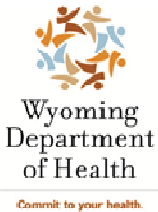


EMWS Part 2



Behavioral
Health
Division

**Transitioning from the Child/Adult Waivers to
the Comprehensive or Supports Waivers**

Task List

Search Cases

Waitlist

Reports

Admin

Waiver

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plan Enrollments](#)
- [Individual Budget Amount](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Targeted Case Management](#)
- [Notes](#)

Close Case

Closure:

Switching to Comp/Supports Waivers ▾

Notification Date:

4/16/2014

Effective Date:

5/31/2014

Comment

Moving from the Adult to the Comprehensive Waiver. Please end the current plan of care on 5/31/2014 and start the Comprehensive Case on 6/1/2014.

Close

Select "Switching to
Comp/Supports
Waivers"

The effective date
needs to be the day
before the requested
start date of the new
waiver.

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plan Enrollments](#)
- [Individual Budget Amount](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Targeted Case Management](#)
- [Notes](#)

Closure



[Case Manager Closure Review](#)

Action

Acknowledge Closure ▼

Complete

Closure

Current Closure Status: Case Manager Closure Review

Closure: Switching to Comp/Supports Waivers ▼

Notification Date: 4/16/2014

Effective Date: 5/31/2014

Comment: switching to the Com Waiver.



Cancel Reason

Because this closure was started by the PSS it will appear on the Case Manager's task list for "Case Manager Closure Review"

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plan Enrollments](#)
- [Individual Budget Amount](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Targeted Case Management](#)
- [Notes](#)

Closure

-  [Case Manager Closure Review](#)
-  [Close Medicaid Case](#)

Action

Acknowledge Closure ▼

Complete

Closure

Current Closure Status: Close Medicaid Case

Closure: Switching to Comp/Supports Waivers ▼

Notification Date: 4/16/2014

Effective Date: 5/31/2014

Comment: Moving from the Adult to the Comprehensive Waiver. Please end the current plan of care on 5/31/2014 and start the Comprehensive Case on 6/1/2014.

Cancel Reason

The next step in the closure process is “Close Medicaid Case”. This is completed by the *Long Term Care Unit Eligibility Staff*.

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plan Enrollments](#)
- [Individual Budget Amount](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Targeted Case Management](#)
- [Notes](#)

Closure



[Case Manager Closure Review](#)



[Close Medicaid Case](#)



[PSS Closure Final Review](#)

Action

Acknowledge ▼

Complete

Closure

Current Closure Status: PSS Closure Final Review

Closure:

Switching to Comp/Supports Waivers ▼

Notification Date:

4/16/2014

Effective Date:

5/31/2014

Comment

Moving from the Adult to the Comprehensive Waiver. Please end the current plan of care on 5/31/2014 and start the Comprehensive Case on 6/1/2014.

Cancel Reason











After the closure has been acknowledged by the *Long Term Care Unit*, it will go to the *PSS* for “PSS Closure Final Review”.

The Adult/Child Waiver Case is now closed.

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plan Enrollments](#)
- [Individual Budget Amount](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Targeted Case Management](#)
- [Notes](#)

Processes

View	Process	Current Status	Complete	Start Date	Modified By	Modified Date
	Closure	Closed	Complete	4/16/2014 12:10:53 PM	rlatham	4/16/2014 12:51:06 PM
	Plan Of Care	Complete	Complete	8/3/2013 6:24:02 AM	rlatham	4/16/2014 12:51:06 PM
	Renewal	Cancelled	Complete	8/3/2013 6:24:02 AM	rlatham	4/16/2014 12:51:06 PM
	Quarterly Review	Completed Quarterly Review	Complete	7/3/2013 9:50:57 AM	Case manager	7/31/2013 12:43:17 PM
	Quarterly Review	Completed Quarterly Review	Complete	4/1/2013 2:30:47 PM	Case manager	4/29/2013 2:35:25 PM
	Quarterly Review	Completed Quarterly Review	Complete	1/1/2013 6:36:03 AM	Case manager	1/29/2013 3:33:17 PM
	Quarterly Review	Completed Quarterly Review	Complete	10/4/2012 3:38:58 PM	Case manager	10/31/2012 11:43:52 AM
	Update LT 104	Complete	Complete	10/1/2012 5:58:24 PM	PSS	10/1/2012 11:20:59 PM
	Update Psych	Complete	Complete	10/1/2012 10:19:27 AM	PSS	10/1/2012 11:45:27 PM
	Update ICAP	Complete	Complete	9/27/2012 4:12:18 PM	PSS	10/17/2012 10:52:57 AM

