin

Waiver: DHCF - LTC Participant: me, Help Case Manager: JESSEN, CRISTEEN

Participant

Demographics

Last Name: me First Name: Help
 Middle Name: Suffix:
 SSN: 335-82-3588 Medicaid ID: 06-0000159
 Birth Date: 6/23/1919 Gender: Female
 Ethnicity: Method of Contact: Phone
 Communication Barriers:
 County: Laramie

Addresses

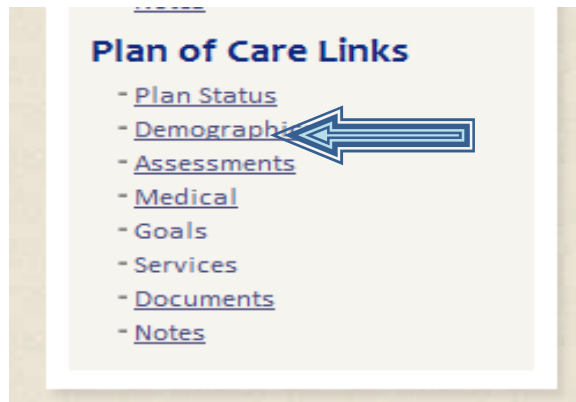
Type	Street Address	City	State	Zip Code
Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001

Add

If the screen does not look like above, click on the link “Participant” under the title “Waiver Links” to the left of the screen.



OR



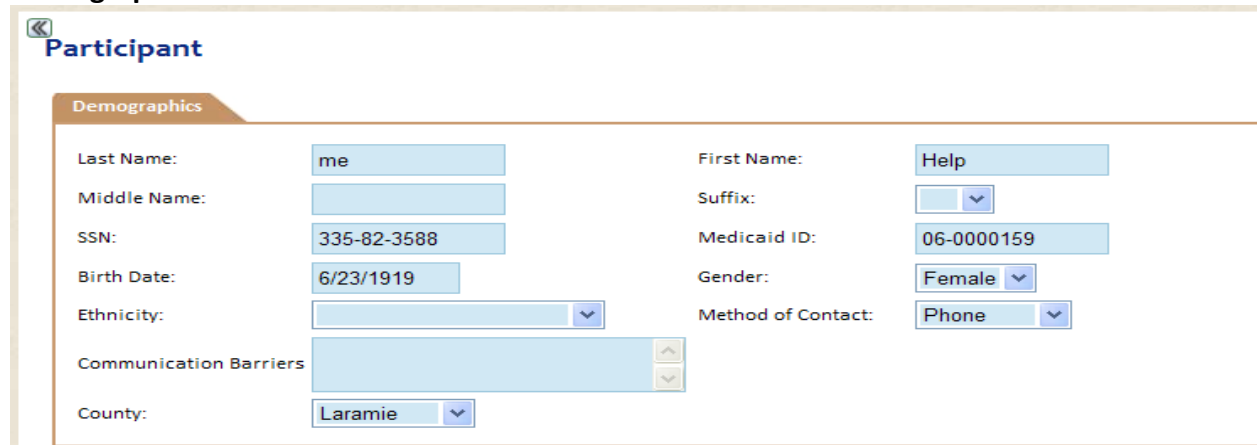
If a user is not at a participant’s screen, please refer to sections *“Review Information through Task List Screen”* on page 11 or *“Search Cases Screen”* on page 17 for instructions to access a screen with *“Waiver Links”*.

On the Participant’s demographic screen are four sections:

- ❖ Demographics
- ❖ Addresses
- ❖ Phone Numbers
- ❖ Email Addresses

Each section must be verified for correctness.

Demographics



Participant

Demographics

Last Name: me First Name: Help

Middle Name: Suffix:

SSN: 335-82-3588 Medicaid ID: 06-0000159

Birth Date: 6/23/1919 Gender: Female

Ethnicity: Method of Contact: Phone

Communication Barriers

County: Laramie

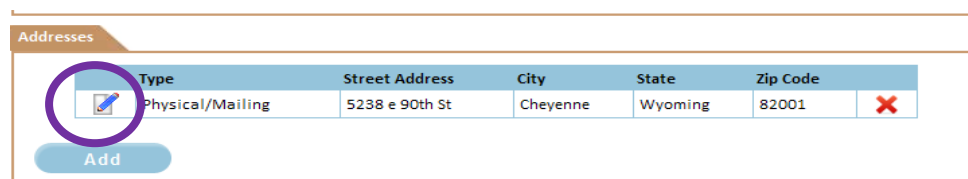
The demographics section has the following fields:

- ☞ Last Name – The last name of the participant
- ☞ First Name – The first name of the participant
- ☞ Middle Name – The middle name of the participant (if available)
- ☞ Suffix – Jr., III, etc
- ☞ SSN – the social security number of the participant. This **MUST** be the participant's SSN; not the spouse's.
- ☞ Medicaid ID - the "06..." of the participant. **REMINDER – ID's that start with "00..." are NOT Client ID's and cannot be used as such.**
- ☞ Birth Date – The participant's date of birth
- ☞ Gender – Male/Female
- ☞ Ethnicity – Race of participant
- ☞ Method of Contact – the Participant's desired form of contact.
- ☞ Communication Barriers – A note section to indicate any limitations the participant may have to communicate. This can include a physical disability or language barrier.
- ☞ County – the participant's county of residence. (This is dictated by the participant's physical address).

Verify the information is correct and current.

Addresses

The next section has the participant's address information. A participant may have one or multiple addresses.

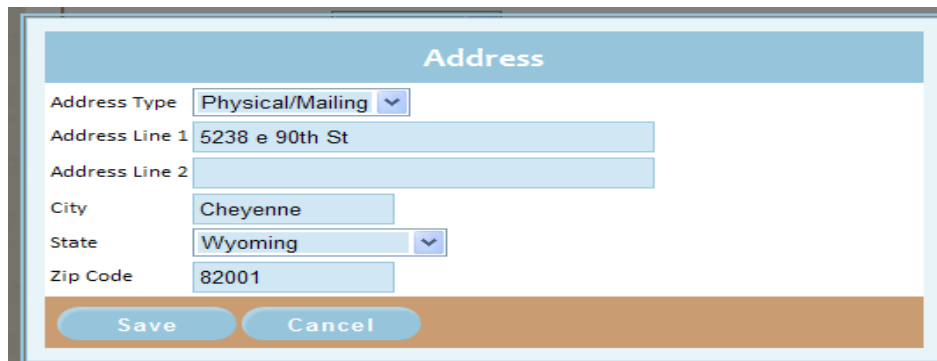


Addresses

Type	Street Address	City	State	Zip Code
Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001

Add

To update an address currently in the system, click on the “pencil” icon next to the address to update. This will open the address window.

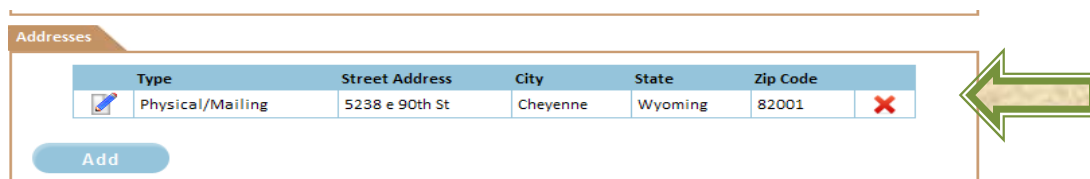


The 'Address' window contains the following fields: Address Type (dropdown menu set to 'Physical/Mailing'), Address Line 1 (text box with '5238 e 90th St'), Address Line 2 (empty text box), City (text box with 'Cheyenne'), State (dropdown menu set to 'Wyoming'), and Zip Code (text box with '82001'). At the bottom are 'Save' and 'Cancel' buttons.



Update any information to be changed. When finished, click on the “Save” button.




To disregard any changes made, click on the “Cancel” button.

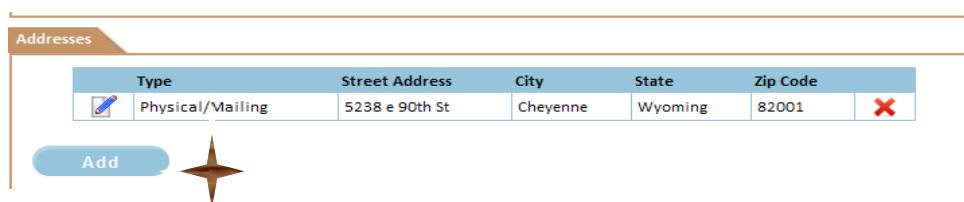


The 'Addresses' section shows a table with columns: Type, Street Address, City, State, Zip Code, and a delete icon (red X). The first row contains: Physical/Mailing, 5238 e 90th St, Cheyenne, Wyoming, 82001, and a red X. A green arrow points to the red X. Below the table is an 'Add' button.



Type	Street Address	City	State	Zip Code	
 Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001	

To delete an address, click on the Red “X” button . This will delete the address from the system.

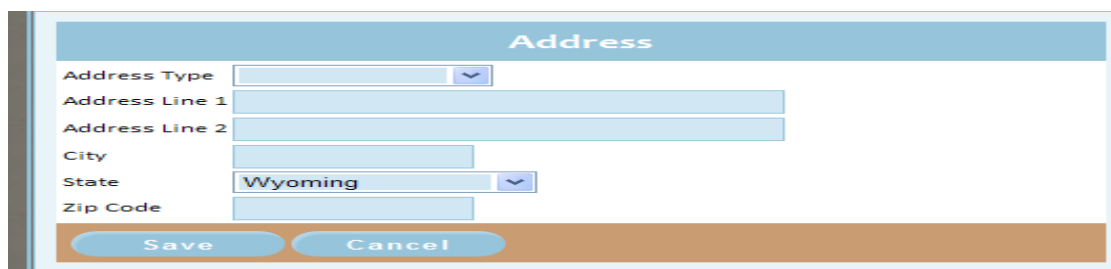
To add a new address, click on the “Add” button.



The 'Addresses' section shows a table with columns: Type, Street Address, City, State, Zip Code, and a delete icon (red X). The first row contains: Physical/Mailing, 5238 e 90th St, Cheyenne, Wyoming, 82001, and a red X. A brown star icon points to the 'Add' button below the table.

Type	Street Address	City	State	Zip Code	
 Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001	

This will open the window to add a new address.

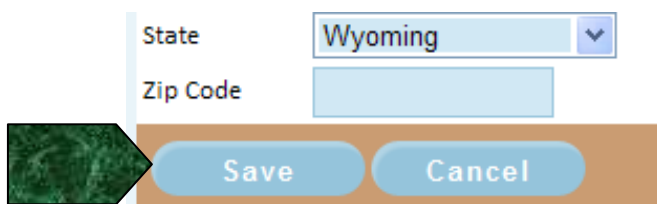


The 'Address' window contains the following fields: Address Type (dropdown menu), Address Line 1 (empty text box), Address Line 2 (empty text box), City (empty text box), State (dropdown menu set to 'Wyoming'), and Zip Code (empty text box). At the bottom are 'Save' and 'Cancel' buttons.

Enter the following information:

- ✚ Address Type – this will be one of three options:
 - Physical – The address the participant resides
 - Mailing – The address all correspondence is mailed to, if different from the physical address.
 - Physical/Mailing – If both the physical and mailing addresses are the same, use this option.
- ✚ Address Line 1 – Street address or PO Box
- ✚ Address Line 2 – Apt. number, or additional street address information if there is not enough room on the first line.
- ✚ City – City the address is associated with. *Mailing and Physical addresses may be different.*
- ✚ State – the State will default to Wyoming. Can be changed for mailing address information. **THE PARTICIPANT MUST RESIDE IN THE STATE TO BE AN ELIGIBLE PARTICIPANT ON THE WAIVER.**
- ✚ Zip Code – the zip code associated with the city and address.

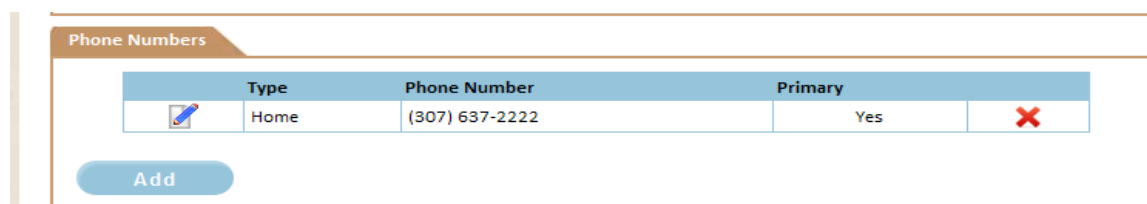
When the address has been added, click on the “Save” Button.



A screenshot of a web form for entering address information. It includes a 'State' dropdown menu with 'Wyoming' selected, a 'Zip Code' text input field, and two buttons labeled 'Save' and 'Cancel'. A green arrow points to the 'Save' button.

Phone Numbers

In the phone number section of the screen, all phone numbers associated with the participant are listed here. A participant may have one or many phone numbers.

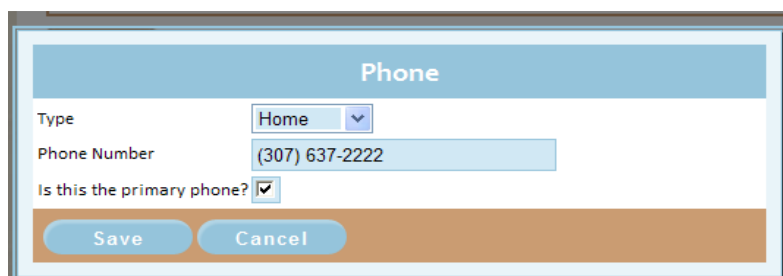


A screenshot of the 'Phone Numbers' section. It features a table with the following data:

Type	Phone Number	Primary
Home	(307) 637-2222	Yes

Below the table is an 'Add' button. A pencil icon is visible next to the 'Home' type in the first row.

To update a phone number currently in the system, click on the “pencil” icon next to the phone number to update. This will open the phone window.

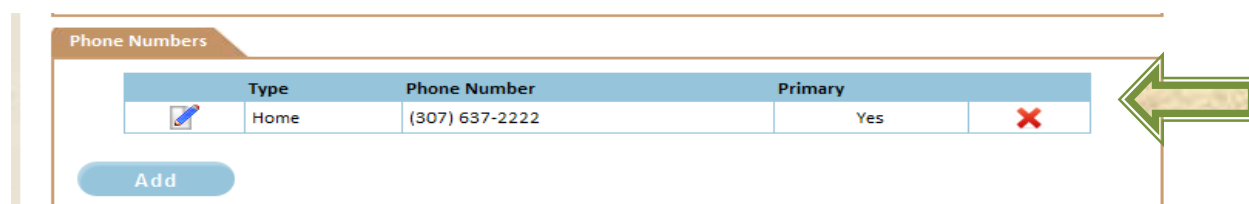



A screenshot of the 'Phone' window. It contains a 'Type' dropdown menu with 'Home' selected, a 'Phone Number' text input field with '(307) 637-2222', and a checkbox labeled 'Is this the primary phone?' which is checked. At the bottom are 'Save' and 'Cancel' buttons.

Update any information to be changed. When finished, click on the “Save” button.

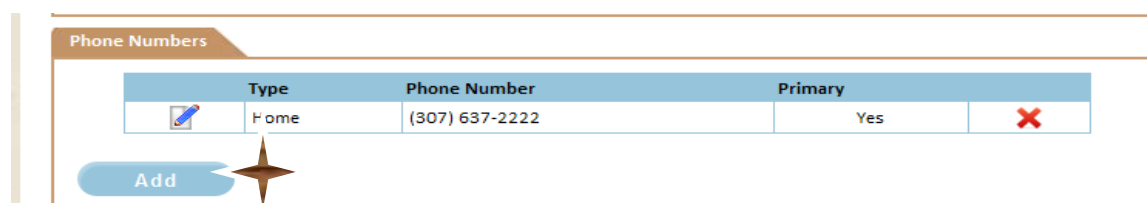


To disregard any changes made, click on the “Cancel” button.

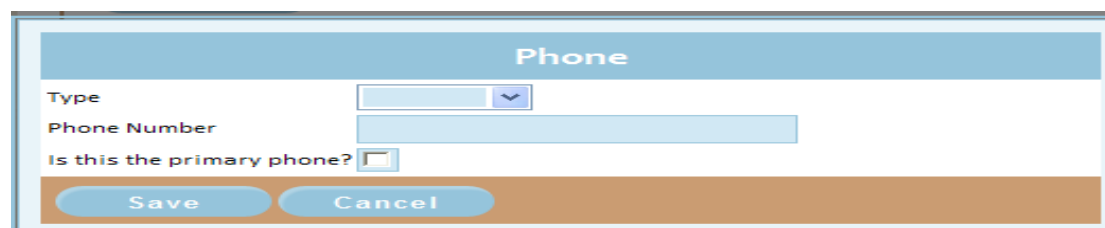
A screenshot of the "Phone Numbers" section. It features a table with columns: Type, Phone Number, and Primary. The first row shows "Home" as the type, "(307) 637-2222" as the phone number, and "Yes" as the primary status. To the right of the "Primary" column is a red "X" button. A large green arrow points from the right towards this red "X" button. Below the table is a blue "Add" button.

To delete a phone number, click on the Red “X” button . This will delete the phone number from the system.

To add a new phone number, click on the “Add” button.

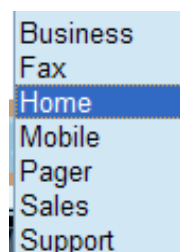
A screenshot of the "Phone Numbers" section, identical to the one above. A blue star is positioned over the blue "Add" button located below the table.

This will open the window to add a new phone number.

A screenshot of a "Phone" form window. It has a title bar "Phone". Inside, there are three fields: "Type" with a dropdown menu, "Phone Number" with a text input field, and "Is this the primary phone?" with a checkbox. At the bottom are two buttons: "Save" and "Cancel".

Enter the following information:

- Type – the phone type. Current phone types are listed below:

A screenshot of a dropdown menu for phone types. The options listed are: Business, Fax, Home (which is highlighted with a blue background), Mobile, Pager, Sales, and Support.

- Phone number – the full phone number for the participant. This includes area code.
- Is this the primary phone? – A check box to indicate the primary phone for the participant.

When the phone number has been added, click on the “Save” Button.

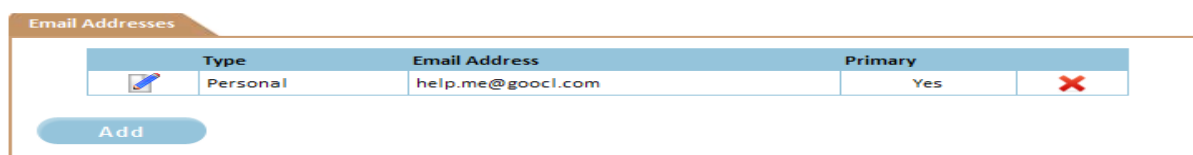


Is this the primary phone? ☐

Save Cancel

Email Addresses

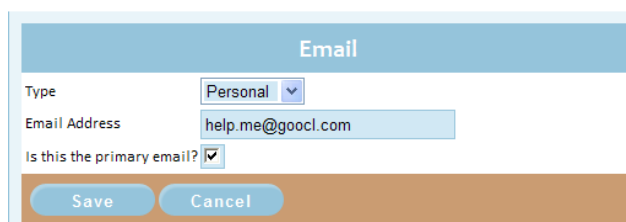
The email section is an optional section to the participant’s demographics. If a participant wishes to give their email, it is to be entered here. A participant may have one or multiple email addresses.



Type	Email Address	Primary	
Personal	help.me@goocl.com	Yes	X

Add

To update an email address currently in the system, click on the “pencil” icon next to the address to update. This will open the email window.



Email

Type: Personal

Email Address: help.me@goocl.com

Is this the primary email? ☒

Save Cancel

Update any information to be changed. When finished, click on the “Save” button.

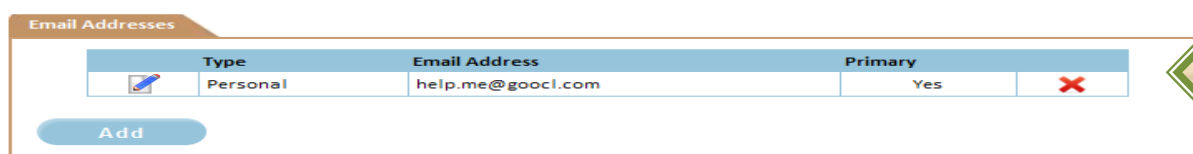


Save

To disregard any changes made, click on the “Cancel” button.




Cancel

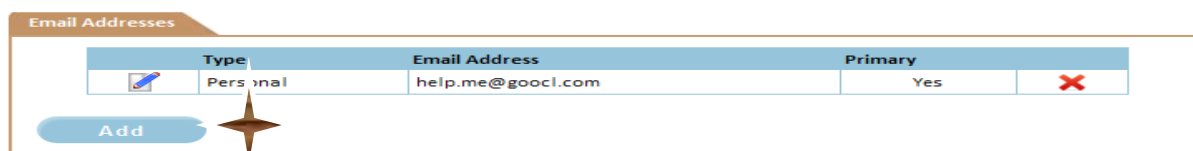


Type	Email Address	Primary	
Personal	help.me@goocl.com	Yes	X

Add

To delete an email address, click on the Red “X” button . This will delete the address from the system.

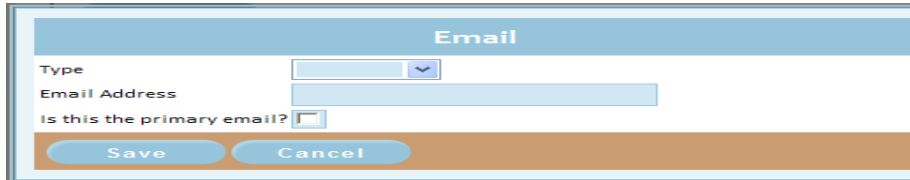
To add a new email address, click on the “Add” button.



Type	Email Address	Primary	
Personal	help.me@goocl.com	Yes	X

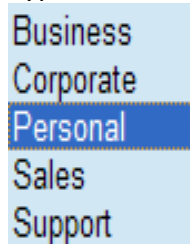
Add

This will open the window to add a new email address.



Enter the following information:

- Type – the email type. Current email types are listed below



- Email Address – the full email address for the participant. This includes the @ symbol and a valid “.com” site.
- Is this the primary email? – A check box to indicate the primary email address for the participant.

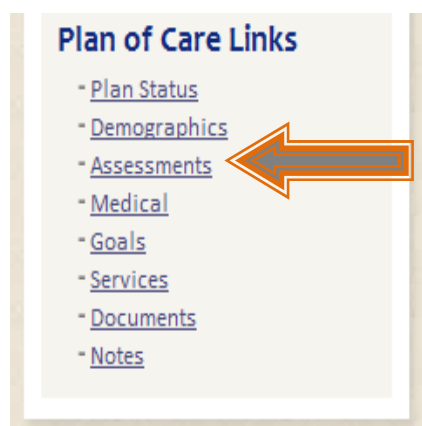
When the email address has been added, click on the “Save” Button.



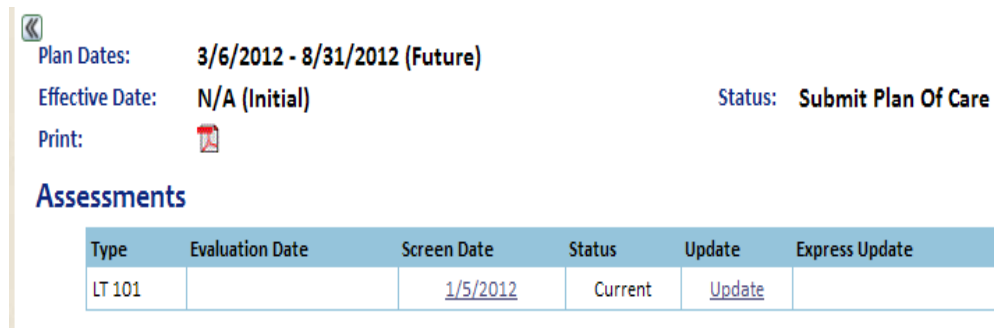
There is no “Action” button for this task.


Assessments

After client information has been verified, the Case Manager chooses the most appropriate LT101 for the Plan of Care. In the “Plan of Care Links” section to the left of the screen, choose the “Assessment” link.



Once the “Assessment” screen is open it will show a list of all LT101’s for the participant. It will only allow the user to choose a valid LT101. To choose the desired LT101, click on the LT101 with the evaluation date that has “Current” in the Status column AND a “Screen Date” with an underline (indicating a link).



Plan Dates: 3/6/2012 - 8/31/2012 (Future)
Effective Date: N/A (Initial) Status: Submit Plan Of Care
Print: 

Assessments

Type	Evaluation Date	Screen Date	Status	Update	Express Update
LT 101		<u>1/5/2012</u>	Current	<u>Update</u>	

There is no need to do anything on this screen, as long as there is a current LT101 in place.

Medical

(Optional screen – Information on this screen is not required.)

The “Medical” screen has all diagnosis and medication information stored. To access the “Medical” screen, choose the “Medical” link in the “Plan of Care Links” section to the left of the screen.

