

Mike Ceballos, Director

Mark Gordon, Governor

REQUIRED INFORMATIONName: _____
Physical Address: _____
Mailing Address: _____
City: _____, WY Zip _____Nursing Home
discharge date: _____
(if applicable)

We received notification from the Wyoming Medicaid Eligibility Unit that you may be interested in receiving home and community based services as an alternative to care in a nursing facility. We currently offer the following community-based program options:

- a) Assisted Living Facility (ALF) – provides for personal care services received by participants who are living in an assisted living facility
- b) Long Term Care (LTC) – provides personal care services to participants in their home
*****Spouses, Legal Guardians, or Powers of Attorney CANNOT be paid caregivers*****
- c) Program of All-Inclusive Care for the Elderly (PACE) - provides services to participants in their home and at the PACE center as well as all needed medical treatment through the PACE center or their contracted providers (currently only available to applicants in Laramie County, age 55 and older)

Enclosed you will find the fact sheets for the above programs. Also enclosed is a list of case management agencies in your county. Please review this information, fill out the bottom portion of this letter COMPLETELY and return this letter in the postage-paid, self-addressed envelope provided. IF YOU HAVEN'T ALREADY, you will also need to complete a Wyoming Medicaid application. To have a Medicaid application mailed to you, call 1-855-203-2936. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

The Community Based Services Unit

All applicants for home and community based services are required to select a case management agency from the enclosed list to oversee their services. You need to contact the agency you've selected to see if they are taking new participants and can provide the services you need. Please indicate below which program you are interested in applying for and write the case management agency that you have selected on the line next to your program choice(s). Once you have chosen a case management agency, you will need to return this letter in the postage-paid envelope provided.

___ ALF _____
Case management agency name from enclosed list (REQUIRED)

___ LTC _____
Case management agency name from enclosed list (REQUIRED)

___ PACE Wyoming PACE (currently only available to applicants in Laramie County, age 55 and older)

Print Applicant Name

Phone Number (REQUIRED)

Applicant/Guardian/POA Signature (REQUIRED)

Date