Case Links

- Case

Wyoming

Case

Waivers

View	Division	Waiver	Case Manager	Agency	Status	Start Date	End Date
	BHD	ADD	Case Manager	Agency	Inactive	11/1/2013	10/31/2014

Waiver Type

Comprehensive (21+) (CA)

Acquired Brain Injury (ABI)
Comprehensive (21+) (CA)
Comprehensive (Under 21) (CC)
Support (21+) (SA)
Support (Under 21) (SC)
Children's Mental Health Waiver (CMH)

Add

Application

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plan Enrollments](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Targeted Case Management](#)
- [Notes](#)

Eligibility

 [Create Application](#)

Action

[Submit Application](#)

[Complete](#)

Participant

First Name:

Donna

Date of Birth:

00/00/0000

Social Security Number:

000-00-0000

Application Date:

Interested in Wyoming Life Resource Center:



Last Name:

Test

Gender:

Female

Medicaid ID:

06-00000000

County:

Laramie

County

Participant Address(es)

Type

Physical/Mailing

Street Address

Address

City

Cheyenne

State

Wyoming

Zip Code

82001

Add

Participant Contact Information

Preferred Method of Contact:

No email found.

Add

Type

Home

Phone Number

(307) 555-1212

Primary

Yes

Add

Contact(s)

No contact found.

Add

Emergency Contact

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plan Enrollments](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Targeted Case Management](#)
- [Notes](#)

Eligibility

- ✓ [Create Application](#)
- ➡ [Select Case Manager](#)

Action

Assign Case Manager ▼

Complete



Case Manager

Document

Document: [Comp.Waiver.CMSelect.sheet.docx](#)

Choose File No file chosen

Case Manager Details

Applicant/Guardian Signature Date: **4/16/2014**

Case Manager Signature Date: **4/16/2014**

Case Manager:

Provider:

NPI Number:

WY Number:

Case manager

Provider Name

NPI Number

WY Number

[Select Case Manager](#)

Save

Search Cases

Last Name:	<input type="text" value="test"/>	Medicaid ID:	<input type="text"/>
First Name:	<input type="text" value="donna"/>	Date Of Birth:	<input type="text"/>
SSN:	<input type="text"/>	Gender:	<input type="text" value="▼"/>
Waiver:	<input type="text" value="▼"/>		
Filter By Role:	<input type="text" value="▼"/>		




Search

When the Case Manager searches the case now they should see two waiver types under "Waiver Program"

View	Last Name	First Name	Gender	SSN	Medicaid	Waiver Program	Enrolled
	Test	Donna	Female	XXX-XX-	XX-XXXX-	BHD - ADD	Yes
	Test	Donna	Female	XXX-XX-	XX-XXXX-	BHD - CA	No

Process Instance

Process: Eligibility

Status	Description	Modified By	Modified Date
	Create Application	rlatham	4/16/2014 2:25:17 PM
	Select Case Manager	rlatham	4/16/2014 2:54:28 PM
	Complete LT 104		

Waiver: **BHD - CA**

The waiver type will be listed at the top of the LT 104 page

LT 104 - ICF/ID Level of Care Assessment

Screening Date: ICF/ID Admit Date: County: **Laramie** ▼

Diagnoses

No diagnosis found.

Add

Services Needed

The individual meets at least one criteria in either **Medical** or **Psychological**, and at least one criteria in **Functional**, indicating that the individual requires the provision of waiver services monthly to develop skills necessary for maximum independence and/or the prevention of regression or loss of current skills/abilities and meets ICF/ID level of care.