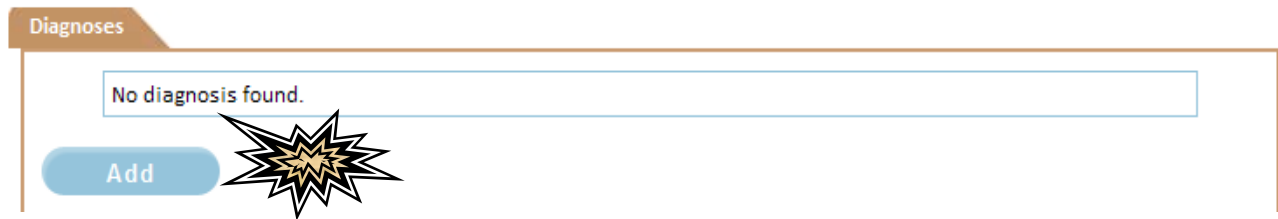


Once the “Medical screen is open, it will show 2 sections:

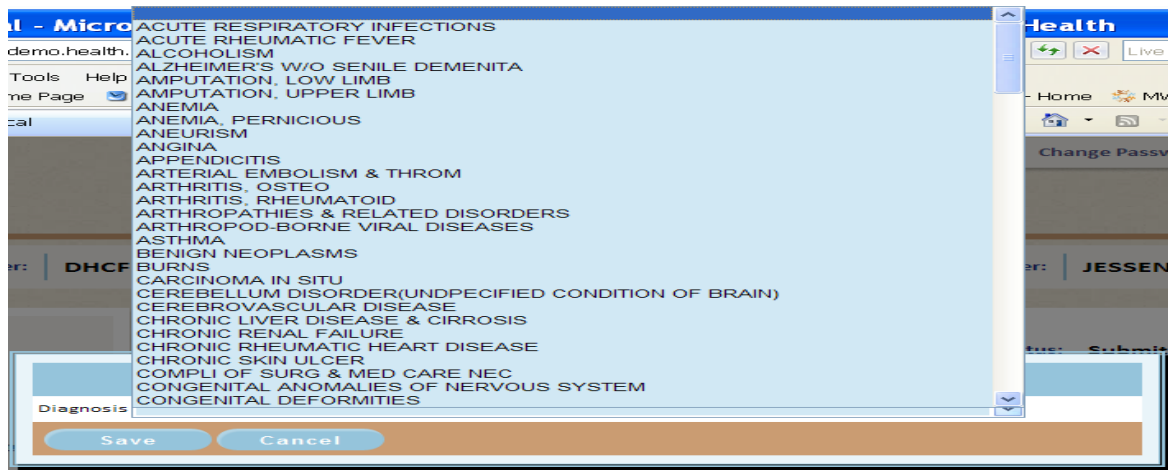
- ➡ Diagnosis
- ➡ Medications

Diagnosis

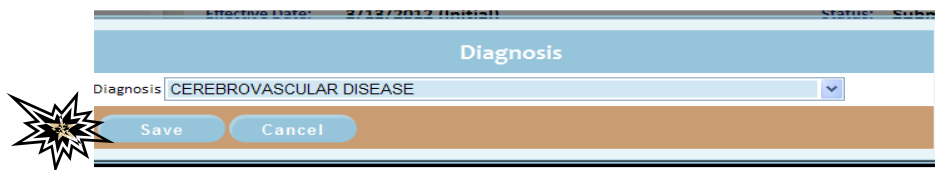
To add a diagnosis, click on the “Add” button



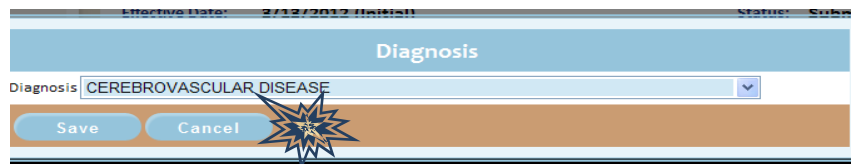
This will open a new window. Click on the drop down button to view diagnosis choices. The choices no longer have the diagnosis code just the words.



Choose the desired diagnosis and click on the “Save” button.






To cancel the choice, click on the “Cancel” button.



Medications

To upload a participant's current medication list, there are 3 options:

-  Enter each medication separately
-  Upload a medication list
-  A combination of both

To enter each medication separately, click on the “Add” button.

Medications

No manually entered medications found.

Add

No medication documents found.

Upload medication documents:

Browse...

This will open the “Medication” window. Enter all available information.

Medical

Medication

Drug Name

Dose

Route

Frequency ☐ PRN ☐ Scheduled

Purpose ☐ Medical ☐ Psychotropic

Detail

Type ☐ Over-the-Counter ☐ Prescription

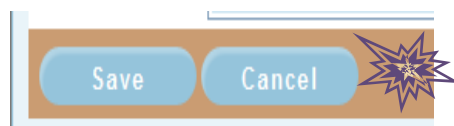
Assistance Required

Save **Cancel**

When finished click on the “Save” button.



To cancel the information, click on the “Cancel” Button.



If a Case Manager/Care Coordinator already has a participant’s current list of medications and does not want to enter each one manually, the list may be uploaded into the system.

To upload the scanned document, click on the “Browse” button next to the “Upload medication documents:” window.


Medications

No manually entered medications found.

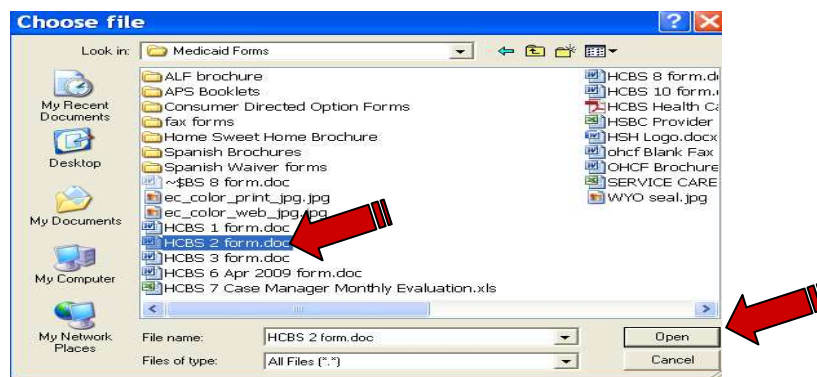
Add

No medication documents found.

Upload medication documents:

Browse... 

This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.





Once uploaded, the document will be available to view.

Medications

No manually entered medications found.

Add

Filename	Created By	Creation Date
 ohcf Blank Fax Sheet 4-09.doc	waivers_admin	1/3/2012 11:11:12 AM 

Upload medication documents:



Browse...

To open the document, click on the document icon located left of the “Filename”.

Medications

No manually entered medications found.

Add

Filename	Created By	Creation Date
 ohcf Blank Fax Sheet 4-09.doc	waivers_admin	1/3/2012 11:11:12 AM 

Upload medication documents:



Browse...

To delete the document, click on the red “X” located to the right of the “Creation Date”.

Medications

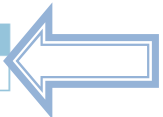
No manually entered medications found.

Add

Filename	Created By	Creation Date	
 ohcf Blank Fax Sheet 4-09.doc	waivers_admin	1/3/2012 11:11:12 AM	

Upload medication documents:

Browse...



Once deleted, the document will no longer be accessible.

Medications

No manually entered medications found.

Add

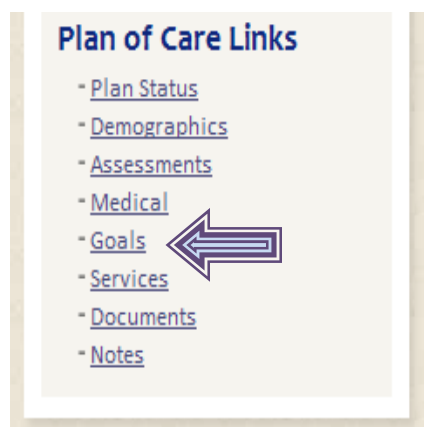
No medication documents found.

Upload medication documents:

Browse...

Goals

After the LT101 has been uploaded, reviewed and approved by the Home Care Unit, goals can be entered. To access the “Goals” screen, choose the “Goals” link in the “Plan of Care Links” section to the left of the screen.





This will open the “Goals” screen. There will be 3 sections on this screen:

- Services Manager
- LT101 Details
- Clinical Goals

Goals









Services Manager

 Traditional/Agency  Consumer Directed

LT 101 Details

LT 101 Score: 16

Clinical Goals

LT101 Category	Response	Outcome	Goal	Service(s)
Eating and Meal Preparation			Improve	Service(s): Home Meals
Medication Management			Support	Non-services: Friend/Neighbor
Skin Care, Wound Dressing, Skin Treatment			Improve	Service(s): Personal Care, Skilled Nursing
Speech, Vision, and Hearing				

Services Manager

The “Services Manager” section allows the Case Manager/Care Coordinator to indicate whether the participant has chosen the traditional services or consumer directed for personal care. A user can **ONLY** choose one.

Services Manager

 Traditional/Agency  Consumer Directed

When choosing “Traditional/Agency”, the Case Manager/Care Coordinator **WILL NOT** be able to choose the following services:

- Care Coordination
- Self Help Assistant
- Fiscal Management

When choosing “Consumer Directed”, the Case Manager/Care Coordinator **WILL NOT** be able to choose the following services:

- Case Management
- Personal Care




























LT101 Details

In the Case Manager/Care Coordinator view, the only item to show in the “LT101 Details” section is the points the participant received on the chosen LT101.

LT 101 Details	
LT 101 Score	13

Clinical Goals

After the “Services Manager” selection has been made, goals, outcomes, and services must be chosen for each appropriate LT101 Category. Only those categories that received points may be chosen. If an LT101 Category can be edited, there will be a “Pencil” icon next to it. Click on the “Pencil” icon to update the information.

Clinical Goals					
LT101 Category	Response	Outcome	Goal	Service(s)	
 Eating and Meal Preparation			Improve		
 Medication Management					
 Skin Care, Wound Dressing, Skin Treatment					
Speech, Vision, and Hearing					
Dressing and Personal Grooming					
 Bathing					
Continence					
 Mobility					
 Behavioral Motivation					
 Socialization					

Choose the first available category. It will open a new window.

- ☞ At the top is the LT101 Category. In the example below the LT101 Category is “Medication Management”;
- ☞ The next portion is the text response;
- ☞ Then is a window to enter the outcome;
- ☞ A drop down of the goal for the category; and finally
- ☞ How the need will be met for the category.

Medication Management

LT101 Category

Response: Frequent monitoring is required for ~~oral and subcutaneous insulin~~ (insulin, anticoagulants). Regular monitoring of blood glucose, blood counts, and renal function. Insulin syringes filled. Sliding scale insulin managed by person other than client. Includes regular and as-needed use, administration of IV medications and injection site care.

Outcome:

Goal:

Service(s)

☐ This goal will be accomplished via LTC service(s) and/or

☐ This goal will be accomplished outside an LTC service

Save Cancel

The response cannot be updated. It is for Case Manager/Care Coordinator information only.

Response: Frequent monitoring is required for need or dosage regulation (insulin, narcotic, anti-coagulants). Requires medication box or insulin syringes filled. Sliding scale insulin managed by person other than client. Includes regular and continuous oxygen use, administration of IV medications and injection site care.

The Case Manager/Care Coordinator enters the outcome in the “Outcome” box. This is a free form text box. Enter the desired outcome of the need.

Outcome:

Next the goal is chosen from the drop down box. Currently, the choices are:

- Improve
- Maintain
- Support

Goal:

Finally, services will be chosen. Every LT101 Category that can be edited has a need that **must be** met. A Case Manager/Care Coordinator has several options to meet the need.

- ❖ One or more services may be provided through LTC/ALF waiver services
- ❖ One or more services may be provided through another source
- ❖ One or more services may be provided through a combination of LTC/ALF waiver services or through other sources.

On each screen is a section named “Service(s)”. There are check boxes that are marked when determining how a need will be met.

Service(s)

☐ This goal will be accomplished via LTC service(s) and/or

☐ This goal will be accomplished outside an LTC service

If LTC/ALF services will be used to meet the need of the category, click on the option “This goal will be accomplished via LTC (ALF) service(s) and/or”. When checked, services that are appropriate for the LT101 Category will appear. In the example being used “Medication Management”, there is only one service.

Service(s)

- ☒ This goal will be accomplished via LTC service(s) and/or
- ☐ Skilled Nursing
- ☐ This goal will be accomplished outside an LTC service

For the LT101 Category “Eating and Meal Preparation” there is a different set of services.

Eating and Meal Preparation

Service(s)

- ☒ This goal will be accomplished via LTC service(s) and/or
- ☐ Home Meals ☐ Personal Care
- ☐ This goal will be accomplished outside an LTC service

Choose the services that will be provided through the LTC/ALF waiver. One or multiple services may be chosen to meet the specific need.

NOTE: Services chosen in this section will be the only services initially available in the Plan of Care

If services will be provided by a Non-waiver source, click on the option “This goal will be accomplished outside an LTC (ALF) service”. When checked, outside services will appear.

- ☐ This goal will be accomplished via LTC service(s) and/or
- ☒ This goal will be accomplished outside an LTC service
- ☐ Family ☐ Friend/Neighbor ☐ CBIHS ☐ Senior Companion
- ☐ Other ☐ Community Organization ☐ Title III

This list of options is the same for all LT101 Categories.

Choose the source that will provide the need for the LT101 Category. One or multiple options may be chosen to meet the specific need.

There may be times when both an outside source and a LTC/ALF waiver provider will meet the need for a category. A provider may have staffing issues or not provide services during a specific time of day. A family member may be available to provide care at only certain times. In instances such as these (instances are NOT limited to these reasons), it may be necessary to choose from both lists.

Service(s)

☒ This goal will be accomplished via LTC service(s) and/or Skilled Nursing

☒ This goal will be accomplished outside an LTC service

☐ Family ☒ Friend/Neighbor ☒ CBIHS ☐ Senior Companion

☐ Other ☐ Community Organization ☐ Title III

If there is someone who will meet the need, but is not listed, click the “Other” option and enter who will meet the need. This may be a specific name or a general type.

☒ This goal will be accomplished outside an LTC service

☐ Family ☐ Friend/Neighbor ☒ CBIHS ☐ Senior Companion

☒ Other ☐ Community Organization ☐ Title III

enter other here




























When finished click on the “Save” button.

Save Cancel

To cancel what has been entered, click on the “Cancel” Button.

Save Cancel

After the LT101 Category has been completed, choose the next available category. Continue until all available categories are complete. Once complete, the user will be able to view choices in the “Clinical Goals” section.

Clinical Goals					
LT101 Category	Response	Outcome	Goal	Service(s)	
 Eating and Meal Preparation			Improve	Service(s): Home Meals	
 Medication Management			Improve	Service(s): Skilled Nursing Non-services: Friend/Neighbor	
 Skin Care, Wound Dressing, Skin Treatment			Maintain	Service(s): Personal Care	
Speech, Vision, and Hearing					
Dressing and Personal Grooming					
 Bathing			Support	Non-services: Family	
Continence					
 Mobility			Maintain	Service(s): Personal Care Non-services: CBIHS	
 Behavioral Motivation					
 Socialization			Improve	Service(s): Adult Day Care, Non Medical Transport	

Notice in the LT101 Category “Medication Management”, there are both “Service(s)” **AND** “Non-services”.

To **change or update a category**, click on the “Pencil” icon to update the information. This will open the category window to allow for any changes. Update any changes needed.

When finished click on the “Save” button.



To cancel what has been entered, click on the “Cancel” Button.



To **remove a service from a category**, click on the “Pencil” icon to update the information. This will open the category window. Click in the appropriate check boxes to remove the service. After un-checking the service, if there are no other services checked, uncheck the section.

The service will go from:

Service(s)

☒ This goal will be accomplished via LTC service(s) and/or

☒ Skilled Nursing

To:

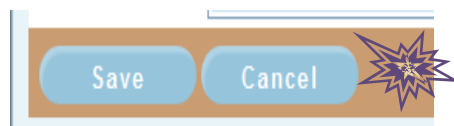
Service(s)

☐ This goal will be accomplished via LTC service(s) and/or

When finished click on the “Save” button.



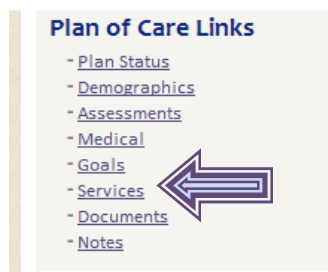
To cancel what has been entered, click on the “Cancel” Button.





There is no “Action” button for this task.

Services

After the “Goals” section is completed, services are completed. To access the “Services” screen, choose the “Services” link in the “Plan of Care Links” section to the left of the screen.



This will open the “Services” screen. The services screen will default to the services listed from the “Goals” screen, plus the mandatory services. Mandatory services are:

-  Traditional/Agency
 - Case Management
-  Consumer Directed
 - Care Coordination
 - Self-help Assistant
 - Fiscal Management

Services

Services



Service	Provider	Unit Cost	Total Units	Cost	Start Date	End Date	PA	Units Used	Last Payment
 T2024		\$10.00			2/22/2012	7/31/2012			
 T1019		\$10.00			2/22/2012	7/31/2012			
 S5170		\$10.00			2/22/2012	7/31/2012			
 S9123		\$10.00			2/22/2012	7/31/2012			
 S5100		\$10.00			2/22/2012	7/31/2012			
 T2003		\$10.00			2/22/2012	7/31/2012			

Add

Each service added in the “Goals” section will be listed on the “Services” screen. Each service must be updated to indicate the provider providing the service, and the number of units to be provided monthly.

Before updating the services, the screen will list:

- ✎ The service
- ✎ The unit cost for the service - this will default to the maximum allowable unit cost, but can be edited in the “Service Details” screen.
- ✎ The start date – this will default to the plan start date but can be edited in the “Service Details” screen.
- ✎ The end date - this will default to the plan end date but may be edited in the “Service Details” screen.




If a service cannot be provided through the LTC/ALF waiver, the “Goals” section MUST be updated to indicate how the need associated with the service will be met and the service deleted from the “Services” screen.

To update the service, click on the “Pencil” icon next to the service.

Services

Services

Service	Provider	Unit Cost	Total Units	Cost	Start Date	End Date	PA	Units Used	Last Payment
 T2024		\$10.00			2/22/2012	7/31/2012			

This will open the “Services Details” window.

T2024 - Case Management

Service Details

Service: T2024 - Case Management

Provider:

Unit Cost: 10.00

Total Cost:

Start Date: 2/22/2012

End Date: 7/31/2012

Units Allocated

Feb	Mar	Apr	May	Jun	Jul
8	31	30	31	30	31

Save Cancel

The service cannot be edited in this window and is grayed out.

Service: T2024 - Case Management

The provider is chosen from a drop down menu.

Service Details

Service:

Provider:

Unit Cost: 10.00

Total Cost:

CONTINUE CARE OF CHEYENNE
CROOK COUNTY HOME HEALTH
EPPSON CENTER FOR SENIOR, INC
HANDS 2 HELP, LLC
HOT SPRINGS COUNTY PUBLIC HEALTH
INTERIM HEALTHCARE
JOHNSON COUNTY MEMORIAL HOSPITAL HOME CARE
KEMMERER SENIOR CENTER
MEMORIAL HOSPITAL OF SHERIDAN HC
PARK COUNTY PUBLIC HEALTH NURSING
PLATTE COUNTY HOME CARE
POWELL VALLEY HOME CARE
PREMIER HOME HEALTH

The unit cost may be changed at this point. The cost **CANNOT** be higher than the maximum allowable. Change the cost if the service provider's unit cost is lower than the maximum unit cost.

Unit Cost: 8.81

The total cost will remain blank until the service has been entered and saved.

Total Cost

If the service starts later than the plan start date, change the "Start Date" to the date the service will be starting.

Start Date 2/22/2012

The end date should not change.

Enter the number of total number of units in a month for each month. Zero fill the months with no units provided.

Units Allocated

Feb	Mar	Apr	May	Jun	Jul
8	31	30	31	30	31

As a user enters the monthly units, remember that each service has its own service designation. Verify the service unit designation if unsure.

A unit for Non-Medical Transportation is a one way trip, while a unit of Personal Care Attendant is 15 minutes.

When finished click on the “Save” button.



To cancel what has been entered, click on the “Cancel” Button.



Continue with each service on the “Services” screen until complete. As each service is updated, the information will appear on the “Services” screen.

Services

Services

	Service Provider	Unit Cost	Total Units	Cost	Start Date	End Date	PA	Units Used	Last Payment	
	T2024 PLATTE COUNTY HOME CARE	\$8.81	161	\$1,418.41	2/22/2012	7/31/2012				✗
	T1019 ROCK SPRINGS YOUNG AT HEART	\$5.00	161	\$805.00	2/22/2012	7/31/2012				
	S5170 ROCK SPRINGS YOUNG AT HEART	\$5.00	230	\$1,150.00	3/22/2012	7/31/2012				
	S9123 THE HOME HEALTH AGENCY	\$10.00	14	\$140.00	3/12/2012	7/31/2012				
	S5100 NATRONA CO SENIOR CITIZENS CENTER	\$2.10	229	\$480.90	2/22/2012	7/31/2012				
	T2003 BUFFALO SENIOR CENTER	\$2.00	146	\$292.00	2/22/2012	7/31/2012				

To add a service not listed by default. There may be the occasion where a user must add a service to the plan that was not added by default – for example you have two separate meal providers providing Home Delivered Meals. Click on the “Add” button under the list of plan services.



This will open the “Service Details” window. This is the same window as the window to update services, except the service may be updated. Choose the appropriate service from the “Service” drop down menu.

A screenshot of the "Service Details" window. It has a light blue header with the title "Service Details". Below the header, there are several fields: "Service" with a dropdown menu showing "T2024 - Case Management" selected; "Provider" with a dropdown menu showing "T1019 - Personal Care" selected; "Unit Cost" with a text box containing "10.00"; "Total Cost" with a text box; and "Start Date" with a text box containing "01/01/2012".

The provider is chosen from a drop down menu.

A screenshot of the "Service Details" window. The "Provider" dropdown menu is open, showing a list of providers. The list includes: CONTINUE CARE OF CHEYENNE, CROOK COUNTY HOME HEALTH, EPPSON CENTER FOR SENIOR, INC, HANDS 2 HELP, LLC, HOT SPRINGS COUNTY PUBLIC HEALTH, INTERIM HEALTHCARE, JOHNSON COUNTY MEMORIAL HOSPITAL HOME CARE, KEMMERER SENIOR CENTER, MEMORIAL HOSPITAL OF SHERIDAN HC, PARK COUNTY PUBLIC HEALTH NURSING, PLATTE COUNTY HOME CARE (highlighted), POWELL VALLEY HOME CARE, and PREMIER HOME HEALTH. The "Service" dropdown is set to "T2024 - Case Management", "Unit Cost" is "10.00", and "Total Cost" is blank.

The unit cost may be changed at this point. The cost CANNOT be higher than the maximum allowable. Change the cost if the provider’s unit cost is lower than the maximum unit cost.

A screenshot of the "Unit Cost" field in the "Service Details" window. The text box contains the value "8.81".

The total cost will remain blank until the service has been entered and saved.

A screenshot of the "Total Cost" field in the "Service Details" window. The text box is empty.

If the service starts later than the plan start date, change the “Start Date” to the date the service will be starting.

A screenshot of the "Start Date" field in the "Service Details" window. The text box contains the date "2/22/2012".

The end date should not change.

Enter the number of total number of units in a month for each month. Zero fill the months with no units provided.

Units Allocated

Feb	Mar	Apr	May	Jun	Jul
8	31	30	31	30	31

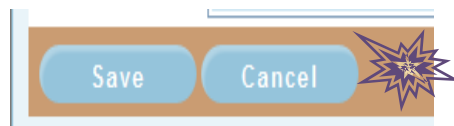
As a user enters the monthly units, remember that each service has its own service designation. Verify the service unit designation if unsure.

A unit for Non-Medical Transportation is a one way trip, while a unit of Personal Care Attendant is 15 minutes.

When finished click on the “Save” button.





To cancel what has been entered, click on the “Cancel” Button.



To delete a service from the “Services” screen, click on the red “X” to the right of the service. If there is no red “X”, the service cannot be deleted.

Services

Services										
Service	Provider	Unit Cost	Total Units	Cost	Start Date	End Date	PA	Units Used	Last Payment	
	T2024	PLATTE COUNTY HOME CARE	\$8.81	161	\$1,418.41	2/22/2012	7/31/2012			

Plans over \$1200

Above the list of services is the “Services Cost Details” section.

Services

Service Cost Details

Note: Months displayed in red are over \$1200 and will need special approval from the Program Manager.

Mar: \$1,203
Apr: \$2,364

May: \$2,437
Jun: \$2,364

Jul: \$2,437
Aug: \$2,437

Services

Service	Provider	Unit Cost	Total Units	Cost	Start Date	Units Used	Last Payment
---------	----------	-----------	-------------	------	------------	------------	--------------

This section shows by month the total plan costs. **IF THERE IS AT LEAST ONE MONTH THAT IS OVER \$1200, IT MUST BE APPROVED BY THE PROGRAM MANAGER.** To request approval by the program manager, the case manager must enter the following information into a note:

- ➡ Previous plan high (not necessary for new plans)
- ➡ New plan high (if this is a renewal or modification, note if there is a plan change or not)
- ➡ Reason for new plan high (services are based upon need, not necessarily want)
- ➡ History of participant (examples: quadriplegic, has broken arm, decline in health, LT101 has increased, etc)
- ➡ Any further information that will assist the Program Manager in making the determination

For instructions on how to enter plan notes, refer to "Notes" section on pages 86 or 122.

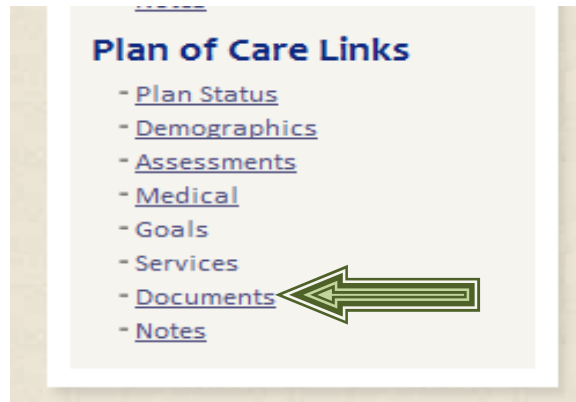
FAILURE TO GET APPROVAL FOR PLANS OVER \$1200 WILL CAUSE DELAYS IN PLAN SUBMISSION

Documents

There are two documents that are required for a Plan of Care:

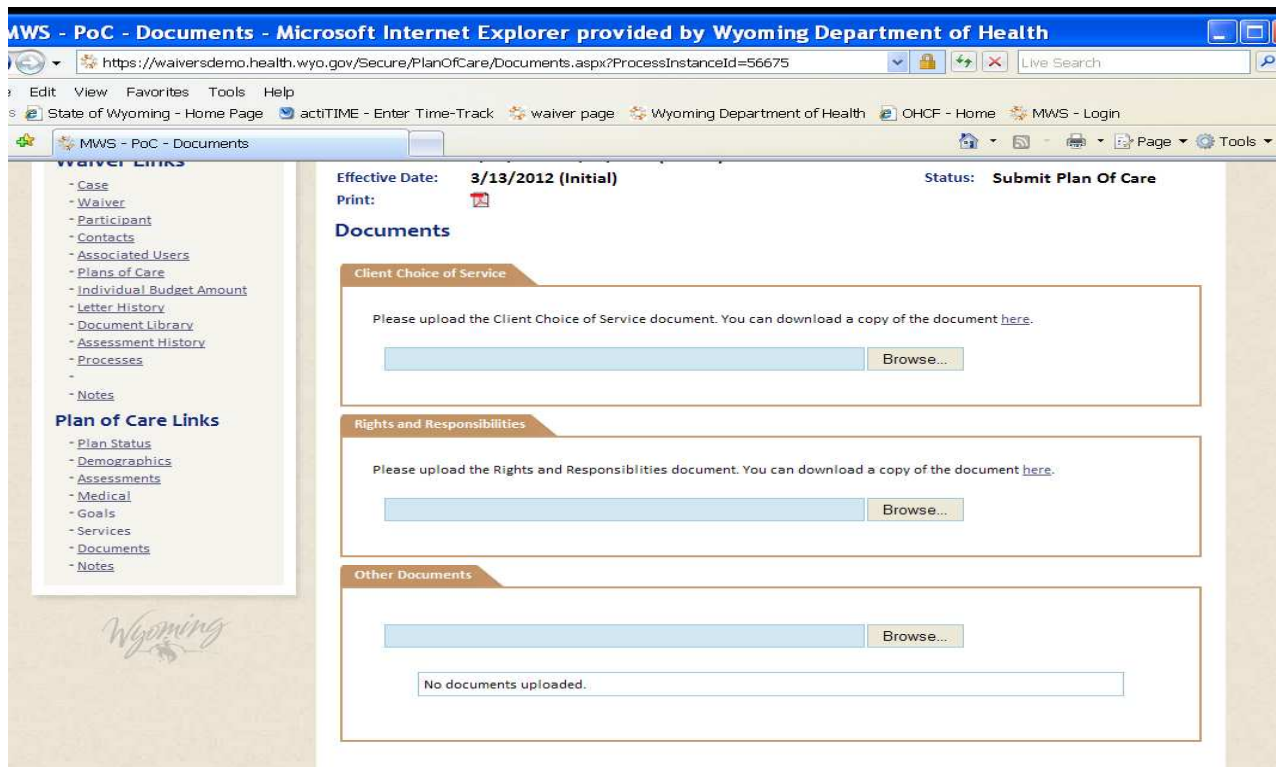
- ✓ Client Choice of Service (HCBS-1)
 - Due when putting a participant on the waiting list
 - Due when a participant has received a funding opportunity
 - Due at each renewal plan period
- ✓ Client Rights and Responsibilities
 - Due when a participant has received a funding opportunity
 - Due at each renewal plan period

To upload the documents into the system, click on the "Documents" link under the section "Plan of Care Links" to open the document window.



If a user is not at a participant's Plan of Care screen, please refer to sections "Review Information through Task List Screen" on page 15 or "Search Cases Screen" on page 17 for instructions to access a participant's information.

When open the document window should look like this.

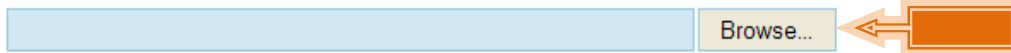


Client Choice of Service

To upload a scanned Client Choice of Service, click on the Browse button.

Client Choice of Service

Please upload the Client Choice of Service document. You can download a copy of the document [here](#).



This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.



Once uploaded, a link to the document will be available.



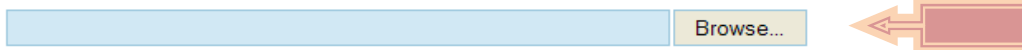
If an error is made and the wrong document is uploaded, just re-upload the correct document. It will override the incorrect document.

Client Rights and Responsibilities

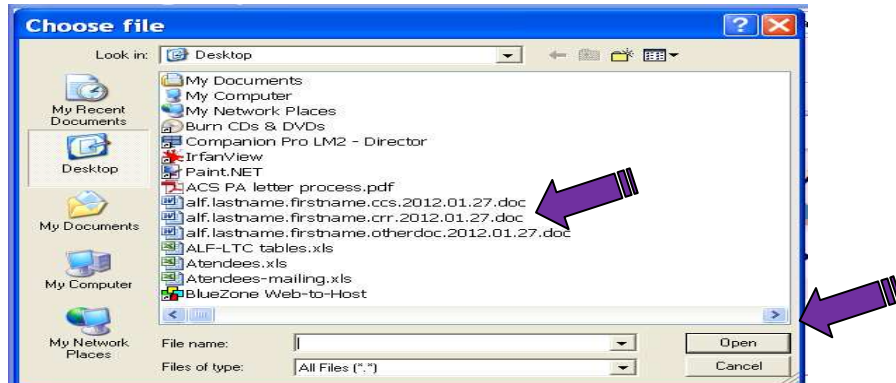
To upload a scanned Client Rights and Responsibilities, click on the “Browse” button under “Rights and Responsibilities” section.

Rights and Responsibilities

Please upload the Rights and Responsibilities document. You can download a copy of the document [here](#).



This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.



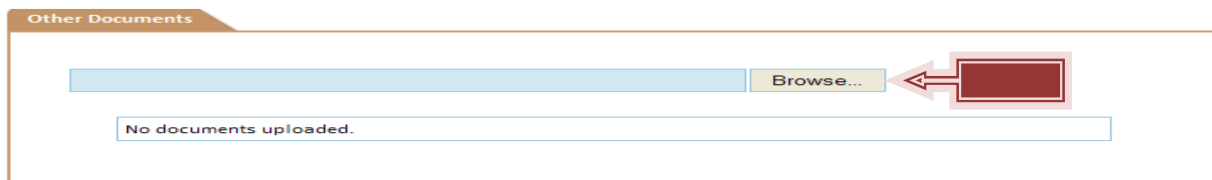
Once uploaded, a link to the document will be available.



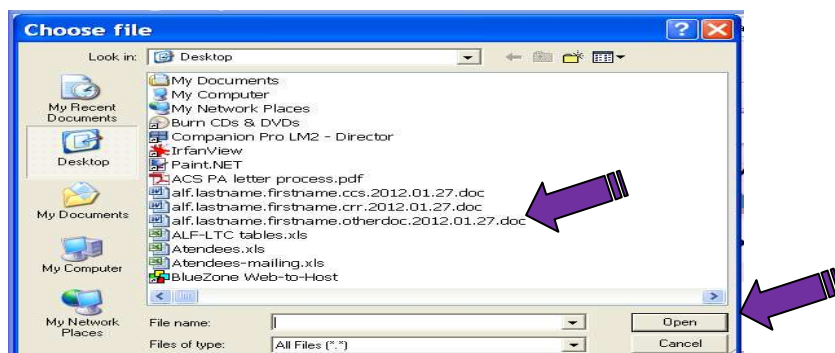
If an error is made and the wrong document is uploaded, just re-upload the correct document. It will override the incorrect document.

Other Documents

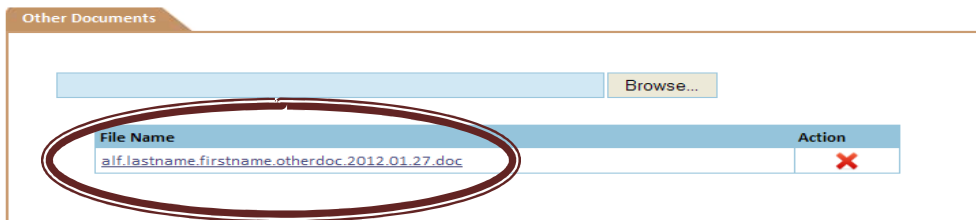
There may be times when additional documentation is required. To upload additional documents, click on the "Browse" button under "Other Documents" section.



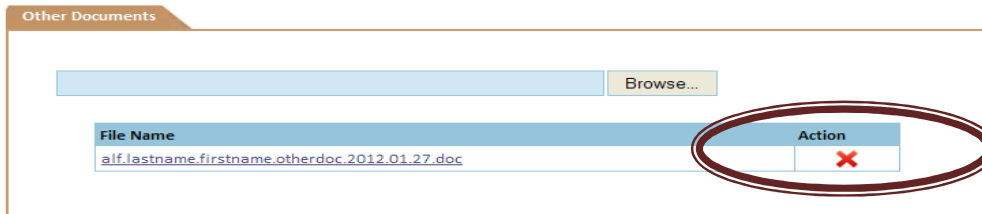
This will open the "choose file" window. Locate the file, highlight the file and click on the "Open" button.



Once uploaded, a link to the document will be available.

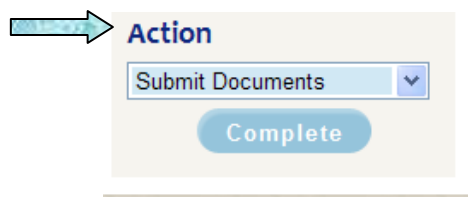


These documents may be deleted if necessary. To delete the scanned and uploaded document, click on the red “X” under “Action” to the left of the file name.

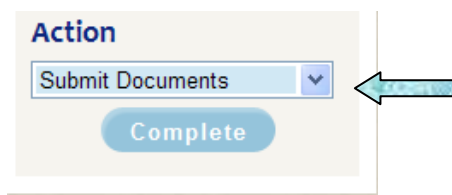


This will remove the document from the system.

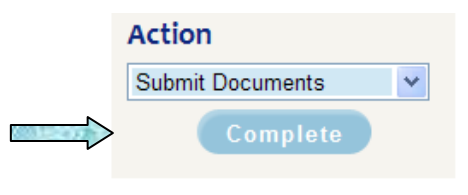
After all required documents have been scanned and uploaded in the appropriate sections, go to the “Action” drop down box to the left of the screen.



Choose “Submit Documents” and



click on the “Complete” button to finish the process.



At this point the Program Manager reviews the documents. If the documents are correct, the participant’s plan is ready for final submission. If the documents are NOT correct, the Case Manager/Care Coordinator will receive a notification to make corrects and re-submit.

The Case Manager/Care Coordinator is finished until the participant comes to the top of the waitlist and receives a notification that the participant has a funding opportunity.

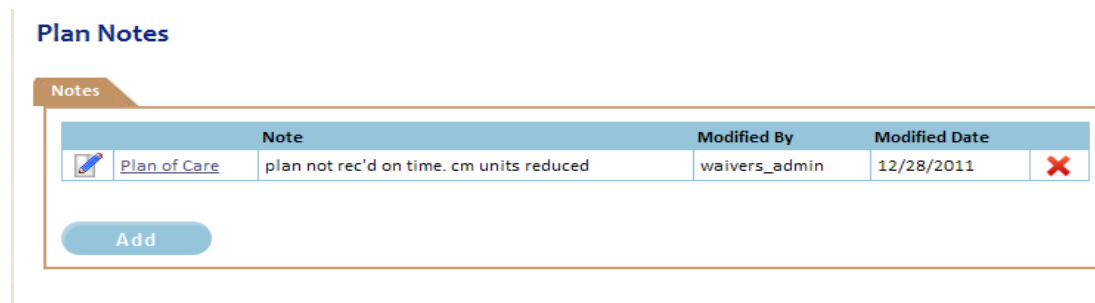
Notes

The “Notes” section allows for notes to be added to a participant’s plan. ***These notes are specific to a plan, but will also show up in the “Notes” section of the “Waiver Links”.***

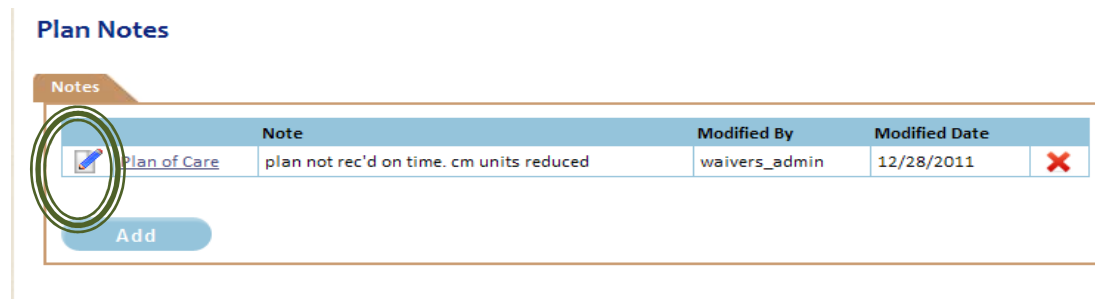
To access the “Notes” screen, choose the “Notes” link in the “Plan of Care Links” section to the left of the screen.



Once the screen is open, it will list all notes related to the Plan of Care.



To view a note already in the system, click on the “Pencil” icon to the left.



This will open the window of the note chosen.

The screenshot shows a form titled "Note" with a text area containing "plan not rec'd on time. cm units reduced". Below the text area is a horizontal scrollbar. At the bottom of the form are two buttons: "Submit" and "Cancel".

At this time, the details of the note may be viewed and/or any changes may be made. To submit any changes, click on the "Submit" button.

This screenshot is identical to the previous one, but a black starburst icon is placed over the "Submit" button to highlight it.

To return back to the "Notes" screen without making changes, click on the "Cancel" button.

This screenshot is identical to the previous ones, but a black starburst icon is placed over the "Cancel" button to highlight it.

To add a new note, click on the "Add" button.

The screenshot shows a screen titled "Plan Notes" with a sub-header "Notes". Below it is a table with the following data:

	Note	Modified By	Modified Date	
Plan of Care	plan not rec'd on time. cm units reduced	waivers_admin	12/28/2011	

Below the table is an "Add" button, which is highlighted with a green star icon.

This will open a new window. Add any information pertinent to the plan in the "Note" section.

The screenshot shows a 'Note' form with a text area for entering a note. Below the text area are two buttons: 'Submit' and 'Cancel'. Two large green curved arrows are overlaid on the image, one pointing to the 'Submit' button and the other pointing to the 'Cancel' button.

Once a note has been entered, click on the “Submit” button.

The screenshot shows the 'Note' form with the text 'plan not rec'd on time. cm units reduced' entered in the text area. The 'Submit' button is highlighted with a black starburst icon.

To return back to the “Notes” screen without adding a note, click on the “Cancel” button.

The screenshot shows the 'Note' form with the text 'plan not rec'd on time. cm units reduced' entered in the text area. The 'Cancel' button is highlighted with a black starburst icon.

As each new note is added, it will appear on the “Plan Notes” screen.

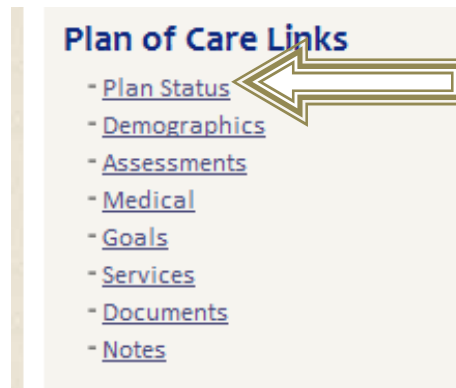
The screenshot shows the 'Plan Notes' screen. At the top, there are fields for 'Plan Dates: 3/13/2012 - 8/31/2012 (Future)', 'Effective Date: 3/13/2012 (Initial)', and 'Status: Submit Plan Of Care'. Below these is a section titled 'Plan Notes' containing a table of notes. A yellow starburst callout points to the 'New note' column.

	Note	Modified By	Modified Date	
Plan of Care	plan not rec'd on time. cm units reduced	waivers_admin	12/28/2011	
Plan of Care	This is a new note	waivers_admin	1/3/2012	

Below the table is an 'Add' button.

Final Submission

Once all tasks are completed and the plan is ready for submission, click on the “Plan Status” link under “Plan of Care Links” to the left of the screen.



This will open the “Plan Details” screen.

Plan Details

Plan Start Date: 3/6/2012 Plan End Date: 8/31/2012

Save

History

Process: Plan Of Care

Status	Description	Modified By	Modified Date
➡	Submit Plan Of Care		

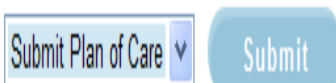
Action

Submit Plan of Care ▼

Submit

The action in the “Action” drop down box should be “Submit Plan of Care” (this is the ONLY option).

Click on the “Submit” button to finish the process.



At this point the Case Manager/Care Coordinator is finished with their tasks and is waiting for a prior authorization from the fiscal agent.



If the plan is over \$1200 for any month, there is further review by the Program Manager. The Case Manager/Care Coordinator must monitor for the “over \$1200 approval”. If the approval does not happen timely, the Case Manager/Care Coordinator needs to call the Program Manager. Note the example below – the participant has a status of “Over 1200 Review”.

	McKenzie	Fred	XXX-XX-7532	XX-XXXX1751	DHCF - LTC	Plan Of Care	Pending MMIS Approval	Yes	1
	McKenzie	Fred	XXX-XX-7532	XX-XXXX1751	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	Yes	1
	Duckett	Charlotte	XXX-XX-0875	XX-XXXX8061	DHCF - LTC	Plan Of Care	Over 1200 Review	Yes	0
	Duckett	Charlotte	XXX-XX-0875	XX-XXXX8061	DHCF - LTC	Funding Opportunity	Confirm Financial Eligibility	Yes	0

A participant that is waiting for a prior authorization number will have notation in the bottom section of the task list. Note the example below – the participant has a status of “Pending MMIS Approval”.

	Comer	Hazel	XXX-XX-8237	XX-XXXX3463	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	Yes	1
	Comer	Hazel	XXX-XX-8237	XX-XXXX3463	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	Yes	1
	McKenzie	Fred	XXX-XX-7532	XX-XXXX1751	DHCF - LTC	Plan Of Care	Pending MMIS Approval	Yes	1
	McKenzie	Fred	XXX-XX-7532	XX-XXXX1751	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	Yes	1
	Duckett	Charlotte	XXX-XX-0875	XX-XXXX8061	DHCF - LTC	Plan Of Care	Over 1200 Review	Yes	0
	Duckett	Charlotte	XXX-XX-0875	XX-XXXX8061	DHCF - LTC	Funding Opportunity	Confirm Financial Eligibility	Yes	0




When a participant disappears from both tasks lists, there are no further workflow tasks to be done. The participant at this point is either:

- ⌘ on the waitlist waiting for a funding opportunity
- ⌘ has received the funding opportunity, the plan has been submitted AND service prior authorizations have been received OR
- ⌘ the renewal plan has been submitted AND service prior authorizations have been received

Renewal Plans

Notification of Renewal

When a participant is due to renew their Plan of Care, notification is sent to the Case Manager/Care Coordinator. When a Case Manager/Care Coordinator logs into the system, a task will be in the top section of the Task List screen. Click on the document icon in the “View” column of the associated task.

View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	applebee	george	XXX-XX-3325		DHCF - ALF	Eligibility	Case Manager Document	No	40
	me	Help	XXX-XX-3588	XX-XXXX0159	DHCF - LTC	Plan Of Care	Submit Plan Of Care	No	14
	me	Help	XXX-XX-3588	XX-XXXX0159	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	No	14

Plan Status Screen

When the Plan Status screen is open, it should look like this.



To the left are several links to allow the user to access other areas of the participants information.

- Waiver Links – This section gives links to participant specific information that may or may not be related to a specific Plan of Care.



- Plan of Care Links – This section gives links to participant information related to a specific Plan of Care.



Updating/Verifying Information

To update a participant's information, a Case Manager/Care Coordinator must be in the "Participant" screen. The "Participant" screen should look like the screen below at the top of a user's screen.

Wyoming Department of Health

Medicaid Waiver System

Task List Search Cases Reports Admin

Waiver: DHCF - LTC Participant: me, Help Case Manager: JESSEN, CRISTEEN

Participant

Demographics

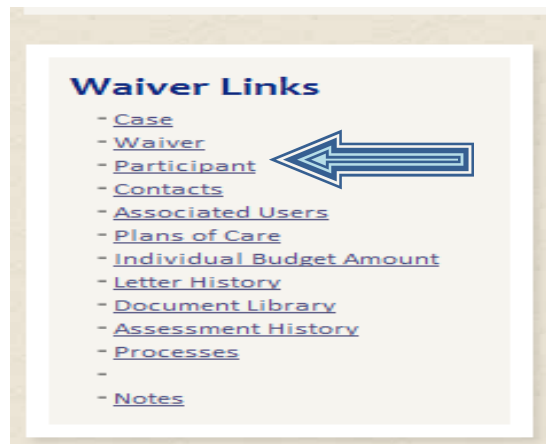
Last Name: me First Name: Help
 Middle Name: Suffix:
 SSN: 335-82-3588 Medicaid ID: 06-0000159
 Birth Date: 6/23/1919 Gender: Female
 Ethnicity: Method of Contact: Phone
 Communication Barriers:
 County: Laramie

Addresses

Type	Street Address	City	State	Zip Code
Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001

Add

If the screen does not look like above, click on the link “Participant” under the title “Waiver Links” to the left of the screen.



If a user is not at a participant’s screen, please refer to sections “Review Information through Task List Screen” on 15 or “Search Cases Screen” on page 17 for instructions to access a screen with “Waiver Links”.

On the Participant’s demographic screen are four sections:

- ❖ Demographics
- ❖ Addresses
- ❖ Phone Numbers
- ❖ Email Addresses

Each section must be verified for correctness.

Demographics

A screenshot of the "Participant" demographic screen. The screen has a header with a back arrow and the word "Participant". Below the header is a section titled "Demographics" containing a form with the following fields: Last Name (text input with "me"), First Name (text input with "Help"), Middle Name (text input), Suffix (dropdown menu), SSN (text input with "335-82-3588"), Medicaid ID (text input with "06-0000159"), Birth Date (text input with "6/23/1919"), Gender (dropdown menu with "Female"), Ethnicity (dropdown menu), Method of Contact (dropdown menu with "Phone"), Communication Barriers (text input with up/down arrows), and County (dropdown menu with "Laramie").

The demographics section has the following fields:

- 🔗 Last Name – The last name of the participant
- 🔗 First Name – The first name of the participant
- 🔗 Middle Name – The middle name of the participant (if available)
- 🔗 Suffix – Jr., III, etc

- 🔗 SSN – the social security number of the participant. This **MUST** be the participant's SSN; not the spouse's.
- 🔗 Medicaid ID - the "06..." of the participant. **REMINDER – ID's that start with "00..." are NOT Client ID's and cannot be used as such.**
- 🔗 Birth Date – The participant's date of birth
- 🔗 Gender – Male/Female
- 🔗 Ethnicity – Race of participant
- 🔗 Method of Contact – the Participant's desired form of contact.
- 🔗 Communication Barriers – A note section to indicate any limitations the participant may have to communicate. This can include a physical disability or language barrier.
- 🔗 County – the participant's county of residence. (This is dictated by the participant's physical address).

Verify the information is correct and current.

Addresses

The next section has the participant's address information. A participant may have one or multiple addresses.

Type	Street Address	City	State	Zip Code	
Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001	X

Add

To update an address currently in the system, click on the "pencil" icon next to the address to update. This will open the address window.