Medical

- ☐ Daily monitoring due to medical condition where overall care planning is necessary.
- ☐ Supervision due to medication effects.

Psychological

- ☐ Supervision due to behavior, abusiveness or assaultiveness.
- ☐ Supervision due to impaired judgment and limited capabilities.
- ☐ Supervision due to psychotropic drug effects.

Functional

- ☐ A structured and safe environment that provides supervision as needed to keep the person safe.
- ☐ Assistance with activities of daily living and self-help skills such as feeding toileting, dressing and bathing.
- ☐ Assistance with ambulation, mobility.
- ☐ Routine incontinence care, catheter care, or ostomy.

Save

The case manager will receive a task to complete the LT 104. If the new waiver plan falls on an annual plan enrollment the case manager will complete a new screening. If the ADD/CDD is being ended early the previous screen date can be used.

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plan Enrollments](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Targeted Case Management](#)
- [Notes](#)

Eligibility

-  [Create Application](#)
-  [Select Case Manager](#)
-  [Complete LT 104](#)
-  [Review Level of Care Assessment](#)

Action

Clinically Eligible: ▼

Complete



The LT104 will show up on the PSS's task list for approval. The PSS will either approve the LT104 or roll it back for changes.

LT 104 - ICF/ID Level of Care Assessment

Comments

Screening Date:



4/9/2014

ICF/ID Admit Date:

County:

Laramie ▼

Diagnoses

Diagnosis			
	Mental Retardation - Moderate	Qualifying	✗
	Mental Retardation - Moderate	Qualifying	✗

Add

Services Needed

The individual meets at least one criteria in either **Medical** or **Psychological**, and at least one criteria in **Functional**, indicating that the individual requires the provision of waiver services monthly to develop skills necessary for maximum independence and/or the prevention of regression or loss of current skills/abilities and meets ICF/ID level of care.

Medical

- ☒ Daily monitoring due to medical condition where overall care planning is necessary.
- ☐ Supervision due to medication effects.

Psychological

- ☒ Supervision due to behavior, abusiveness or assaultiveness.
- ☐ Supervision due to impaired judgment and limited capabilities.
- ☒ Supervision due to psychotropic drug effects.

Functional

- ☒ A structured and safe environment that provides supervision as needed to keep the person safe.
- ☒ Assistance with activities of daily living and self-help skills such as feeding toileting, dressing and bathing.
- ☒ Assistance with ambulation, mobility.
- ☐ Routine incontinence care, catheter care, or ostomy.

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plan Enrollments](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Targeted Case Management](#)
- [Notes](#)

Eligibility

- ✓ [Create Application](#)
- ✓ [Select Case Manager](#)
- ✓ [Complete LT 104](#)
- ✓ [Review Level of Care Assessment](#)
- ✓ [Financial Eligibility](#)

Action

Complete



After the PSS approves the LT 104, the Case will move to the Long Term Care Unit for Financial Eligibility.

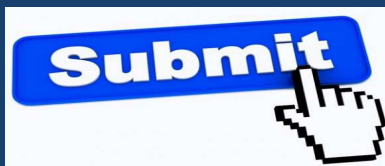
APPROVED

PSS Approves, Case moves on to Long Term Care Unit

Process Instance

Process: Eligibility

Status	Description	Modified By	Modified Date
	<u>Create Application</u>	rlatham	4/16/2014 2:25:17 PM
	<u>Select Case Manager</u>	rlatham	4/16/2014 2:54:28 PM
	<u>Complete LT 104</u>	rlatham	4/16/2014 3:30:11 PM
	<u>Review Level of Care Assessment</u>	rlatham	4/16/2014 3:47:21 PM
	<u>Financial Eligibility</u>	rlatham	4/16/2014 3:54:00 PM
	<u>Submit Psych Evaluation</u>		



When Financial Eligibility has been confirmed by the Long Term Care Unit, the case manager will receive a task to submit Psych Evaluation.