Address

Address Type: Physical/Mailing

Address Line 1: 5238 e 90th St

Address Line 2:

City: Cheyenne

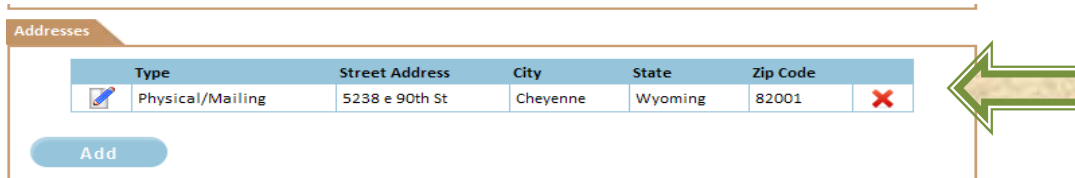
State: Wyoming


Zip Code: 82001

Save Cancel


Update any information to be changed. When finished, click on the "Save" button.

To disregard any changes made, click on the "Cancel" button.

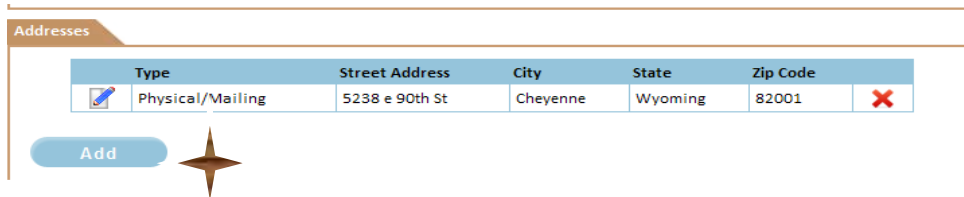



Type	Street Address	City	State	Zip Code	
Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001	

Add

To delete an address, click on the Red “X” button  . This will delete the address from the system.

To add a new address, click on the “Add” button.



Type	Street Address	City	State	Zip Code	
Physical/Mailing	5238 e 90th St	Cheyenne	Wyoming	82001	

Add

This will open the window to add a new address.



Address

Address Type

Address Line 1

Address Line 2







City

State

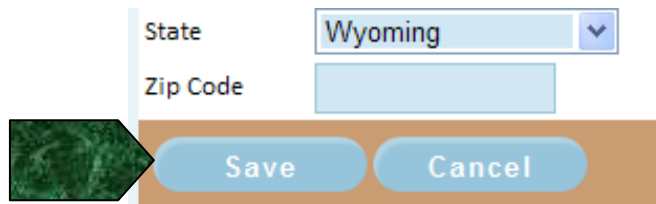
Zip Code

Save Cancel

Enter the following information:

-  Address Type – this will be one of three options
 - Physical – The address the participant resides
 - Mailing – The address all correspondence is mailed to, if different from the physical address.
 - Physical/Mailing – If both the physical and mailing addresses are the same, use this option.
-  Address Line 1 – Street address or PO Box
-  Address Line 2 – Apt. number, or additional street address information if there is not enough room on the first line.
-  City – City the address is associated with. *Mailing and Physical addresses may be different.*
-  State – the State will default to Wyoming. Can be changed for mailing address information. **THE PARTICIPANT MUST RESIDE IN THE STATE TO BE AN ELIGIBLE PARTICIPANT ON THE WAIVER.**
-  Zip Code – the zip code associated with the city and address.

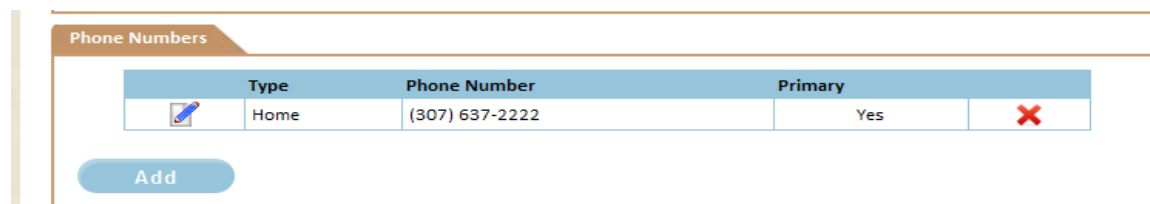
When the address has been added, click on the “Save” Button.



A screenshot of a web form for adding an address. It includes a 'State' dropdown menu with 'Wyoming' selected, a 'Zip Code' text input field, and two buttons: 'Save' and 'Cancel'. A green arrow points to the 'Save' button.

Phone Numbers

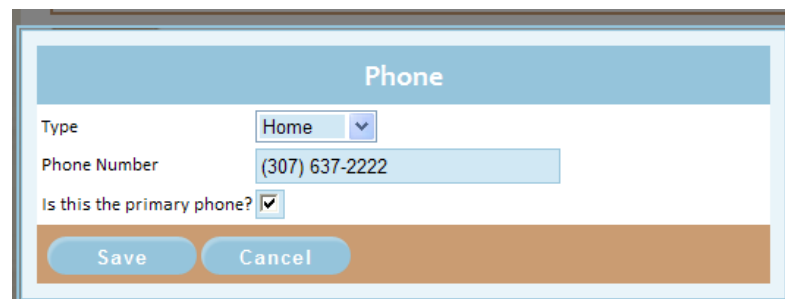
In the phone number section of the screen, all phone numbers associated with the participant are listed here. A participant may have one or many phone numbers.



A screenshot of the 'Phone Numbers' section. It features a table with columns: Type, Phone Number, and Primary. The table contains one row with 'Home' as the type, '(307) 637-2222' as the phone number, and 'Yes' as the primary status. There is a red 'X' icon in the last column. Below the table is an 'Add' button.

Type	Phone Number	Primary
Home	(307) 637-2222	Yes

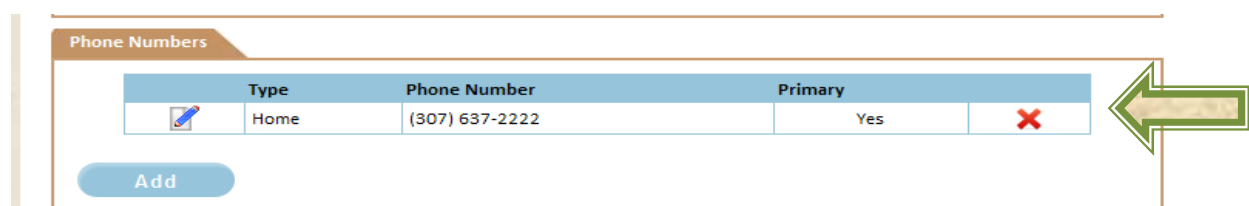
To update a phone number currently in the system, click on the “pencil” icon next to the phone number to update. This will open the phone window.



A screenshot of the 'Phone' window. It includes a 'Type' dropdown menu with 'Home' selected, a 'Phone Number' text input field with '(307) 637-2222', and a checkbox labeled 'Is this the primary phone?' which is checked. There are 'Save' and 'Cancel' buttons at the bottom.


Update any information to be changed. When finished, click on the “Save” button.

To disregard any changes made, click on the “Cancel” button.

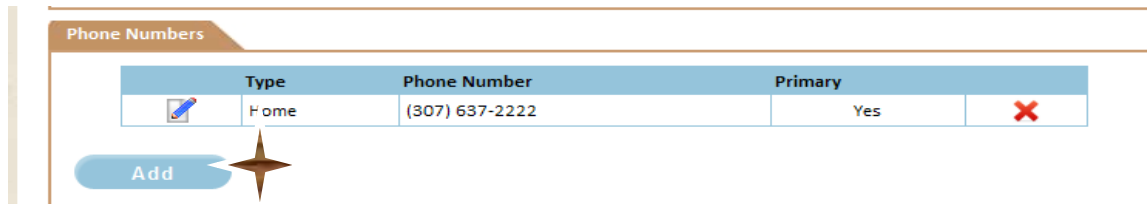


A screenshot of the 'Phone Numbers' section, similar to the one above. A green arrow points to the red 'X' icon in the last column of the table, indicating the delete button.

Type	Phone Number	Primary
Home	(307) 637-2222	Yes

To delete a phone number, click on the Red “X” button . This will delete the phone number from the system.

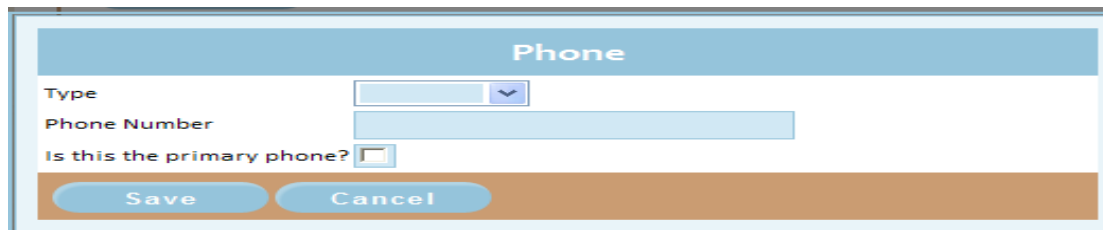
To add a new phone number, click on the “Add” button.



The screenshot shows a table titled "Phone Numbers" with the following columns: Type, Phone Number, and Primary. The first row contains the value "Home" for Type, "(307) 637-2222" for Phone Number, and "Yes" for Primary. To the left of the table is an "Add" button, which is highlighted with a blue arrow pointing to it.

Type	Phone Number	Primary
Home	(307) 637-2222	Yes

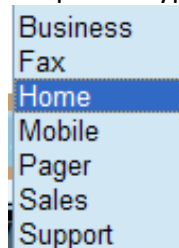
This will open the window to add a new phone number.



The screenshot shows a window titled "Phone" with the following fields: Type (a dropdown menu), Phone Number (a text input field), and Is this the primary phone? (a checkbox). At the bottom of the window are "Save" and "Cancel" buttons.

Enter the following information:

- Type – the phone type. Current phone types are listed below:



The screenshot shows a dropdown menu with the following options: Business, Fax, Home (highlighted), Mobile, Pager, Sales, and Support.

- Phone number – the full phone number for the participant. This includes area code.
- Is this the primary phone? – A check box to indicate the primary phone for the participant.

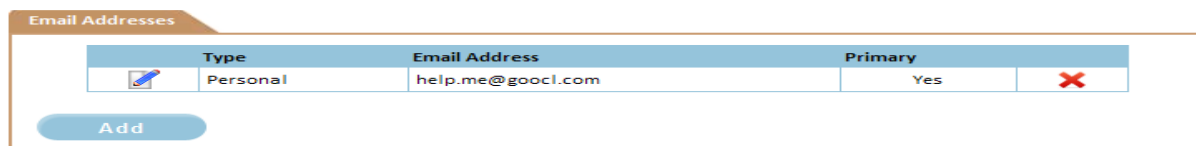
When the phone number has been added, click on the “Save” Button.



The screenshot shows the "Phone" window with the "Is this the primary phone?" checkbox checked. The "Save" button is highlighted with a blue arrow pointing to it.

Email Addresses

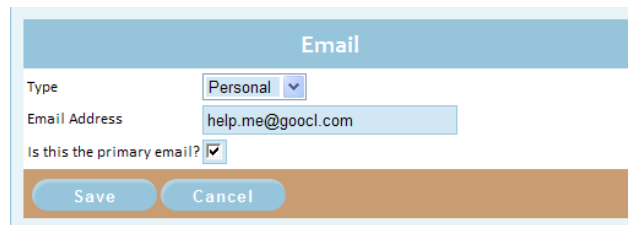
The email section is an optional section to the participant’s demographics. If a participant wishes to give their email, it is to be entered here. A participant may have one or multiple email addresses.



The screenshot shows a table titled "Email Addresses" with the following columns: Type, Email Address, and Primary. The first row contains the value "Personal" for Type, "help.me@goocl.com" for Email Address, and "Yes" for Primary. Below the table is an "Add" button.

Type	Email Address	Primary
Personal	help.me@goocl.com	Yes

To update an email address currently in the system, click on the “pencil” icon next to the address to update. This will open the email window.

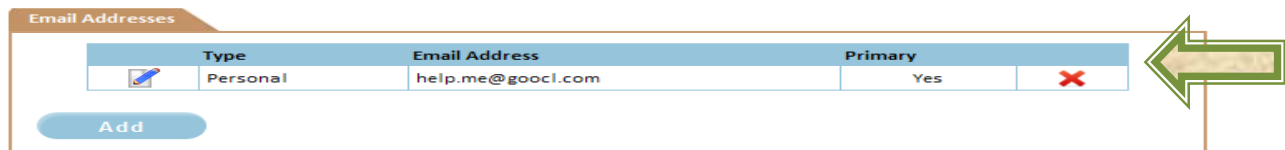


The 'Email' window contains a 'Type' dropdown menu set to 'Personal', an 'Email Address' text field containing 'help.me@goocl.com', and a checkbox for 'Is this the primary email?' which is checked. At the bottom are 'Save' and 'Cancel' buttons.

Update any information to be changed. When finished, click on the “Save” button.




To disregard any changes made, click on the “Cancel” button.

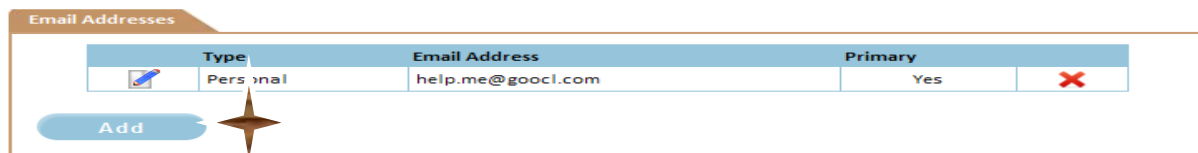


The 'Email Addresses' table has columns: Type, Email Address, Primary, and an action column. The first row shows 'Personal', 'help.me@goocl.com', 'Yes', and a red 'X' icon. A green arrow points to the red 'X' icon. Below the table is an 'Add' button.

Type	Email Address	Primary	
Personal	help.me@goocl.com	Yes	X

To delete an email address, click on the Red “X” button . This will delete the address from the system.

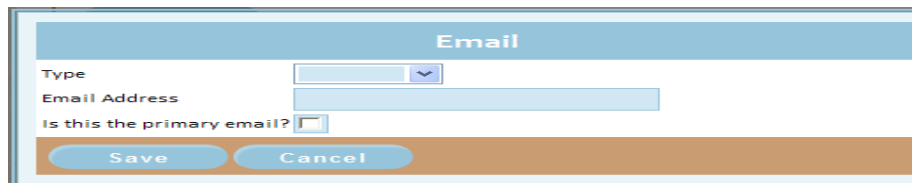
To add a new email address, click on the “Add” button.



The 'Email Addresses' table is shown with the 'Add' button highlighted by a star icon.

Type	Email Address	Primary	
Personal	help.me@goocl.com	Yes	X

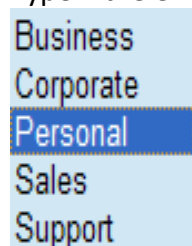
This will open the window to add a new email address.



The 'Email' window for adding a new address. It has a 'Type' dropdown menu, an empty 'Email Address' text field, and an unchecked checkbox for 'Is this the primary email?'. At the bottom are 'Save' and 'Cancel' buttons.

Enter the following information:

- Type – the email type. Current email types are listed below



A dropdown menu showing the following options: Business, Corporate, Personal (highlighted), Sales, and Support.

- Email Address – the full email address for the participant. This includes the @ symbol and a valid “.com” site.

- Is this the primary email? – A check box to indicate the primary email address for the participant.

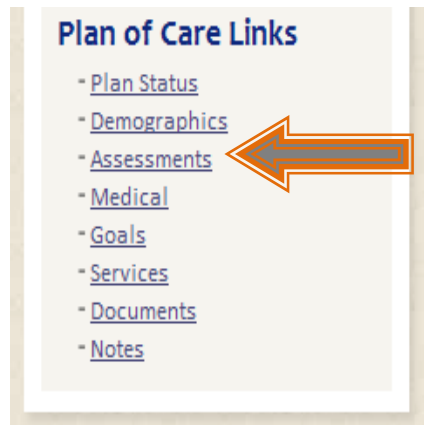
When the email address has been added, click on the “Save” Button.



There is no “Action” button for this task.

Assessments

After client information has been verified, the Case Manager chooses the most appropriate LT101 for the Plan of Care. In the “Plan of Care Links” section to the left of the screen, choose the “Assessment” link.



Once the “Assessment” screen is open, it will show a list of all LT101’s for the participant. It will only allow the user to choose a valid LT101. To choose the desired LT101, click on the LT101 with the evaluation date that has “Current” in the Status column AND a “Screen Date” with an underline (indicating a link).

Plan Dates: 3/6/2012 - 8/31/2012 (Future)
Effective Date: N/A (Initial) Status: Submit Plan Of Care
Print:

Assessments

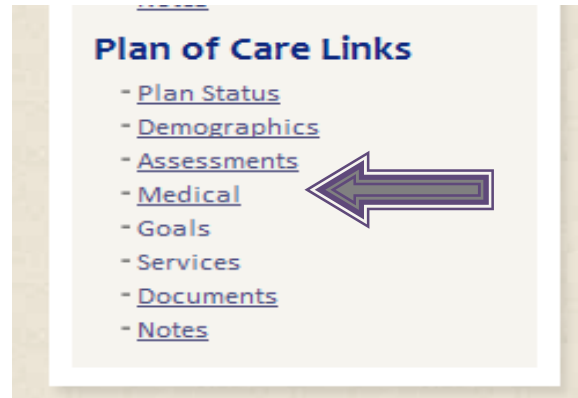
Type	Evaluation Date	Screen Date	Status	Update	Express Update
LT 101		<u>1/5/2012</u>	Current	<u>Update</u>	

There is no need to do anything on this screen, as long as there is a current LT101 in place.

Medical

(Optional screen – Information on this screen is not required.)

The “Medical” screen has all diagnosis and medication information stored and needs to be reviewed and updated at a minimum during each renewal period. To access the “Medical” screen, choose the “Medical” link in the “Plan of Care Links” section to the left of the screen.

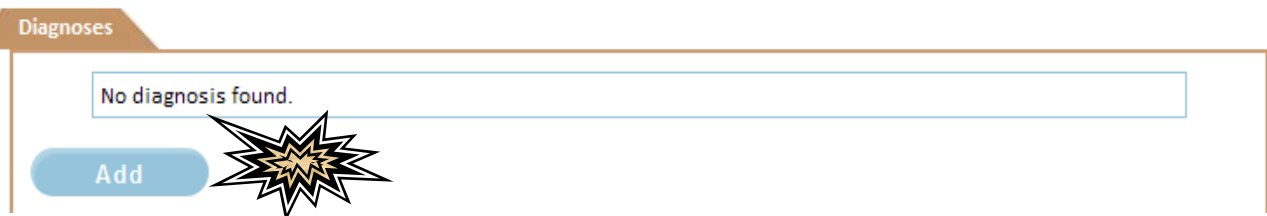


Once the “Medical screen is open, it will show 2 sections:

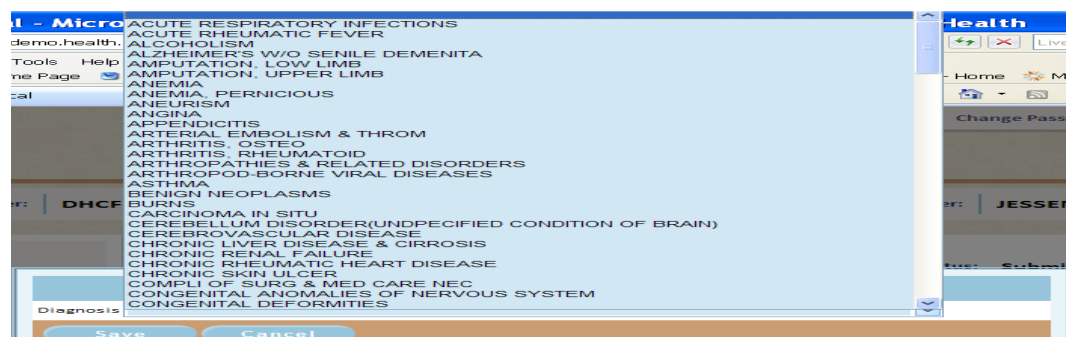
- ➡ Diagnosis
- ➡ Medications

Diagnosis

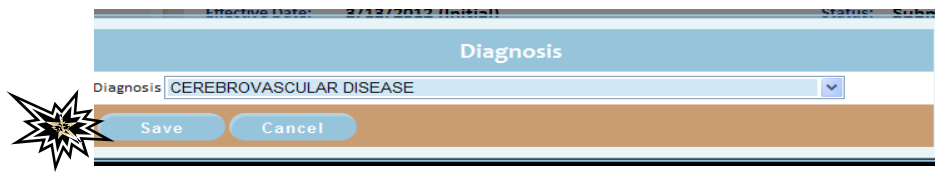
To add a diagnosis, click on the “Add” button.



This will open a new window. Click on the drop down button to view diagnosis choices. The choices no longer have the diagnosis code just the words.

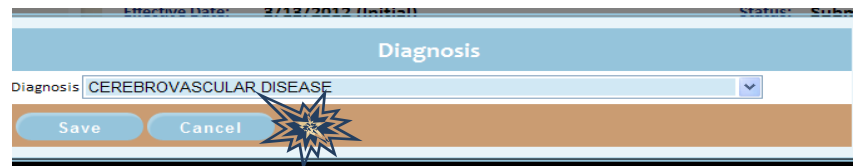


Choose the desired diagnosis and click on the “Save” button.



A screenshot of a web interface for selecting a diagnosis. At the top, it says "Effective Date: 2/12/2012 (Initial)" and "Status: Subject". Below this is a blue header bar labeled "Diagnosis". Underneath, there is a text input field containing "CEREBROVASCULAR DISEASE" and a dropdown arrow. At the bottom, there are two buttons: "Save" and "Cancel". A red starburst icon is placed over the "Save" button.




To cancel the choice, click on the “Cancel” button.



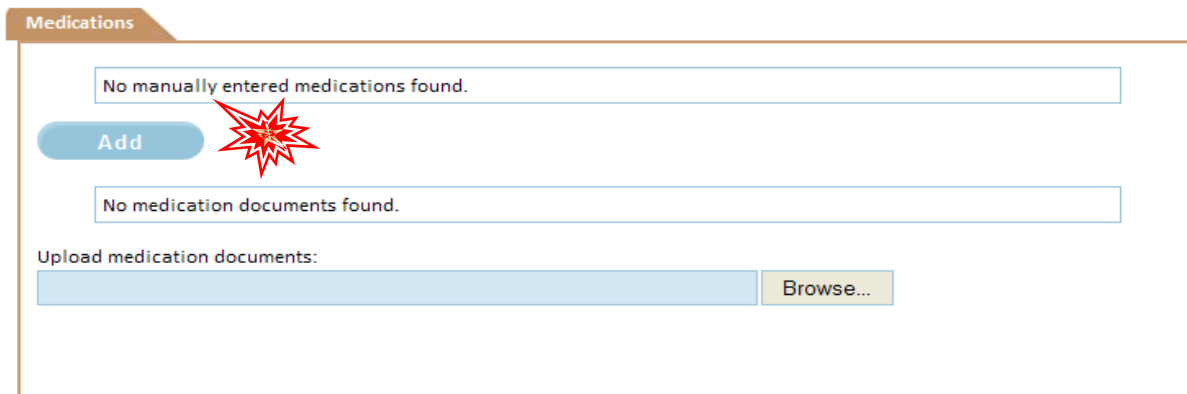
A screenshot of the same web interface as above. The "Diagnosis" header and the input field with "CEREBROVASCULAR DISEASE" are visible. The "Save" and "Cancel" buttons are at the bottom. A red starburst icon is placed over the "Cancel" button.

Medications

To upload a participant’s current medication list, there are 3 options:

-  Enter each medication separately
-  Upload a medication list
-  A combination of both

To enter each medication separately, click on the “Add” button.



A screenshot of a web interface titled "Medications". It contains three main sections. The first section has a text box that says "No manually entered medications found." Below this is a blue "Add" button, which is highlighted with a red starburst icon. The second section has a text box that says "No medication documents found." The third section is labeled "Upload medication documents:" and contains a light blue input field followed by a "Browse..." button.

This will open the “Medication” window. Enter all available information.

A screenshot of a web application window titled "Medication". The window has a light blue header bar with the title. Below the header, there are several input fields and checkboxes. The fields are: "Drug Name" (text input), "Dose" (text input), "Route" (dropdown menu with "Oral" selected), "Frequency" (checkboxes for "PRN" and "Scheduled"), "Purpose" (checkboxes for "Medical" and "Psychotropic"), "Detail" (dropdown menu), "Type" (checkboxes for "Over-the-Counter" and "Prescription"), and "Assistance Required" (dropdown menu). At the bottom of the window, there are two buttons: "Save" and "Cancel".

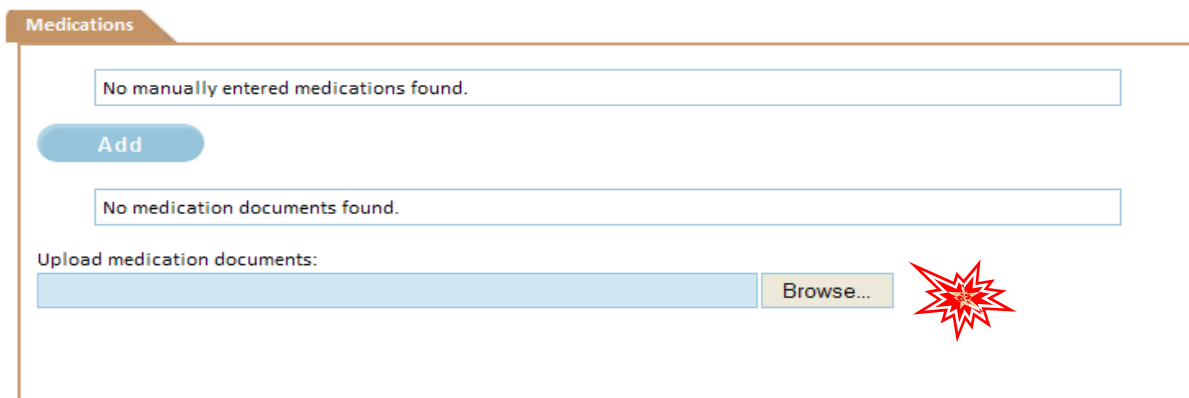
When finished click on the “Save” button.



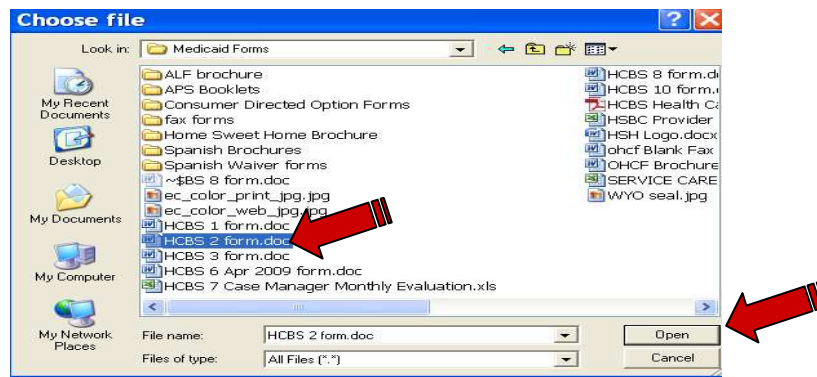
To cancel the information, click on the “Cancel” Button.



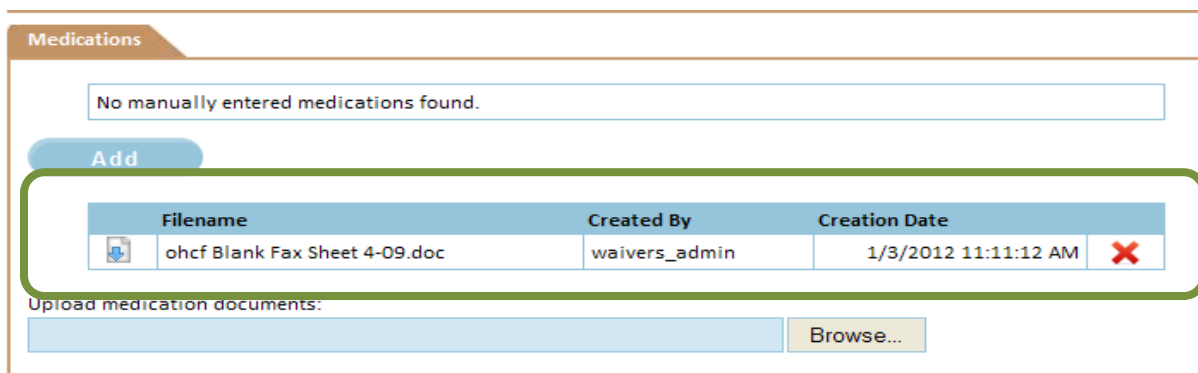
If a Case Manager/Care Coordinator already has a participant’s current list of medications and does not want to enter each one manually, the list may be uploaded into the system. To upload the scanned document, click on the “Browse” button next to the “Upload medication documents” window.

A screenshot of a web application window titled "Medications". The window has a light blue header bar with the title. Below the header, there are two text boxes: "No manually entered medications found." and "No medication documents found.". Below these, there is an "Add" button. At the bottom, there is a section titled "Upload medication documents:" with a text input field and a "Browse..." button. A red starburst graphic is placed next to the "Browse..." button.

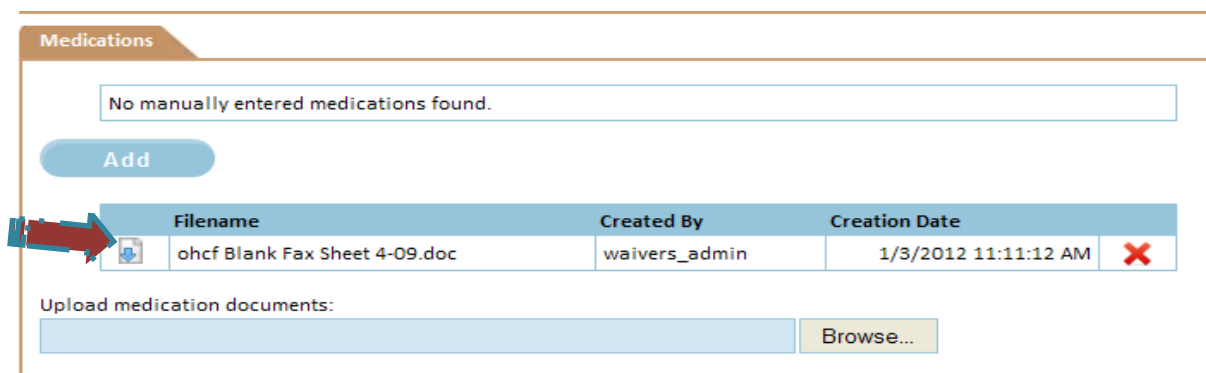
This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.



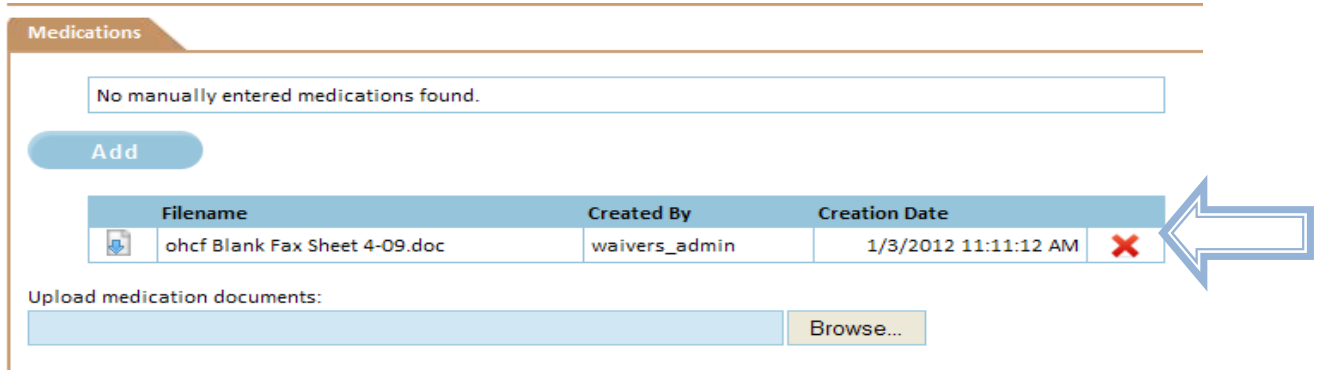
Once uploaded, the document will be available to view.



To open the document, click on the document icon located left of the “Filename”.



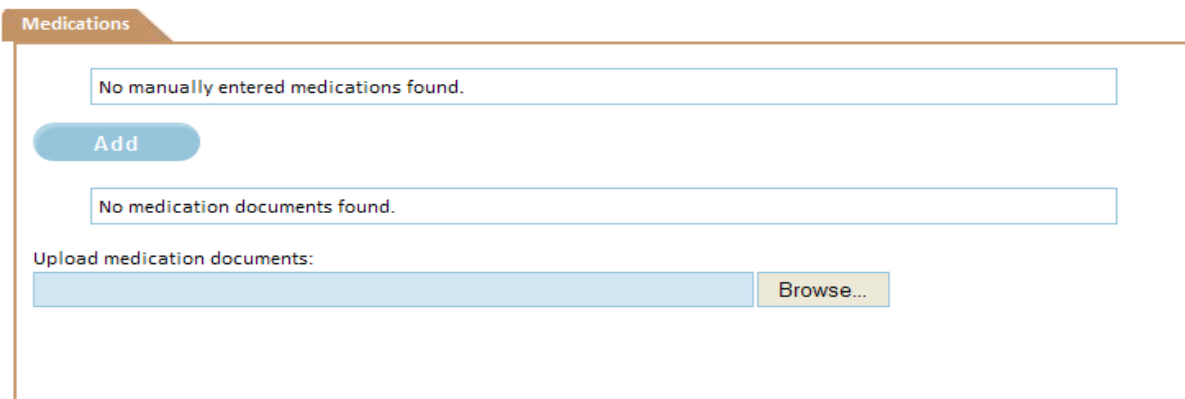
To delete the document, click on the red "X" located to the right of the "Creation Date".



The screenshot shows the 'Medications' section of a software interface. At the top, there is a tab labeled 'Medications'. Below it, a message box states 'No manually entered medications found.' followed by an 'Add' button. A table with three columns is displayed: 'Filename', 'Created By', and 'Creation Date'. The table contains one row with the filename 'ohcf Blank Fax Sheet 4-09.doc', created by 'waivers_admin', and a creation date of '1/3/2012 11:11:12 AM'. To the right of the date is a red 'X' icon, which is highlighted by a large blue arrow pointing left. Below the table, there is a section for 'Upload medication documents:' with a text input field and a 'Browse...' button.

Filename	Created By	Creation Date
ohcf Blank Fax Sheet 4-09.doc	waivers_admin	1/3/2012 11:11:12 AM

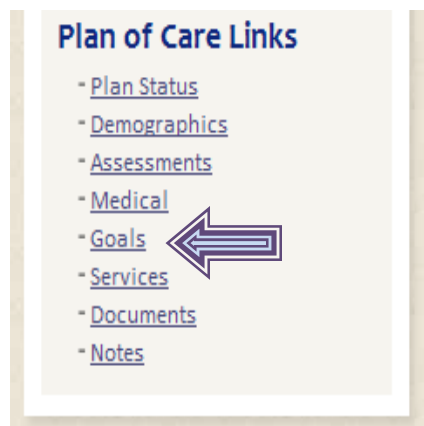
Once deleted, the document will no longer be accessible.



This screenshot shows the 'Medications' section after the document has been deleted. The 'No manually entered medications found.' message box is still present, and the 'Add' button remains. The table is now empty. Below the table, the 'Upload medication documents:' section shows an empty text input field and a 'Browse...' button.

Goals

After the LT101 has been uploaded, reviewed and approved by the Home Care Services Unit, goals can be entered. To access the "Goals" screen, choose the "Goals" link in the "Plan of Care Links" section to the left of the screen.



This will open the “Goals” screen. There will be 3 sections on this screen:

- Services Manager
- Clinical Goals
- LT101 Details

The screenshot shows the 'Goals' screen with three main sections:

- Services Manager:** Contains two radio buttons: 'Traditional/Agency' (selected) and 'Consumer Directed'.
- LT 101 Details:** Displays 'LT 101 Score: 16'.
- Clinical Goals:** A table with 5 columns: LT101 Category, Response, Outcome, Goal, and Service(s).

LT101 Category	Response	Outcome	Goal	Service(s)
Eating and Meal Preparation			Improve	Service(s): Home Meals
Medication Management			Support	Non-services: Friend/Neighbor
Skin Care, Wound Dressing, Skin Treatment			Improve	Service(s): Personal Care, Skilled Nursing
Speech, Vision, and Hearing				

Services Manager

The “Services Manager” section allows the Case Manager/Care Coordinator to indicate whether the participant has chosen the traditional services or consumer directed for personal care. A user can **ONLY** choose one.

This close-up shows the 'Services Manager' header and the two radio buttons: 'Traditional/Agency' (selected) and 'Consumer Directed'.

When choosing “Traditional/Agency”, the Case Manager/Care Coordinator **WILL NOT** be able to choose the following services:

- Care Coordination
- Self Help Assistant
- Fiscal Management

When choosing “Consumer Directed”, the Case Manager/Care Coordinator **WILL NOT** be able to choose the following services:

- Case Management
- Personal Care

LT101 Details

In the Case Manager/Care Coordinator view, the only item to show in the “LT101 Details” section is the points the participant received on the chosen LT101.

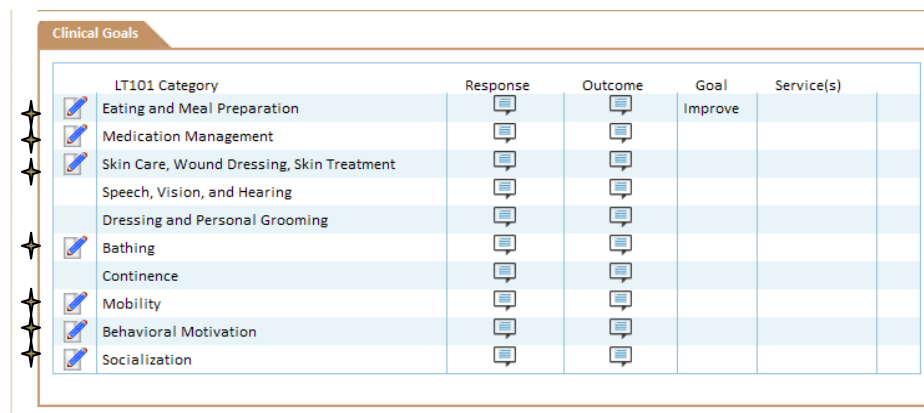
































LT 101 Details

LT 101 Score: 13

Clinical Goals

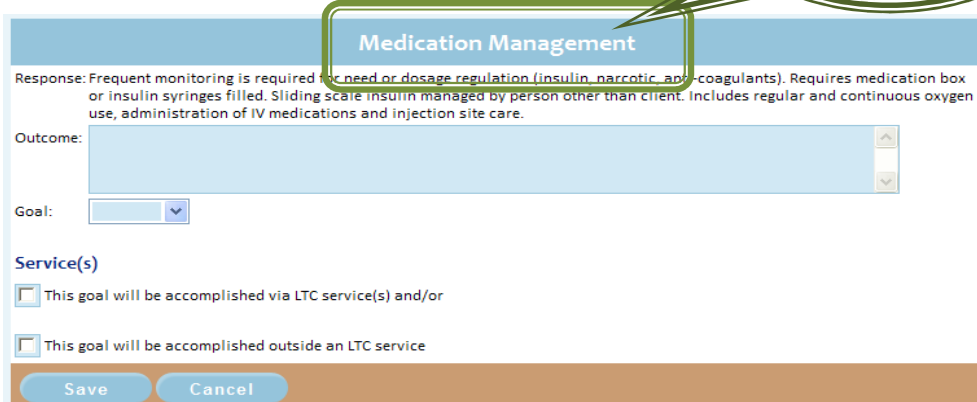
After the “Services Manager” selection has been made, goals, outcomes, and services must be chosen for each appropriate LT101 Category. Only those categories that had points will be able to be edited. If an LT101 Category can be edited, there will be a “Pencil” icon next to it. Click on the “Pencil” icon to update the information.



LT101 Category	Response	Outcome	Goal	Service(s)
 Eating and Meal Preparation			Improve	
 Medication Management				
 Skin Care, Wound Dressing, Skin Treatment				
 Speech, Vision, and Hearing				
 Dressing and Personal Grooming				
 Bathing				
 Continence				
 Mobility				
 Behavioral Motivation				
 Socialization				

Choose the first available category. It will open a new window.

- At the top is the LT101 Category. In the example below the LT101 Category is “Medication Management”;
- The next portion is the text response;
- Then is a window to enter the outcome;
- A drop down of the goal for the category; and finally
- How the need will be met for the category.



Medication Management

Response: Frequent monitoring is required for need or dosage regulation (insulin, narcotic, and coagulants). Requires medication box or insulin syringes filled. Sliding scale insulin managed by person other than client. Includes regular and continuous oxygen use, administration of IV medications and injection site care.

Outcome:

Goal:

Service(s)

☐ This goal will be accomplished via LTC service(s) and/or

☐ This goal will be accomplished outside an LTC service

LT101 Category

The response cannot be updated. It is for Case Manager/Care Coordinator information only.

Response: Frequent monitoring is required for need or dosage regulation (insulin, narcotic, anti-coagulants). Requires medication box or insulin syringes filled. Sliding scale insulin managed by person other than client. Includes regular and continuous oxygen use, administration of IV medications and injection site care.

The Case Manager/Care Coordinator enters the outcome in the “Outcome” box. This is a free form text box. Enter the desired outcome of the need.

Outcome:

Next the goal is chosen from the drop down box. Currently, the choices are:

- Improve
- Maintain
- Support

Goal:

Finally, services will be chosen. Every LT101 Category that can be chosen (these categories will have a “pencil” icon next to them) has a need that **must be** met. A Case Manager/Care Coordinator has several options to meet the need:

- ❖ One or more services may be provided through LTC/ALF waiver services
- ❖ One or more services may be provided through another source
- ❖ One or more services may be provided through a combination of LTC/ALF waiver services or through other sources.

On each screen is a section named “Service(s)”. There are check boxes that are checked when determining how a need will be met.

Service(s)

☐ This goal will be accomplished via LTC service(s) and/or

☐ This goal will be accomplished outside an LTC service

If LTC/ALF services will be used to meet the need of the category, click on the option “This goal will be accomplished via LTC (ALF) service(s) and/or”. When checked, services that are

appropriate for the LT101 Category will appear. In the example being used “Medication Management”, there is only one service.

Service(s)
☒ This goal will be accomplished via LTC service(s) and/or
☐ Skilled Nursing

☐ This goal will be accomplished outside an LTC service

For the LT101 Category “Eating and Meal Preparation” there is a different set of services.

Eating and Meal Preparation

Service(s)
☒ This goal will be accomplished via LTC service(s) and/or
☐ Home Meals ☐ Personal Care

☐ This goal will be accomplished outside an LTC service

Choose the services that will be provided through the LTC/ALF waiver. One or multiple services may be chosen to meet the specific need.

NOTE: Services chosen in this section will be the only services initially available in the Plan of Care

If services will be provided by a Non-waiver source, click on the option “This goal will be accomplished outside an LTC (ALF) service”. When checked, outside services will appear.

☐ This goal will be accomplished via LTC service(s) and/or

☒ This goal will be accomplished outside an LTC service

☐ Family ☐ Friend/Neighbor ☐ CBIHS ☐ Senior Companion

☐ Other ☐ Community Organization ☐ Title III

This list of options is the same for all LT101 Categories.

Choose the source that will provide the need for the LT101 Category. One or multiple options may be chosen to meet the specific need.

There may be times when both an outside source and a LTC/ALF waiver provider will meet the need for a category. (For example: A provider may have staffing issues or not provide services during a specific time of day. A family member may be available to provide care at only certain times.) In instances such as these (Instances are **NOT** limited to these reasons), it may be necessary to choose from both lists.

Service(s)

☒ This goal will be accomplished via LTC service(s) and/or

☒ Skilled Nursing

☒ This goal will be accomplished outside an LTC service

☐ Family ☒ Friend/Neighbor ☒ CBIHS ☐ Senior Companion

☐ Other ☐ Community Organization ☐ Title III

If there is someone who will meet the need, but is not listed, click the “Other” option and enter who will meet the need. This may be a specific name or a general type.

☒ This goal will be accomplished outside an LTC service

☐ Family ☐ Friend/Neighbor ☒ CBIHS ☐ Senior Companion

☒ Other ☐ Community Organization ☐ Title III

enter other here|




























When finished click on the “Save” button.

Save Cancel

To cancel what has been entered, click on the “Cancel” Button.

Save Cancel

After the LT101 Category has been completed, choose the next available category. Continue until all available categories are complete. Once complete the user will be able to view choices in the “Clinical Goals” section.

Clinical Goals					
LT101 Category	Response	Outcome	Goal	Service(s)	
 Eating and Meal Preparation			Improve	Service(s): Home Meals	
 Medication Management			Improve	Service(s): Skilled Nursing Non-services: Friend/Neighbor	
 Skin Care, Wound Dressing, Skin Treatment			Maintain	Service(s): Personal Care	
Speech, Vision, and Hearing					
Dressing and Personal Grooming					
 Bathing			Support	Non-services: Family	
Continence					
 Mobility			Maintain	Service(s): Personal Care Non-services: CBIHS	
 Behavioral Motivation					
 Socialization			Improve	Service(s): Adult Day Care, Non Medical Transport	

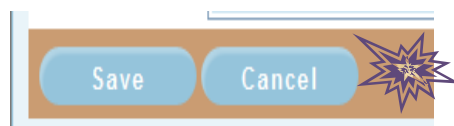
Notice in the LT101 Category “Medication Management”, there are both “Service(s)” **AND** “Non-services”.

To **change or update a category**, click on the “Pencil” icon to update the information. This will open the category window to allow for any changes. Update any changes needed.

When finished click on the “Save” button.



To cancel what has been entered, click on the “Cancel” Button.



To **remove a service from a category**, click on the “Pencil” icon to update the information. This will open the category window. Click in the appropriate check boxes to remove the service. Once un-checking the service, if there are no other services checked, uncheck the section.

The service will go from:

Service(s)

☒ This goal will be accomplished via LTC service(s) and/or

☒ Skilled Nursing

To:

Service(s)

☐ This goal will be accomplished via LTC service(s) and/or

When finished click on the “Save” button.



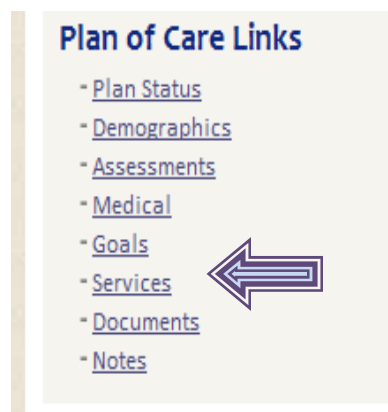
To cancel what has been entered, click on the “Cancel” Button.



There is no “Action” button for this task.

Services

After the “Goals” section is completed, services are completed. To access the “Services” screen, choose the “Services” link in the “Plan of Care Links” section to the left of the screen.









This will open the “Services” screen. The services screen will default to the services listed from the “Goals” screen, plus the mandatory services. Mandatory services are:

- ➡ Traditional/Agency
 - Case Management
- ➡ Consumer Directed
 - Care Coordination
 - Self-help Assistant
 - Fiscal Management

Services

Services

Service	Provider	Unit Cost	Total Units	Cost	Start Date	End Date	PA	Units Used	Last Payment
 T2024		\$10.00			2/22/2012	7/31/2012			
 T1019		\$10.00			2/22/2012	7/31/2012			
 S5170		\$10.00			2/22/2012	7/31/2012			
 S9123		\$10.00			2/22/2012	7/31/2012			
 S5100		\$10.00			2/22/2012	7/31/2012			
 T2003		\$10.00			2/22/2012	7/31/2012			

Add

Each service added in the “Goals” section will be listed on the “Services” screen. Each service must be updated to indicate the provider providing the service, and the number of units to be provided monthly.

Before updating the services, the screen will list;

The service - The unit cost for the service - this will default to the maximum allowable unit cost, but can be edited in the “Service Details” screen.

The start date – this will default to the plan start date but can be edited in the “Service Details” screen.

The end date - this will default to the plan end date but may be edited in the “Service Details” screen.




If a service cannot be provided through the LTC/ALF waiver, the “Goals” section MUST be updated to indicate how the need associated with the service will be met and the service deleted from the “Services” screen.

To update the service, click on the “Pencil” icon next to the service.

Services

Services

Service	Provider	Unit Cost	Total Units	Cost	Start Date	End Date	PA	Units Used	Last Payment
 T2024		\$10.00			2/22/2012	7/31/2012			

This will open the “Services Details” window.

The screenshot shows a window titled "T2024 - Case Management". It has two main sections: "Service Details" and "Units Allocated".

Service Details:

- Service: T2024 - Case Management (dropdown menu)
- Provider: (empty dropdown menu)
- Unit Cost: 10.00
- Total Cost: (blank)
- Start Date: 2/22/2012
- End Date: 7/31/2012

Units Allocated:

Feb	Mar	Apr	May	Jun	Jul
8	31	30	31	30	31

At the bottom are "Save" and "Cancel" buttons.

The service cannot be edited in this window and is grayed out.

A close-up of the "Service" dropdown menu. The text "T2024 - Case Management" is displayed in a light gray font, indicating it is disabled for editing.

The provider is chosen from a drop down menu.

The screenshot shows the "Provider" dropdown menu open, displaying a list of healthcare providers. The "Service" dropdown is still visible and grayed out.