Waiver: BHD - CA

The waiver type will be listed at the top of the screen

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plan Enrollments](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Targeted Case Management](#)
- [Notes](#)

Eligibility

- ✓ [Create Application](#)
- ✓ [Select Case Manager](#)
- ✓ [Complete LT 104](#)
- ✓ [Review Level of Care Assessment](#)
- ✓ [Financial Eligibility](#)
- ➡ [Submit Psych Evaluation](#)

Action

Submit Psych Evaluation ▼

Complete



Psych Evaluation

Document

Please upload the Psych evaluation document.

Choose File No file chosen

Document Information

Evaluation Date

Psychologist Name

Non-standard IQ ☐

IQ

Diagnoses

Diagnosis



Mental Retardation - Moderate

Qualifying



Add

Save

The case manager will upload the assessment into the "Document" box by clicking on "choose file" and complete the information in the "Document Information" box before submitting the psych evaluation for review.

Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plan Enrollments](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Targeted Case Management](#)
- [Notes](#)

Eligibility

- ✓ [Create Application](#)
- ✓ [Select Case Manager](#)
- ✓ [Complete LT 104](#)
- ✓ [Review Level of Care Assessment](#)
- ✓ [Financial Eligibility](#)
- ✓ [Submit Psych Evaluation](#)
- ➡ [Review Psych Evaluation](#)

Action

Received

Complete

Psych Evaluation

Comments

Document

Document: [CA.Test.Donna.PsychEval.2010.03.14.docx](#)

Choose File No file chosen

Document Information

Evaluation Date 3/14/2010

Psychologist Name Dr. Dolittle

Non-standard IQ ☐

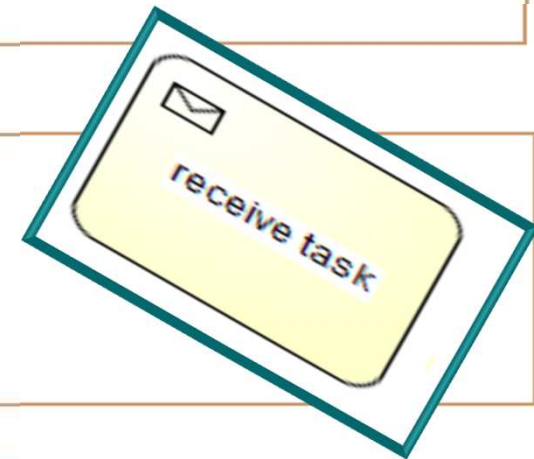
IQ 55

Diagnoses

Diagnosis			
	Mental Retardation - Moderate	Qualifying	

Add

The PSS will receive a task on the task list to "Review Psych Evaluation." The PSS will acknowledge that the Psych Evaluation has been received and the participant is eligible.



Waiver Links

- [Case](#)
- [Waiver](#)
- [Participant](#)
- [Contacts](#)
- [Associated Users](#)
- [Plan Enrollments](#)
- [Letter History](#)
- [Document Library](#)
- [Assessment History](#)
- [Processes](#)
- [Targeted Case Management](#)
- [Notes](#)

Eligibility

- [Create Application](#)
- [Select Case Manager](#)
- [Complete LT 104](#)
- [Review Level of Care Assessment](#)
- [Financial Eligibility](#)
- [Submit Psych Evaluation](#)
- [Review Psych Evaluation](#)
- [Submit ICAP Evaluation](#)

Action

Submit ICAP

Complete

ICAP Request

Respondents

No respondents found.

Add

☐ Emergency

Save

Express

ICAP

Document

Please upload the ICAP results document.

Choose File

No file chosen

Express

ICAP Details

Evaluation Date:

Service Score:

General Score:

Learning/cognition: ☐ Has Mental Retardation Condition

Mobility: ☐ Incapable of Walking

Problem Behaviors

Destructive to Property <input type="text"/>	Hurtful to Others <input type="text"/>	Socially Offensive Behavior <input type="text"/>	Unusual or Repetitive Hab <input type="text"/>
Disruptive Behavior <input type="text"/>	Hurtful to Self <input type="text"/>	Uncooperative Behavior <input type="text"/>	Withdrawal or Inattentive <input type="text"/>

Adaptive Behavior Scores

Motor Skills	<input type="text"/>
Social and Communication	<input type="text"/>
Personal Living	<input type="text"/>
Community Living	<input type="text"/>
Broad Independence	<input type="text"/>

Diagnoses

Diagnosis	Qualifying	
<input type="text"/>	Mental Retardation - Moderate	Qualifying

Add

Save

Case managers will select the express button and upload the current ICAP.

Case managers will upload the current ICAP in the "Document" box by clicking "Choose File". Enter all necessary information under "ICAP Details" and "Diagnoses" before submitting the ICAP.

Eligibility

- ✓ Create Application
- ✓ Select Case Manager
- ✓ Complete LT 104
- ✓ Review Level of Care Assessment
- ✓ Financial Eligibility
- ✓ Submit Psych Evaluation
- ✓ Review Psych Evaluation
- ✓ Submit ICAP Evaluation
- ✓ Review ICAP Evaluation

Action

ICAP Received ▼

Complete

Case Manager Submits

Submit

PSS Reviews

REVIEW



The Case Manager will submit the ICAP evaluation to the PSS staff for review. The PSS will except the ICAP by selecting "ICAP Received" or selecting "Rollback" if information is missing or requires correction.

Eligibility

- ✓ [Create Application](#)
- ✓ [Select Case Manager](#)
- ✓ [Complete LT 104](#)
- ✓ [Review Level of Care Assessment](#)
- ✓ [Financial Eligibility](#)
- ✓ [Submit Psych Evaluation](#)
- ✓ [Review Psych Evaluation](#)
- ✓ [Submit ICAP Evaluation](#)
- ✓ [Review ICAP Evaluation](#)
- ➡ [Waiver Eligibility Determination](#)

Action

Eligible ▼

Complete

Eligibility

- ✓ [Create Application](#)
- ✓ [Select Case Manager](#)
- ✓ [Complete LT 104](#)
- ✓ [Review Level of Care Assessment](#)
- ✓ [Financial Eligibility](#)
- ✓ [Submit Psych Evaluation](#)
- ✓ [Review Psych Evaluation](#)
- ✓ [Submit ICAP Evaluation](#)
- ✓ [Review ICAP Evaluation](#)
- ✓ [Waiver Eligibility Determination](#)
- ➡ [Eligibility Acknowledgement](#)

Action

Complete Eligibility ▼

Complete

Eligibility

- ✓ [Create Application](#)
- ✓ [Select Case Manager](#)
- ✓ [Complete LT 104](#)
- ✓ [Review Level of Care Assessment](#)
- ✓ [Financial Eligibility](#)
- ✓ [Submit Psych Evaluation](#)
- ✓ [Review Psych Evaluation](#)
- ✓ [Submit ICAP Evaluation](#)
- ✓ [Review ICAP Evaluation](#)
- ✓ [Waiver Eligibility Determination](#)
- ✓ [Eligibility Acknowledgement](#)
- ➡ [Eligible](#)



Once the Participant has been determined "Eligible" the Comprehensive/Supports case will be activated and the Case Manager should see the plan enrollment.

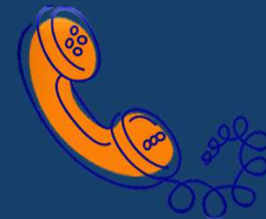
Prorated Plans of Care

- Plans not transitioning on renewal dates will be prorated for the first Comprehensive or Supports plan to maintain the original start date of the IPC. IBAs will be prorated by taking the IBA, dividing by 12, multiplying the number of months until the first of the month of the annual plan date.

Questions



If you have questions regarding the training topic that was covered, please join us for the conference call to discuss this training topic on:



May 6, 1:00 – 2:00 p.m.

Call in number is 1-877-278-8686 Code 252484

Printable PowerPoint

<http://health.wyo.gov/ddd/CompandSupptraining.html>

The PowerPoint for this training can be found on our website under “Recorded Trainings and Supplemental Materials.”