Service Details:

- Service: T2024 - Case Management
- Provider: (dropdown menu open)
- Unit Cost: 10.00
- Total Cost: (blank)

Provider List:

- CONTINUE CARE OF CHEYENNE
- CROOK COUNTY HOME HEALTH
- EPPSON CENTER FOR SENIOR, INC
- HANDS 2 HELP, LLC
- HOT SPRINGS COUNTY PUBLIC HEALTH
- INTERIM HEALTHCARE
- JOHNSON COUNTY MEMORIAL HOSPITAL HOME CARE
- KEMMERER SENIOR CENTER
- MEMORIAL HOSPITAL OF SHERIDAN HC
- PARK COUNTY PUBLIC HEALTH NURSING
- PLATTE COUNTY HOME CARE (highlighted)
- POWELL VALLEY HOME CARE
- PREMIER HOME HEALTH

The unit cost may be changed at this point. The cost **CANNOT** be higher than the maximum allowable. Change the cost if the service provider’s unit cost is lower than the maximum unit cost.

A close-up of the "Unit Cost" input field. The value "8.81" is entered, which is lower than the previous value of 10.00.

The total cost will remain blank until the service has been entered and saved.

A close-up of the "Total Cost" input field. It is currently blank, as the service has not been saved yet.

If the service starts later than the plan start date, change the “Start Date” to the date the service will be starting.

Start Date 2/22/2012

The end date should not change.

Enter the number of total number of units in a month for each month. Zero fill the months with no units provided.

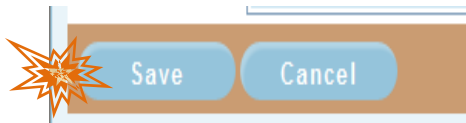
Units Allocated

Feb	Mar	Apr	May	Jun	Jul
8	31	30	31	30	31

As a user enters the monthly units, remember that each service has its own service designation. Verify the service unit designation if unsure.

A unit for Non-Medical Transportation is a one way trip, while a unit of Personal Care Attendant is 15 minutes.

When finished click on the “Save” button.



To cancel what has been entered, click on the “Cancel” Button.



Continue with each service on the “Services” screen until complete. As each service is updated, the information will appear on the “Services” screen.

Services

Services

	Service	Provider	Unit Cost	Total Units	Cost	Start Date	End Date	PA	Units Used	Last Payment	
	T2024	PLATTE COUNTY HOME CARE	\$8.81	161	\$1,418.41	2/22/2012	7/31/2012				✗
	T1019	ROCK SPRINGS YOUNG AT HEART	\$5.00	161	\$805.00	2/22/2012	7/31/2012				
	S5170	ROCK SPRINGS YOUNG AT HEART	\$5.00	230	\$1,150.00	3/22/2012	7/31/2012				
	S9123	THE HOME HEALTH AGENCY	\$10.00	14	\$140.00	3/12/2012	7/31/2012				
	S5100	NATRONA CO SENIOR CITIZENS CENTER	\$2.10	229	\$480.90	2/22/2012	7/31/2012				
	T2003	BUFFALO SENIOR CENTER	\$2.00	146	\$292.00	2/22/2012	7/31/2012				

To add a service not listed by default. Click on the “Add” button under the list of plan services.



This will open the “Service Details” window. This is the same window as the window to update services, except the service may be updated. Choose the appropriate service from the “Service” drop down menu.

Service Details

Service: T2024 - Case Management

Provider: T2024 - Case Management

Unit Cost: 10.00

Total Cost: 0.00

Start Date: 01/01/2012

End Date: 01/01/2012

PA: 0.00

Units Used: 0.00

Last Payment: 0.00

Service Details

Service: T2024 - Case Management

Provider: T2024 - Case Management

Unit Cost: 10.00

Total Cost: 0.00

Start Date: 01/01/2012

End Date: 01/01/2012

PA: 0.00

Units Used: 0.00

Last Payment: 0.00

The provider is chosen from a drop down menu.

Service Details

Service: CONTINUE CARE OF CHEYENNE

Provider: CROOK COUNTY HOME HEALTH

Unit Cost: 10.00

Total Cost: 0.00

Start Date: 01/01/2012

End Date: 01/01/2012

PA: 0.00

Units Used: 0.00

Last Payment: 0.00

Service Details

Service: CONTINUE CARE OF CHEYENNE

Provider: CROOK COUNTY HOME HEALTH

Unit Cost: 10.00

Total Cost: 0.00

Start Date: 01/01/2012

End Date: 01/01/2012

PA: 0.00

Units Used: 0.00

Last Payment: 0.00

The unit cost may be changed at this point. The cost **CANNOT** be higher than the maximum allowable. Change the cost if the service provider's unit cost is lower than the maximum unit cost.

Unit Cost 8.81

The total cost will remain blank until the service has been entered and saved.

Total Cost

If the service starts later than the plan start date, change the "Start Date" to the date the service will be starting.

Start Date 2/22/2012

The end date should not change.

Enter the number of total number of units in a month for each month. Zero fill the months with no units provided.

Units Allocated

Feb	Mar	Apr	May	Jun	Jul
8	31	30	31	30	31

As a user enters the monthly units, remember that each service has its own service designation. Verify the service unit designation if unsure.

A unit for Non-Medical Transportation is a one way trip, while a unit of Personal Care Attendant is 15 minutes.



When finished click on the "Save" button.



To cancel what has been entered, click on the "Cancel" Button.



To delete a service from the “Services” screen, click on the red “X” to the right of the service. If there is no red “X”, the service cannot be deleted.

Services									
Services									
	Service	Provider	Unit Cost	Total Units	Cost	Start Date	End Date	PA	Last Payment
	T2024	PLATTE COUNTY HOME CARE	\$8.81	161	\$1,418.41	2/22/2012	7/31/2012		

Plans over \$1200

Above the list of services is the “Services Cost Details” section.

Services

Service Cost Details

Note: Months displayed in red are over \$1200 and will need special approval from the Program Manager.

Mar: \$1,203
Apr: \$2,364

May: \$2,437
Jun: \$2,364

Jul: \$2,437
Aug: \$2,437

Services

Service	Provider	Unit Cost	Total Units	Cost	Start Date	Units Used	Last Payment
---------	----------	-----------	-------------	------	------------	------------	--------------

This section shows by month the total plan costs. **IF THERE IS AT LEAST ONE MONTH THAT IS OVER \$1200, IT MUST BE APPROVED BY THE PROGRAM MANAGER.** To request approval by the program manager, the case manager must enter the following information into a note:

- ➡ Previous plan high (not necessary for new plans)
- ➡ New plan high (if this is a renewal, note if there is a plan change or not)
- ➡ Reason for new plan high (services are based upon need, not necessarily want)
- ➡ History of participant (examples: quadriplegic, has broken arm, decline in health, LT101 has increased, etc.)
- ➡ Any further information that will assist the Program Manager in making the determination

For instructions on how to enter plan notes, refer to “Notes” section on pages 86 or 122.

FAILURE TO GET APPROVAL FOR PLANS OVER \$1200 WILL CAUSE DELAYS IN PLAN SUBMISSION

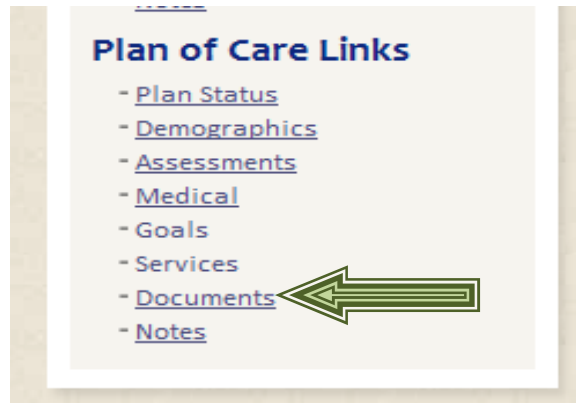
Documents

There are two documents that are required for a Plan of Care:

- ✓ Client Choice of Service (HCBS-1)
 - Due when putting a participant on the waiting list
 - Due when a participant has received a funding opportunity
 - Due at each renewal plan period
- ✓ Client Rights and Responsibilities

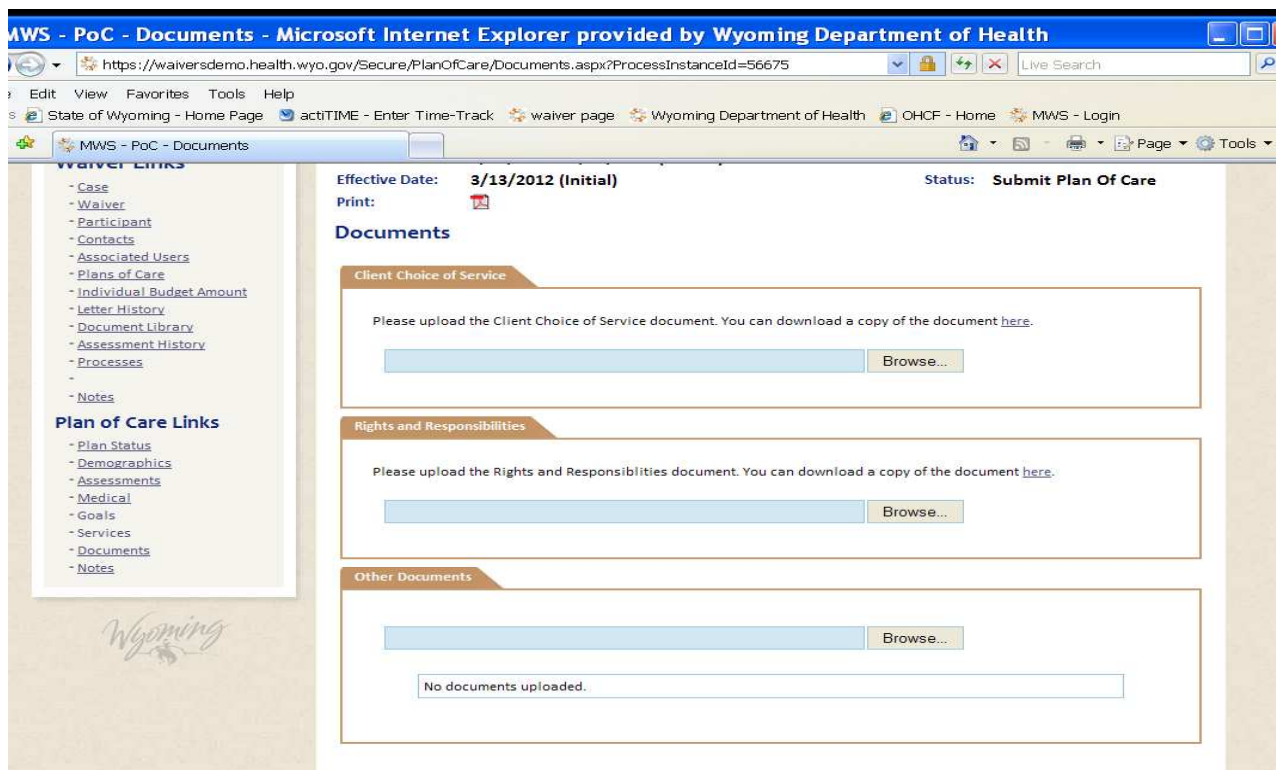
- Due when a participant has received a funding opportunity
- Due at each renewal plan period

To upload the documents into the system, click on the “Documents” link under the section “Plan of Care Links” to open the document window.



If a user is not at a participant’s Plan of Care screen, please refer to sections “Review Information through Task List Screen” on page 15 or “Search Cases Screen” on page 17 for instructions to access a participant’s information.

When open, the document window should look like this.



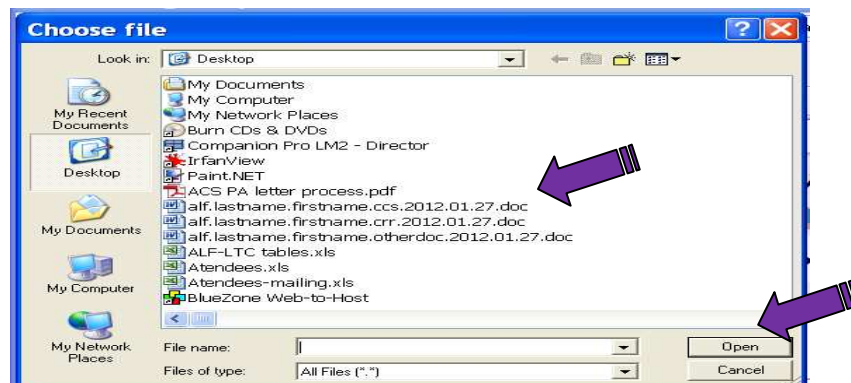
Client Choice of Service

To upload a scanned Client Choice of Service, click on the Browse button.

Client Choice of Service

Please upload the Client Choice of Service document. You can download a copy of the document [here](#).

This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.



Once uploaded, a link to the document will be available.

Client Choice of Service

Document: [alf.lastname.firstname.ccs.2012.01.27.doc](#)

If an error is made and the wrong document is uploaded, just re-upload the correct document. It will override the incorrect document.

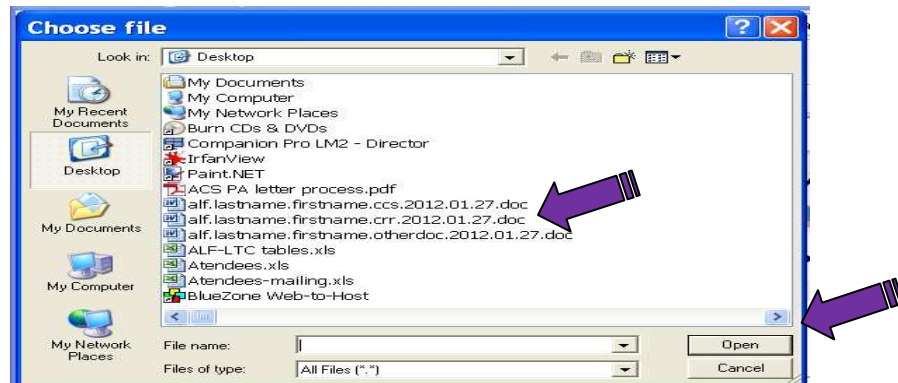
Client Rights and Responsibilities

To upload a scanned Client Rights and Responsibilities, click on the “Browse” button under “Rights and Responsibilities” section.

Rights and Responsibilities

Please upload the Rights and Responsibilities document. You can download a copy of the document [here](#).

This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.



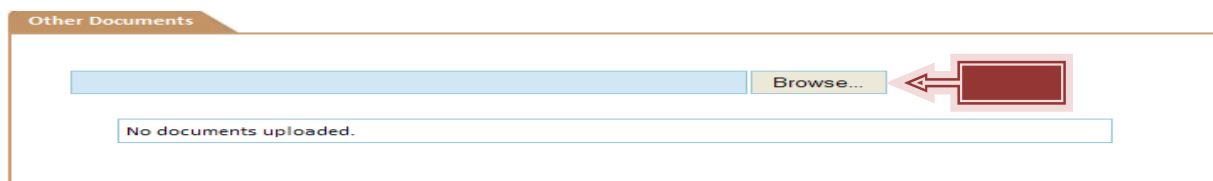
Once uploaded, a link to the document will be available.



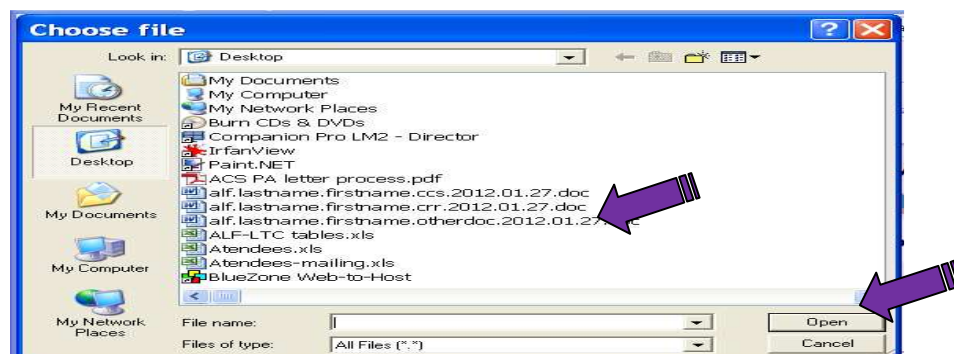
If an error is made and the wrong document is uploaded, just re-upload the correct document. It will override the incorrect document.

Other Documents

There may be times when additional documentation is required. To upload additional documents, click on the “Browse” button under “Other Documents” section.



This will open the “choose file” window. Locate the file, highlight the file and click on the “Open” button.



Once uploaded, a link to the document will be available.

Other Documents

Browse...

File Name	Action
alf.lastname.firstname.otherdoc.2012.01.27.doc	

These documents may be deleted if necessary. To delete the scanned and uploaded document, click on the red “X” under “Action” to the left of the file name.

Other Documents

Browse...

File Name	Action
alf.lastname.firstname.otherdoc.2012.01.27.doc	

This will remove the document from the system.

After all required documents have been scanned and uploaded in the appropriate sections, go to the “Action” drop down box to the left of the screen.

Action

Submit Documents ▼

Complete

Choose “Submit Documents” and

Action

Submit Documents ▼

Complete

click on the “Complete” button to finish the process.

Action

Submit Documents ▼

Complete

At this point the Program Manager reviews the documents. If the documents are correct, the participant's plan is ready for final submission. If the documents are NOT correct, the Case Manager/Care Coordinator will receive a notification to make corrects and re-submit.

The Case Manager/Care Coordinator is finished until the participant comes to the top of the waitlist and receives a notification that the participant has a funding opportunity.

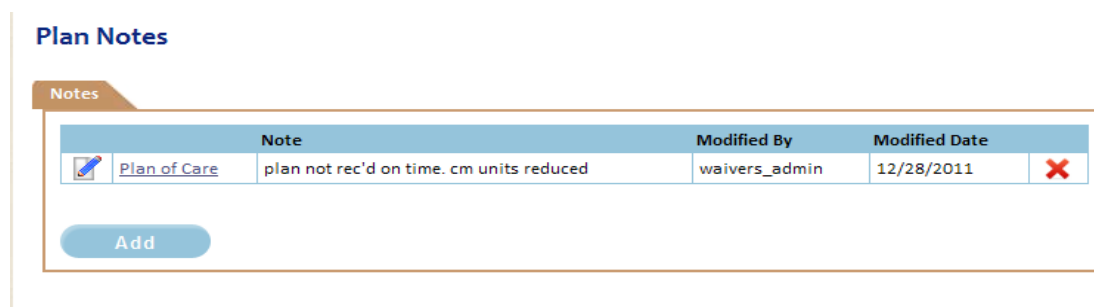
Notes

The "Notes" section allows for notes to be added to a participant's plan. ***These notes are specific to a plan, but will also show up in the "Notes" section of the "Waiver Links".***

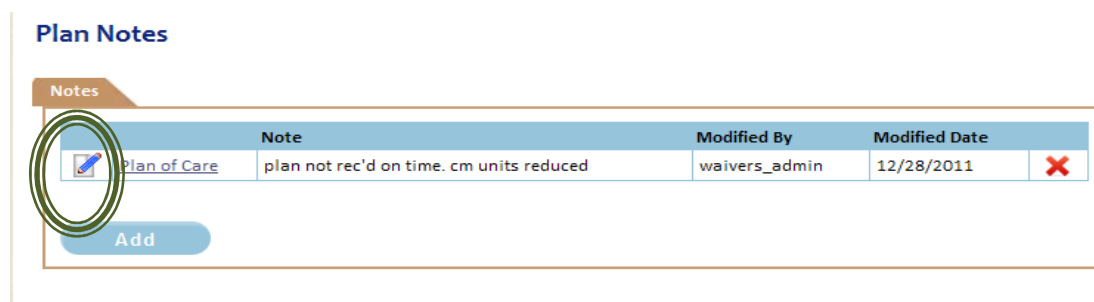
To access the "Notes" screen, choose the "Notes" link in the "Plan of Care Links" section to the left of the screen.



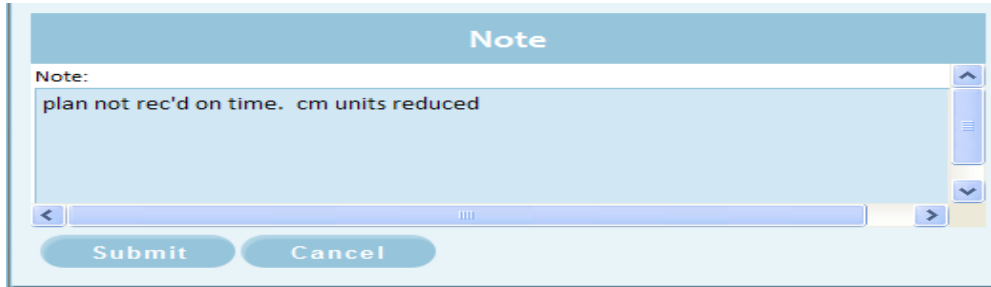
Once the screen is open, it will list all notes related to the Plan of Care.



To view a note already in the system, click on the "Pencil" icon to the left.

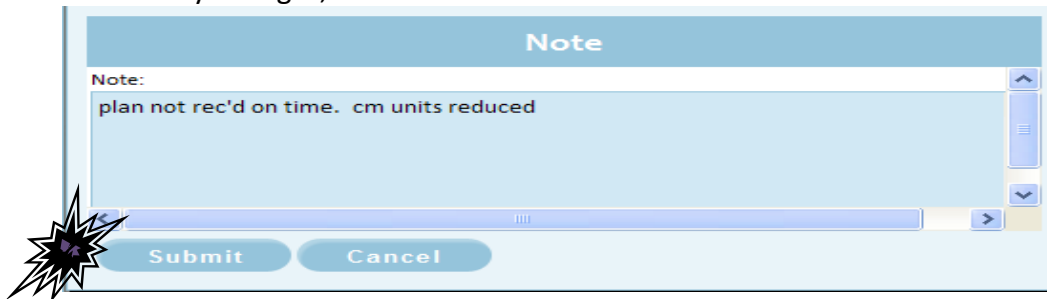


This will open the window of the note chosen.



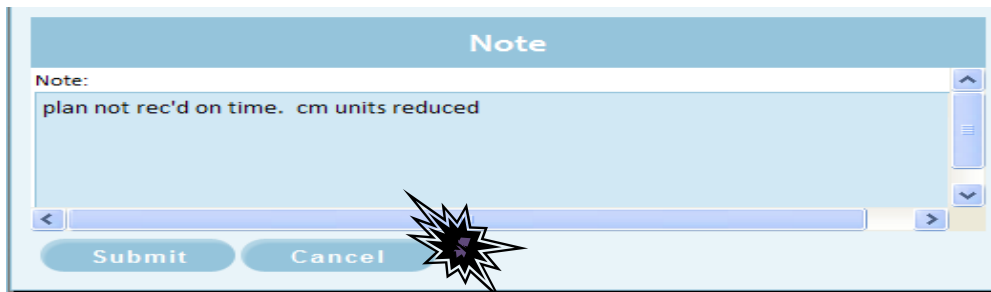
The screenshot shows a window titled "Note". Inside, there is a text area containing the text "plan not rec'd on time. cm units reduced". Below the text area are two buttons: "Submit" and "Cancel". There are also navigation arrows on the right side of the text area.

At this time, the details of the note may be viewed and/or any changes may be made. To submit any changes, click on the "Submit" button.



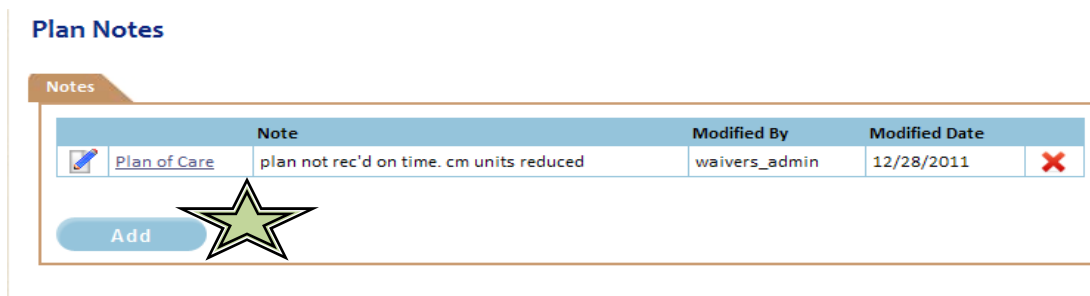
This screenshot is identical to the previous one, but with a black starburst icon pointing to the "Submit" button.

To return back to the "Notes" screen without making changes, click on the "Cancel" button.




This screenshot is identical to the previous ones, but with a black starburst icon pointing to the "Cancel" button.

To add a new note, click on the "Add" button.

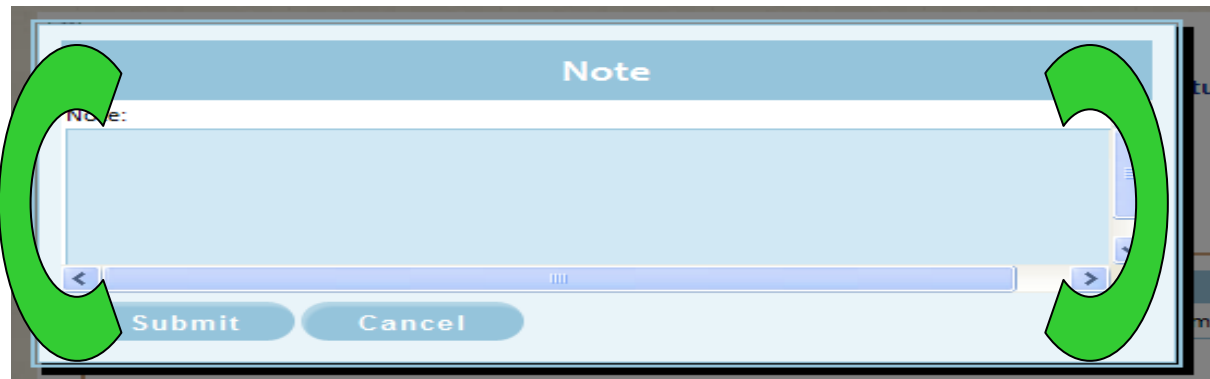


The screenshot shows a screen titled "Plan Notes". Below the title is a tab labeled "Notes". There is a table with the following data:

Note	Modified By	Modified Date
 Plan of Care plan not rec'd on time. cm units reduced	waivers_admin	12/28/2011

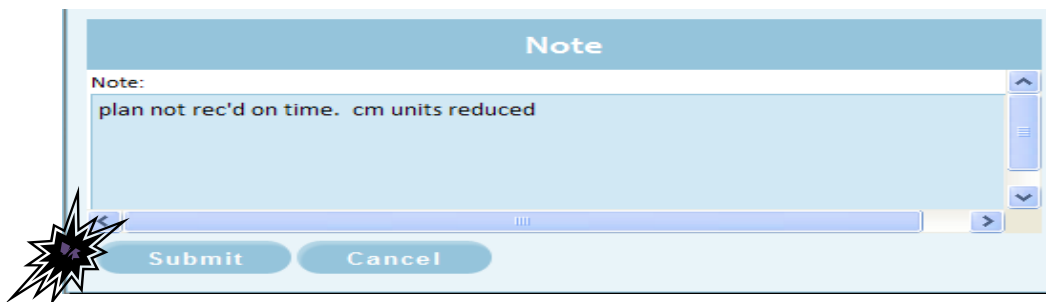
Below the table is an "Add" button. A green star icon is pointing to the "Add" button.

This will open a new window. Add any information pertinent to the plan in the “Note” section.



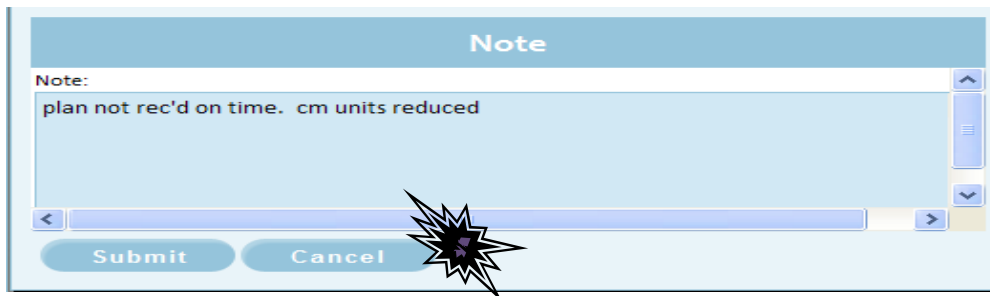
The screenshot shows a 'Note' form with a title bar 'Note'. Below the title bar is a text area labeled 'Note:'. At the bottom of the form are two buttons: 'Submit' and 'Cancel'. Two large green curved arrows are overlaid on the image, one pointing to the text area and the other pointing to the 'Submit' and 'Cancel' buttons.

Once a note has been entered, click on the “Submit” button.



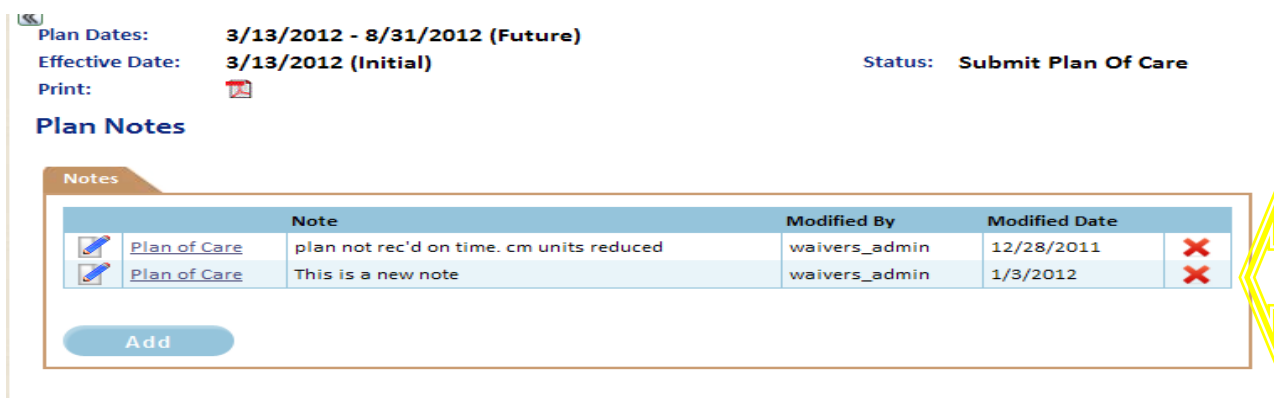
The screenshot shows the 'Note' form with the text 'plan not rec'd on time. cm units reduced' entered in the text area. A starburst icon is overlaid on the 'Submit' button.

To return back to the “Notes” screen without adding a note, click on the “Cancel” button.




The screenshot shows the 'Note' form with the text 'plan not rec'd on time. cm units reduced' entered in the text area. A starburst icon is overlaid on the 'Cancel' button.





As each new note is added, it will appear on the “Plan Notes” screen.



The screenshot shows the 'Plan Notes' screen. At the top, there is a section for plan dates and status. Below this is a table of notes. A yellow starburst icon points to the 'Add' button at the bottom of the table.

Plan Dates: 3/13/2012 - 8/31/2012 (Future)
Effective Date: 3/13/2012 (Initial)
Print: 
Status: Submit Plan Of Care

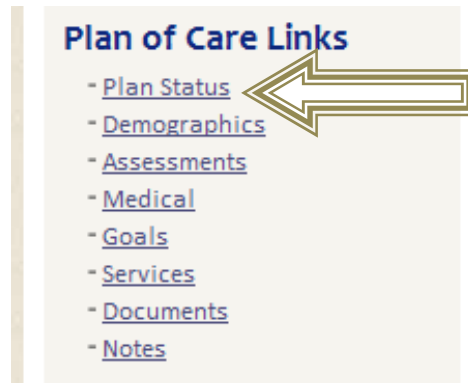
Plan Notes

Notes					
	Note	Modified By	Modified Date		
	Plan of Care	plan not rec'd on time. cm units reduced	waivers_admin	12/28/2011	
	Plan of Care	This is a new note	waivers_admin	1/3/2012	

[Add](#)

Final Submission

Once all tasks are completed and the plan is ready for submission, click on the “Plan Status” link under “Plan of Care Links” to the left of the screen.



This will open the “Plan Details” screen.

Plan Details

Plan Start Date: 3/6/2012 Plan End Date: 8/31/2012

Save

History

Process: Plan Of Care

Status	Description	Modified By	Modified Date
➡	Submit Plan Of Care		

Action

Submit Plan of Care ▼

Submit

The action in the “Action” drop down box should be “Submit Plan of Care” and this should be the ONLY option.





Click on the “Submit” button to finish the process.









At this point the Case Manager/Care Coordinator is finished with their tasks and is waiting for a prior authorization from the fiscal agent.



If the plan is over \$1200 for any month, there is further review by the Program Manager. The Case Manager/Care Coordinator must monitor for the “over \$1200 approval”. If the approval does not happen timely, the Case Manager/Care Coordinator needs to call the Program Manager. Note the example below – the participant has a status of “Over 1200 Review”.

	McKenzie	Fred	XXX-XX-7532	XX-XXXX1751	DHCF - LTC	Plan Of Care	Pending MMIS Approval	Yes	1
	McKenzie	Fred	XXX-XX-7532	XX-XXXX1751	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	Yes	1
	Duckett	Charlotte	XXX-XX-0875	XX-XXXX8061	DHCF - LTC	Plan Of Care	Over 1200 Review	Yes	0
	Duckett	Charlotte	XXX-XX-0875	XX-XXXX8061	DHCF - LTC	Funding Opportunity	Confirm Financial Eligibility	Yes	0

A participant that is waiting for a prior authorization number will have a notation in the bottom section of the task list. Note the example below – the participant has a status of “Pending MMIS Approval”.

	Comer	Hazel	XXX-XX-8237	XX-XXXX3463	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	Yes	1
	Comer	Hazel	XXX-XX-8237	XX-XXXX3463	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	Yes	1
	McKenzie	Fred	XXX-XX-7532	XX-XXXX1751	DHCF - LTC	Plan Of Care	Pending MMIS Approval	Yes	1
	McKenzie	Fred	XXX-XX-7532	XX-XXXX1751	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	Yes	1
	Duckett	Charlotte	XXX-XX-0875	XX-XXXX8061	DHCF - LTC	Plan Of Care	Over 1200 Review	Yes	0
	Duckett	Charlotte	XXX-XX-0875	XX-XXXX8061	DHCF - LTC	Funding Opportunity	Confirm Financial Eligibility	Yes	0

When a participant disappears from both tasks lists, there are no further workflow tasks to be done. At this point the renewal plan has been submitted AND service prior authorizations have been received

Modifying a Current Plan

After a new or renewal Plan of Care has been approved by the Home Care Services Unit and prior authorizations have been received from the fiscal agent - ACS, modifications to the Plan of Care may be performed.

Any changes to a Plan of Care must be for a time in the future.

Modifications to a Plan of Care for a date previously requires additional documentation

To start the modification process, go to the current plan details screen.

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plans of Care](#)
- [Individual Budget Amount](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Notes](#)

Plan of Care Links

- [Plan Status](#)
- [Demographics](#)
- [Assessments](#)
- [Medical](#)
- [Goals](#)
- [Services](#)
- [Documents](#)
- [Notes](#)

Plan Dates: 3/6/2012 - 8/31/2012 (Future)
Effective Date: 3/6/2012 (Initial)
Status: Complete
Print:

Plan Details

Plan Start Date: 3/6/2012 Plan End Date: 8/31/2012

[Save](#)

History

Process: Plan Of Care

Status	Description	Modified By	Modified Date
	Submit Plan Of Care	regina.owens	1/6/2012 11:57:40 AM
	Over 1200 Review	linda.flynn	1/6/2012 2:59:08 PM
	Pending MMIS Activation	soneill	1/6/2012 3:03:40 PM
	Complete		

Links

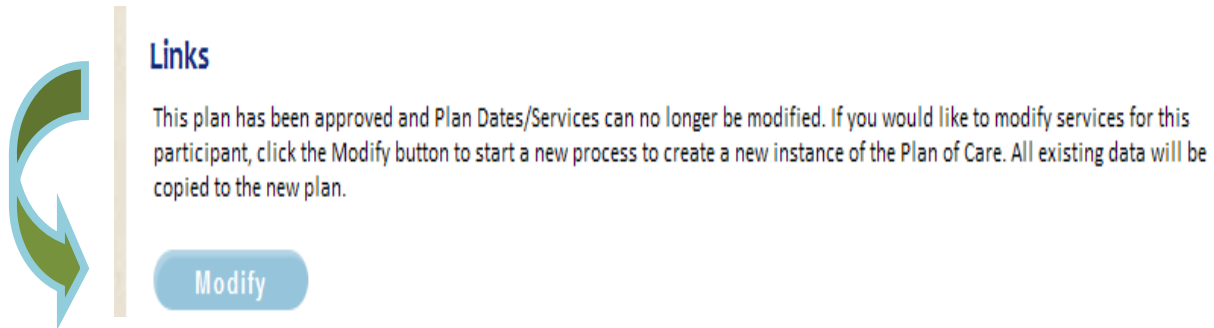
This plan has been approved and Plan Dates/Services can no longer be modified. If you would like to modify services for this participant, click the Modify button to start a new process to create a new instance of the Plan of Care. All existing data will be copied to the new plan.

[Modify](#)

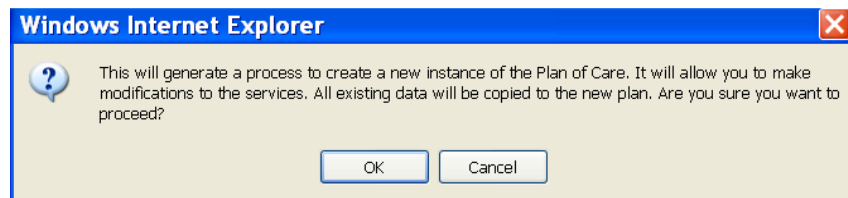
[Planning Workbook for Individualized Plans of Care](#)

The screen will show the task history of the specific Plan of Care. **NOTE** the “Links” explanation towards the bottom of the screen. If this disclaimer is not viewable, modifications **CANNOT** be performed.

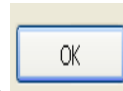
After reading the modification disclaimer, click on the “Modify” button.



Clicking on the “Modify” button will open a new window. Be sure to read the information in the box.



If the user still wants to perform a modification on the plan, click the “OK” button.




Always remember

- When changing an existing service, the service start date **DOES NOT** change.
- When adding a new service **ALWAYS** change the service start date to the date the service is starting. **DO NOT** keep the date as the default date.
- Enter service units (or zero fill) in the months to be changed. **DO NOT** start at the beginning of the plan unless the change occurs in the first month of the plan.

Updating a Current Service

To update an existing service, click on the “pencil” icon to the left of the service needing modification.



Services										
	Service	Provider	Unit Cost	Total Units	Cost	Start Date	End Date	PA	Units Used	Last Payment
	T2024	PREMIUM HEALTH AT HOME	\$8.81	179	\$1,576.99	3/6/2012	8/31/2012			
	S5170	SALT RIVER CENTER	\$5.25	179	\$939.75	3/6/2012	8/31/2012			
	S9123	BIGHORN COUNTY PUBLIC HEALTH SERV.	\$35.25	179	\$6,309.75	3/6/2012	8/31/2012			

This will open the “Services Details” window.

T2024 - Case Management

Service Details

Service

T2024 - Case Management

Provider

PREMIUM HEALTH AT HOME

Unit Cost

8.81

Total Cost

\$1,576.99

Start Date

3/6/2012

End Date

8/31/2012

Units Allocated

Mar

26

Apr

30

May

31

Jun

30

Jul

31

Aug

31

169778

169779

169780

169781

169782

169783

Save

Cancel

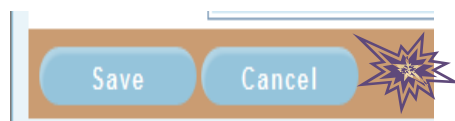
 **The only item that can be modified when updating a service is “Units allocated”.**

Any other changes must be performed through the “Changing Providers” or “Correcting Errors to Plans” processes.

When finished with the changes, click on the “Save” button.



To cancel what has been entered, click on the “Cancel” Button.



Adding a New Service

To add a service not currently on the plan, click on the “Add” button under the list of plan services. *(Be sure to check that there isn’t already an approved service with the same provider before clicking on the “Add” button.)*



This will open the “Service Details” window. In this window the service choice is editable. Choose the appropriate service from the “Service” drop down menu.

A screenshot of the "Service Details" window. It has a title bar "Service Details". Below it are several fields: "Service" with a dropdown menu showing "T2024 - Case Management" selected; "Provider" with a dropdown menu showing "T1019 - Personal Care" selected; "Unit Cost" with a text box containing "10.00"; "Total Cost" with a text box containing "0.00"; and "Start Date" with a text box containing "01/01/2012".

The provider is chosen from a drop down menu.

A screenshot of the "Service Details" window. The "Provider" dropdown menu is open, showing a list of providers. The list includes: CONTINUE CARE OF CHEYENNE, CROOK COUNTY HOME HEALTH, EPPSON CENTER FOR SENIOR, INC, HANDS 2 HELP, LLC, HOT SPRINGS COUNTY PUBLIC HEALTH, INTERIM HEALTHCARE, JOHNSON COUNTY MEMORIAL HOSPITAL HOME CARE, KEMMERER SENIOR CENTER, MEMORIAL HOSPITAL OF SHERIDAN HC, PARK COUNTY PUBLIC HEALTH NURSING, PLATTE COUNTY HOME CARE (highlighted), POWELL VALLEY HOME CARE, and PREMIER HOME HEALTH. The "Service" dropdown is set to "T2024 - Case Management", "Unit Cost" is "10.00", and "Total Cost" is "0.00".

The unit cost may be changed at this point. The cost **CANNOT** be higher than the maximum allowable. Change the cost if the service provider’s unit cost is lower than the maximum unit cost.

A screenshot of the "Unit Cost" field in the "Service Details" window. The text box contains the value "8.81".

The total cost will remain blank until the service has been entered and saved.

A screenshot of the "Total Cost" field in the "Service Details" window. The text box is empty.

If the service starts later than the plan start date, change the “Start Date” to the date the service will be starting. *When adding a new service after the plan has begun, the start date **should not** be the same as the plan date.*

Start Date 2/22/2012

The end date should not change.

Enter the total number of units in a month for each month. Zero fill the months with no units provided.

Units Allocated

Feb	Mar	Apr	May	Jun	Jul
8	31	30	31	30	31

As a user enters the monthly units, remember that each service has its own service designation. Verify the service unit designation if unsure.

A unit for Non-Medical Transportation is a one way trip, while a unit of Personal Care Attendant is 15 minutes.

When finished click on the “Save” button.



To cancel what has been entered, click on the “Cancel” Button.



Changing Providers


Participants have the option of changing service providers during a plan period. When this occurs the Case Manager/Care Coordinator **CANNOT** change the existing service with the new provider information. The old service provider’s information must be reduced as a change to an existing service and the new service provider’s information must be added as a new service.



When changing Case Management/Care Coordination providers, call Home Care Services Unit.

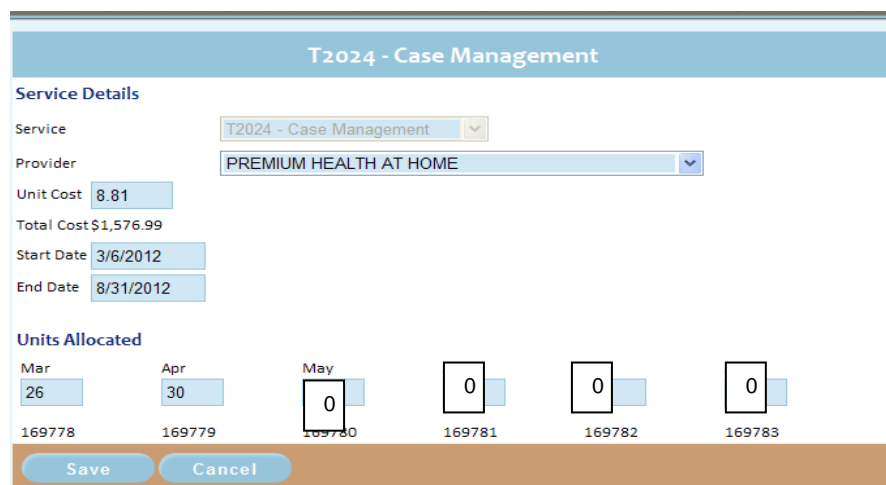
Reduce existing service

To reduce services for the old service provider, click on the “pencil” icon to the left of the service needing modification.



Services										
	Service	Provider	Unit Cost	Total Units	Cost	Start Date	End Date	PA	Units Used	Last Payment
	T2024	PREMIUM HEALTH AT HOME	\$8.81	179	\$1,576.99	3/6/2012	8/31/2012			
	S5170	SALT RIVER CENTER	\$5.25	179	\$939.75	3/6/2012	8/31/2012			
	S9123	BIGHORN COUNTY PUBLIC HEALTH SERV.	\$35.25	179	\$6,309.75	3/6/2012	8/31/2012			

This will open the “Services” window.



T2024 - Case Management

Service Details

Service: T2024 - Case Management

Provider: PREMIUM HEALTH AT HOME

Unit Cost: 8.81

Total Cost: \$1,576.99

Start Date: 3/6/2012

End Date: 8/31/2012

Units Allocated

Mar	Apr	May	Jun	Jul	Aug
26	30	0	0	0	0
169778	169779	169780	169781	169782	169783

Save Cancel

Put the reduced number of units or zeros (0) in each month the old service provider will no longer provide the service.

When finished click on the “Save” button.



To cancel what has been entered, click on the “Cancel” Button.



Add the new service provider

To add the new service to the plan, click on the “Add” button under the list of plan services. ***(Be sure to check that there isn’t already an approved service with the same provider before clicking on the “Add” button.)***



This will open the “Service Details” window. This is the same window as the window to update services, except the service may be updated. Choose the appropriate service from the “Service” drop down menu.

A snippet of the "Service Details" form. It shows a "Service" dropdown menu with "T2024 - Case Management" selected. Below it is a "Provider" dropdown menu. To the right of the "Provider" dropdown is a list of services: "T2024 - Case Management", "T1019 - Personal Care", "S5170 - Home Meals", "S9123 - Skilled Nursing", "S5100 - Adult Day Care", and "T2003 - Non Medical Transport". Below the "Service" dropdown is a "Unit Cost" field with the value "10.00". Below that is a "Total Cost" field.

The provider is chosen from a drop down menu.

A screenshot of the "Service Details" form. The "Service" dropdown is set to "T2024 - Case Management". The "Provider" dropdown is open, showing a list of providers: "CONTINUE CARE OF CHEYENNE", "CROOK COUNTY HOME HEALTH", "EPPSON CENTER FOR SENIOR, INC", "HANDS 2 HELP, LLC", "HOT SPRINGS COUNTY PUBLIC HEALTH", "INTERIM HEALTHCARE", "JOHNSON COUNTY MEMORIAL HOSPITAL HOME CARE", "KEMMERER SENIOR CENTER", "MEMORIAL HOSPITAL OF SHERIDAN HC", "PARK COUNTY PUBLIC HEALTH NURSING", "PLATTE COUNTY HOME CARE" (highlighted), "POWELL VALLEY HOME CARE", and "PREMIER HOME HEALTH". The "Unit Cost" field is set to "10.00". The "Total Cost" field is blank.

The unit cost may be changed at this point. The cost CANNOT be higher than the maximum allowable. Change the cost if the provider’s unit cost is lower than the maximum unit cost.

A snippet of the "Unit Cost" field, showing the value "8.81".

The total cost will remain blank until the service has been entered and saved.

A snippet of the "Total Cost" field, which is currently blank.

If the service starts later than the plan start date, change the “Start Date” to the date the service will be starting. ***When adding a new service after the plan has begun, the start date should not be the same as the plan date.***

A snippet of the "Start Date" field, showing the date "2/22/2012".

The end date should not change.

Enter the number of total number of units in a month for each month. Zero fill the months with no units provided.

Units Allocated					
Feb	Mar	Apr	May	Jun	Jul
8	31	30	31	30	31

As a user enters the monthly units, remember that each service has its own service designation. Verify the service unit designation if unsure.

A unit for Non-Medical Transportation is a one way trip, while a unit of Personal Care Attendant is 15 minutes.

When finished click on the “Save” button.



To cancel what has been entered, click on the “Cancel” Button.



REMEMBER: At the present time, when changing from one Case Management/Care Coordination provider to another agency, you will need to call the Home Care Services Unit to make that change before an amendment can be done in the new system.

Correcting Errors to Plans

Occasionally errors occur during plan submission. Modifications to a Plan of Care that have already been submitted require additional documentation. The **ONLY** way a service can be changed is if there is a **Provider Duties Sheet (HCBS6)** that has been signed, dated and returned by the service provider.

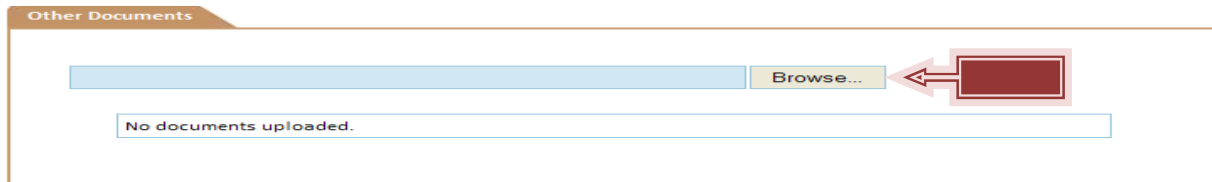
The Provider Duties Sheet is the agreement between the service provider and the Case Manager/Care Coordinator to provide the service listed on the form. The Home Care Services Unit will not penalize a service provider for providing services listed on the form.

EXCEPTION

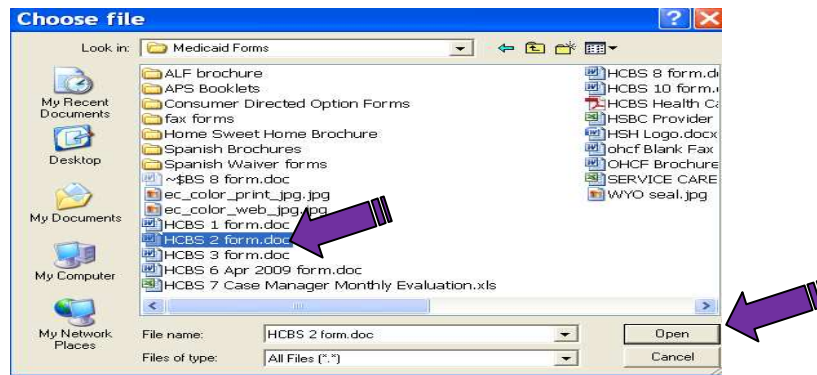
Payment for services is contingent upon a participant's ongoing eligibility. Payment is not guaranteed if a participant becomes ineligible for the LTC/ALF waiver.

Upload a valid Provider Duties Sheet

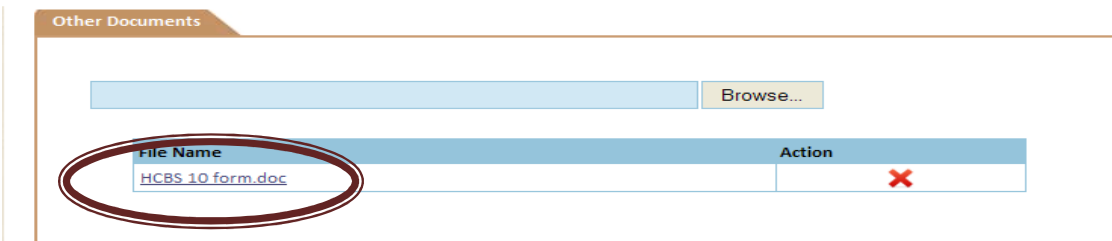
To upload additional documents, click on the "Browse" button under "Other Documents" section.



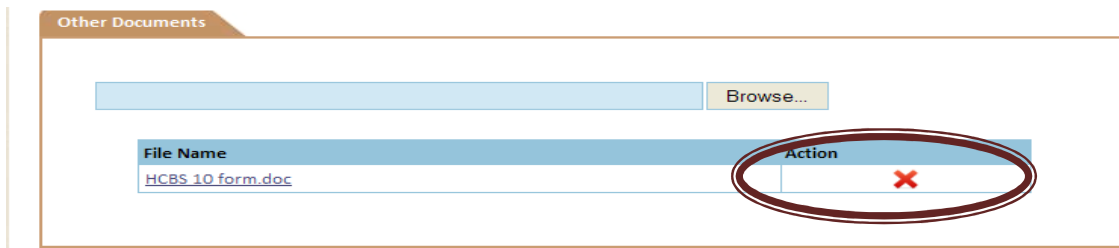
This will open the "choose file" window. Locate the file, highlight the file and click on the "Open" button.



Once uploaded, a link to the document will be available.



These documents may be deleted if necessary. To delete the scanned and uploaded document, click on the red “X” under “Action” to the left of the file name.



This will remove the document from the system.

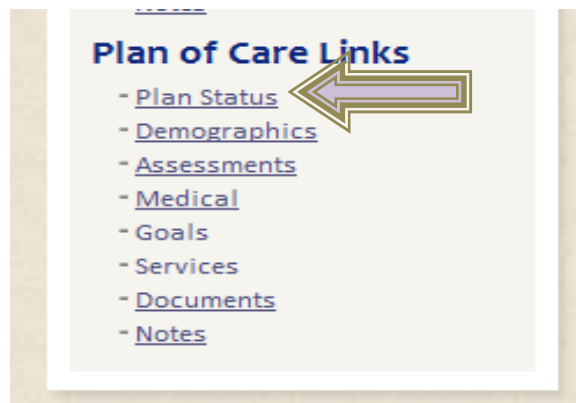
Once the Provider Duties Sheet has been uploaded, the modification can be done. Use one of the following processes listed above:

- ➡ Updating a current service – page 126
- ➡ Adding a new service – page 128
- ➡ Changing providers – page 129

Determine which method is most appropriate. Follow the instructions in the section to make the modifications to the Plan of Care.

Final Submission

After the modifications have been made, the user will go back to the Plan of Care page. To go to the Plan of Care page click on “Plan Status” under “Plan of Care Links” to the left of the window.



This will open the “Plan Details” screen.

Plan Details

Plan Start Date: 3/6/2012 Plan End Date: 8/31/2012

Save

History

Process: Plan Of Care

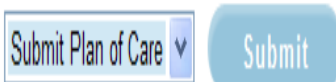
Status	Description	Modified By	Modified Date
	Submit Plan Of Care		

Action

Submit Plan of Care Submit

The action in the “Action” drop down box should be “Submit Plan of Care” and this should be the ONLY option.

Click on the “Submit” button to finish the process.



At this point the Case Manager/Care Coordinator is finished with all tasks and is waiting for a prior authorization from the fiscal agent.



If the plan is over \$1200 for any month, there is further review by the Program Manager. The Case Manager/Care Coordinator must monitor for the “over \$1200 approval”. If the approval does not happen timely, the Case Manager/Care Coordinator needs to call the Program Manager. Note the example below – the participant has a status of “Over 1200 Review”.

	McKenzie	Fred	XXX-XX-7532	XX-XXXX1751	DHCF - LTC	Plan Of Care	Pending MMIS Approval	Yes	1
	McKenzie	Fred	XXX-XX-7532	XX-XXXX1751	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	Yes	1
	Duckett	Charlotte	XXX-XX-0875	XX-XXXX8061	DHCF - LTC	Plan Of Care	Over 1200 Review	Yes	0
	Duckett	Charlotte	XXX-XX-0875	XX-XXXX8061	DHCF - LTC	Funding Opportunity	Confirm Financial Eligibility	Yes	0

A participant that is waiting for a prior authorization number will have an annotation in the bottom section of the task list. Note the example below – the participant has a status of “Pending MMIS Approval”.

	Comer	Hazel	XXX-XX-8237	XX-XXXX3463	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	Yes	1
	Comer	Hazel	XXX-XX-8237	XX-XXXX3463	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	Yes	1
	McKenzie	Fred	XXX-XX-7532	XX-XXXX1751	DHCF - LTC	Plan Of Care	Pending MMIS Approval	Yes	1
	McKenzie	Fred	XXX-XX-7532	XX-XXXX1751	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	Yes	1
	Duckett	Charlotte	XXX-XX-0875	XX-XXXX8061	DHCF - LTC	Plan Of Care	Over 1200 Review	Yes	0
	Duckett	Charlotte	XXX-XX-0875	XX-XXXX8061	DHCF - LTC	Funding Opportunity	Confirm Financial Eligibility	Yes	0

When a participant disappears from both tasks lists, there are no further workflow tasks to be done.

Discharging a Participant

At anytime a participant may become ineligible to remain on the LTC/ALF waiver program. A Case Manager/Care Coordinator may be notified a couple of ways of a participant's loss of eligibility:


- ✚ A notice is sent to the Case Manager/Care Coordinator's email address and a task is put on the task list screen.
- ✚ Participant notifies Case Manager/Care Coordinator of reason for loss of eligibility.




Reasons a participant may no longer be eligible for LTC/ALF waiver services include (but are not limited to):

- ✚ Loss of financial eligibility - *a participant receives more resources or assets than are allowed*
- ✚ Loss of functional eligibility – *a participant receives less than 13 points on their LT101*
- ✚ Admission to a nursing facility
- ✚ Participant moves out of state
- ✚ Participant dies
- ✚ Participant non-compliant
- ✚ Admission to another institution
- ✚ Long-term admission to an acute care hospital
- ✚ Participant chooses to no longer receive LTC/ALF waiver services
- ✚ Participant has not received services for more than 30 days – *According to federal requirements a participant must receive at least one service every 30 days to remain on LTC/ALF waiver. (Only use this if no other option applies.)*

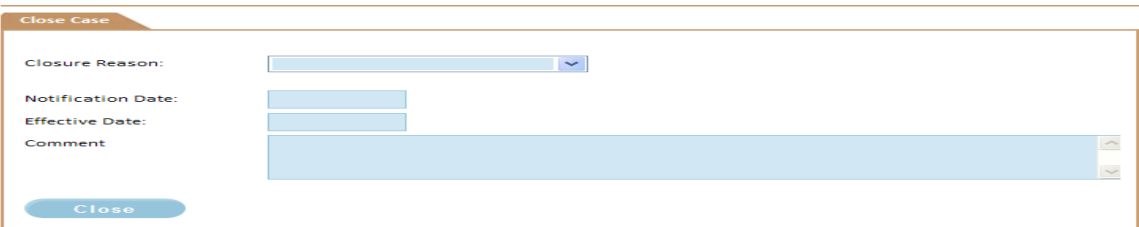
Discharging a Participant Through the Task List Screen

If a notification is sent to the Case Manager/Care Coordinator, a task will be in the top section of the Task List screen. Click on the document icon in the "View" column of the associated task.

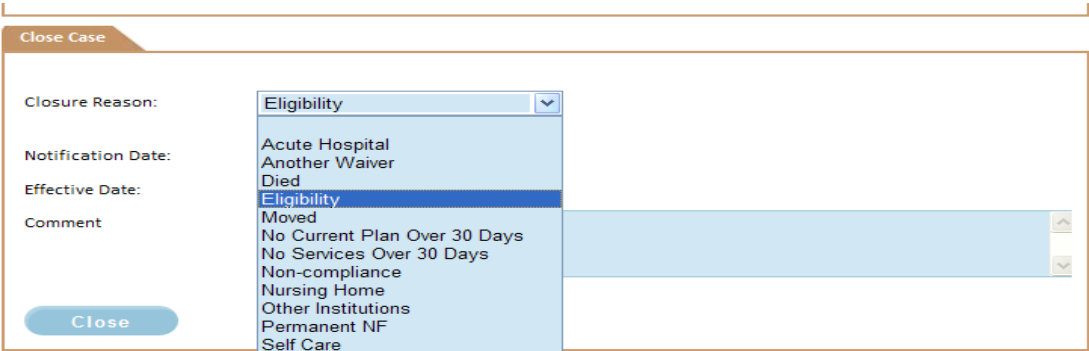


View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	applebee	george	XXX-XX-3325		DHCF - ALF	Eligibility	Case Manager Document	No	40
	me	Help	XXX-XX-3588	XX-XXXX0159	DHCF - LTC	Plan Of Care	Submit Plan Of Care	No	14
	me	Help	XXX-XX-3588	XX-XXXX0159	DHCF - LTC	Funding Opportunity	Pending Plan of Care Approval	No	14

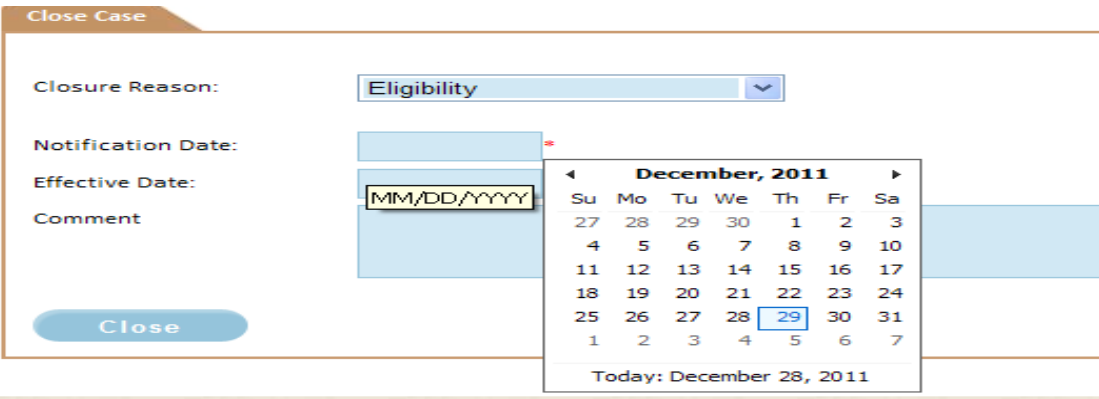
This will take you the participant “Waiver” screen. At the bottom of the screen is the “Close Case” section.



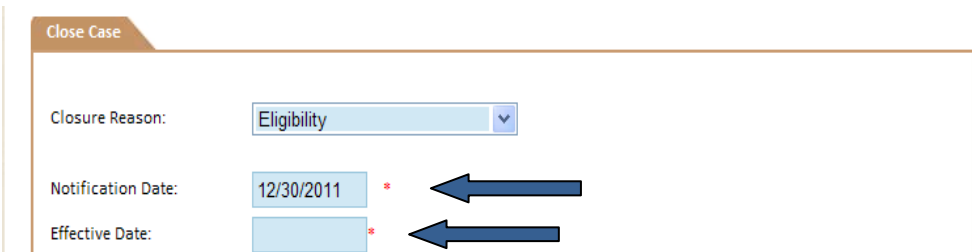
To close the participant, click on the drop down button at “Closure Reason” . This will show the choices available.



Then click in the “Notification Date” box. A calendar box will appear. A user can either choose the date from the calendar box or enter the date manually. The notification date must be the current date or a date prior. It cannot be a date in the future.



In the screen below; notice the two red dots next to the dates.



The red dot right next to the “Effective Date” box, indicates a required field. The red dot further away from the “Notification Date” indicates the data entered in the field is invalid.

After the notification date is entered, click in the “Effective Date”. A calendar box will appear. A user can either choose the date from the calendar box or enter the date manually. This date will be the date the participant’s LTC/ALF waiver will close. If a participant is on the wait list, this is the date the participant will be removed from the list. If a participant is a current participant, this is the date all services will stop and providers will no longer receive payment for services.

The screenshot shows the 'Close Case' form with the following fields: 'Closure Reason' set to 'Eligibility', 'Notification Date' empty, 'Effective Date' with a placeholder 'MM/DD/YYYY' and a red asterisk, and a 'Comment' box. A calendar for December 2011 is open, showing the date 29 selected. The 'Close' button is at the bottom left.

The “Comment” box is for any additional information related to the closure. This is an optional box.



The screenshot shows the 'Close Case' form with 'Notification Date' set to '12/28/2011' and 'Effective Date' set to '12/30/2011'. The 'Comment' box contains the text 'Client did not make points on LT101. Client is choosing not to proceed with other actions' and is circled in blue. The 'Close' button is at the bottom left.

After filing out the all appropriate information, click on the “Close” button to finish the task.

The screenshot shows the 'Close Case' form with all fields filled out: 'Closure Reason' is 'Eligibility', 'Notification Date' is '12/28/2011', 'Effective Date' is '12/30/2011', and the 'Comment' box contains the same text as the previous screenshot. A large brown arrow points to the 'Close' button at the bottom left.

Discharging a Participant Through the Search Cases Screen

If the Case Manager/Care Coordinator is not notified of a participant discharge through the EMWS, but through other means, the Case Manager/Care Coordinator will need to search for the participant through the “Search Case” screen. Click on the document icon in the “View” column of the result set. **Refer to section “Search Cases Screen” on page 17 for instructions.**

Search							
View	Last Name	First Name	Gender	SSN	Medicaid	Waiver Program	Enrolled
	me	Help	Female	XXX-XX-3588		DHCF - LTC	No
	Mead	Lucinda		XXX-XX-1111		DHCF - LTC	No

This will take you to the participant “Waiver” screen. At the bottom of the screen is the “Close Case” section.

Close Case

Closure Reason:

Notification Date:

Effective Date:

Comment

Close

To close the participant, click on the drop down button at “Closure Reason” . This will show the choices available.

Close Case

Closure Reason:

Eligibility

Notification Date:

Effective Date:

Comment

Close

Acute Hospital
Another Waiver
Died
Eligibility
Moved
No Current Plan Over 30 Days
No Services Over 30 Days
Non-compliance
Nursing Home
Other Institutions
Permanent NF
Self Care

Then click in the “Notification Date” box. A calendar box will appear. A user can either choose the date from the calendar box or enter the date manually. The notification date must be the current date or a date prior. It cannot be a date in the future.

The screenshot shows the 'Close Case' form with the following fields:

- Closure Reason:** A dropdown menu set to 'Eligibility'.
- Notification Date:** A text box containing 'MM/DD/YYYY' with a red asterisk to its right. A calendar box is open, showing December 2011. The date 29 is selected.
- Effective Date:** A text box containing 'MM/DD/YYYY' with a red asterisk to its right.
- Comment:** A text area.
- Close:** A blue button.

The calendar box shows the following dates:

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

Today: December 28, 2011

The notification date must be the current date or a date prior. It cannot be a date in the future.

In the screen below; notice the two red dots next to the dates.

The screenshot shows the 'Close Case' form with the following fields:

- Closure Reason:** A dropdown menu set to 'Eligibility'.
- Notification Date:** A text box containing '12/30/2011' with a red asterisk to its right. A blue arrow points to the asterisk.
- Effective Date:** A text box containing 'MM/DD/YYYY' with a red asterisk to its right. A blue arrow points to the asterisk.
- Comment:** A text area.
- Close:** A blue button.

The red dot right next to the “Effective Date” box, indicates a required field. The red dot further away from the “Notification Date” indicates the data entered in the field is invalid.

After the notification date is entered, click in the “Effective Date”. A calendar box will appear. A user can either choose the date from the calendar box or enter the date manually. This date will be the date the participant’s LTC/ALF waiver will close. If a participant is on the wait list, this is the date the participant will be removed from the list. If a participant is a current participant, this is the date all services will stop and providers will no longer receive payment for services.

The screenshot shows the 'Close Case' form with the following fields:

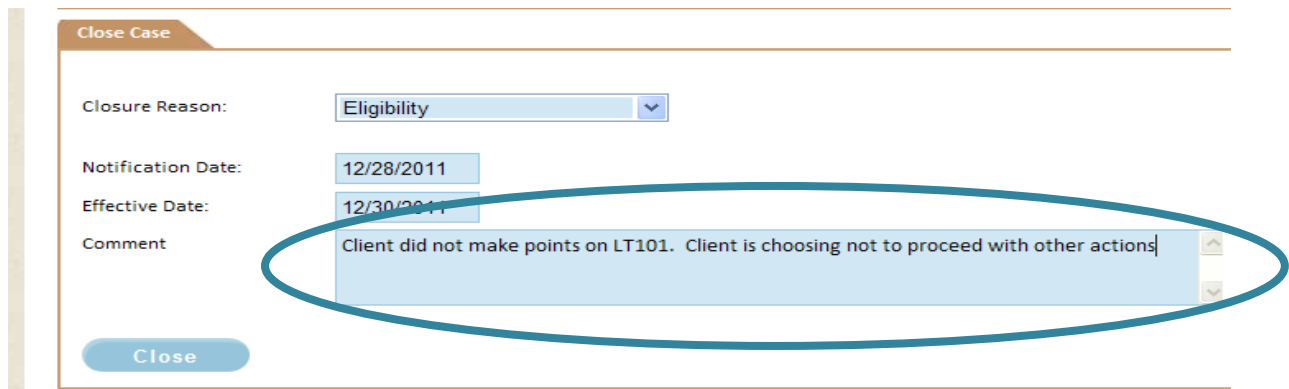
- Closure Reason:** A dropdown menu set to 'Eligibility'.
- Notification Date:** A text box containing 'MM/DD/YYYY' with a red asterisk to its right.
- Effective Date:** A text box containing 'MM/DD/YYYY' with a red asterisk to its right. A calendar box is open, showing December 2011. The date 29 is selected.
- Comment:** A text area.
- Close:** A blue button.

The calendar box shows the following dates:

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

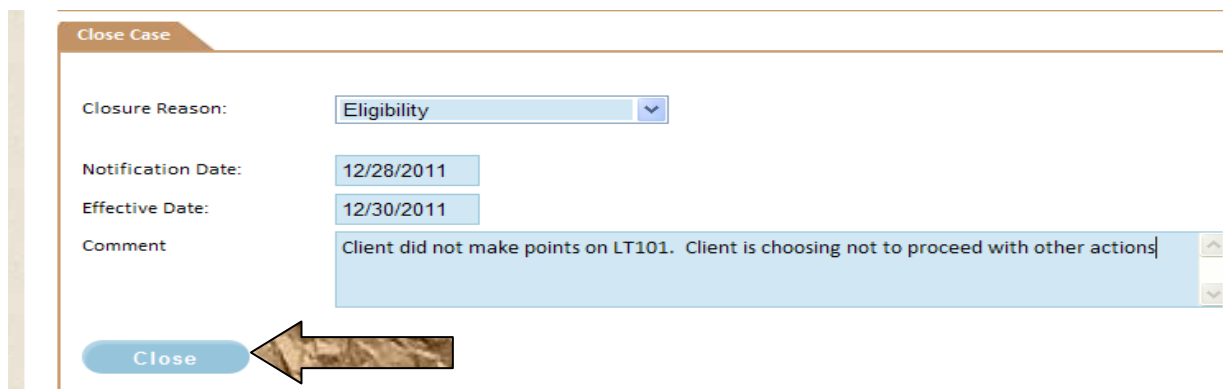
Today: December 28, 2011

The “Comment” box is for any additional information related to the closure. This is an optional box.



The screenshot shows a web form titled "Close Case". It contains the following fields: "Closure Reason:" with a dropdown menu set to "Eligibility"; "Notification Date:" with a date field set to "12/28/2011"; "Effective Date:" with a date field set to "12/30/2011"; and a "Comment" text area. The comment text area is highlighted with a blue oval and contains the text: "Client did not make points on LT101. Client is choosing not to proceed with other actions". Below the comment field is a blue button labeled "Close".

After filing out the all appropriate information, click on the “Close” button to finish the task.



This screenshot is identical to the one above, showing the "Close Case" form with the same data entered. However, a large, thick, brown arrow is pointing directly at the blue "Close" button at the bottom left of the form.

Naming Conventions for Uploading Documents

All users of the Electronic Medicaid Waiver System (EMWS) shall use the Division's standardized naming convention for saving documents to a person's file on the Electronic Medicaid Waiver System.

Files will be named in the following manner:

1. WAIVER INITIALS: **LTC or ALF**
2. PARTICIPANT: **LAST NAME. FIRSTNAME**
3. DOC TITLE ABBREVIATED: **(see list below)**
4. **USE ONLY FOR HCBS 6 –PROVIDER DUTIES SHEETS** – Name of service provider
5. DATE: **YYYY.MM.DD**
(This is the date the document is signed and dated by the participant.)

Example:

LTC. Jones.George.CCS. HomeStyleDirect.2011.10.28 (separate with a period)

1 2 3 4 5

Document Title Abbreviations:

Enter the following documents into the Documents History Section under "Waiver Links"	
Guard - Guardianship Papers	ROI – Release of Information
CIR – Critical Incident Reporting	POA – Power of Attorney
CPR - Complaint/Tracking/ Response	Conflict –Conflict of Interest Form
Term – Notice of Termination (HCBS 10)	
Enter the following documents into the Documents Section under "Plan of Care Links" for the specific plan of care the document relates to.	
CCS - Client Choice of Service (HCBS 1)	CRR – Clients Rights and Responsibilities (HCBS 3)
CPvdr – Client Choice of Provider (HCBS 11)	DRO - Doctor's Orders
MTHEV – Monthly Evaluation (HCBS 7)	PDS – Provider Duties Sheet (HCBS 6)
30D – Letter by provider to client giving 30 days notice terminating services/locating new provider	CL – Clinical notes for client. (This can be uploaded as a document or typed directly into the plan of care notes.)
SDCCCD - SDC Capability Document (SDC1)	SDCCA -SDC consumer agreement (SDC 2)
SDCCP – SDC Consumer profile (SDC3)	
FOR STATE USE ONLY	
SDCARP - SDC Authorized Representative Packet	Appl – Application
CHCCCM – Change of CC/CM Agency	

REMINDER!

Documents not saved using the proper naming convention will be returned for correction.

Service Rates

LTC/HCBS WAIVER RATE SCHEDULE

(Effective 2/1/2011)

T2024	Case Management Services: \$8.81 per day, per client.
T1019	Personal Care Attendant Services: \$20.00 per hour, \$5.00 per 15 minute unit.
S5150	Respite Care Services, in home: \$20.00 per hour, \$5.00 per 15 minute unit.
S5170	Home Delivered Meals: Limited to \$5.25 per meal, Not to exceed two meals per day.
S5160	Lifeline Installation: \$70 per installation, Not to exceed one installation per lifetime.
S5161	Lifeline Monthly Service Charge: Limited to \$45 per month.
T2003	Non-Medical Transportation: \$5.40 per one way trip, limited to \$80.00 per calendar month.
S5100	Adult Day Care: Limited to \$8.40 per hour, \$2.10 per 15 minute unit.
S9123	Skilled Nursing: \$35.25 per hour.

Consumer-Directed Services:

T2024 TF	Care Coordinator Services: \$6.00 per day, per client
T2041	Self-Help Assistant: \$3.33 per 15 minute unit. Actual wage Self-Help Assistant, \$12.00/hour

Total aggregate services may not to exceed \$1200 per calendar month per recipient without verbal permission

ASSISTED LIVING FACILITY WAIVER RATE SCHEDULE

T2024	Case Management: \$4.00 per day, per client
T2031	ALF Level I: (13 -14 points on LT101) \$42.00 per day
T2031 TF	ALF Level II: (15 - 16 points on LT101) \$46.00 per day
T2031 TG	ALF Level III (17 points and above on the LT101) \$50.00 per day