

CASE MANAGER SUPPORT CALL

INDIVIDUALIZED PLAN OF CARE

ASSESSMENTS AND CIRCLE OF SUPPORTS

Wyoming Department of Health
Division of Healthcare Financing
Developmental Disabilities Section
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Personal Intro

Today's training will be addressing the development of the individualized plan of care, or IPC, specifically focusing on the Assessments and Circle of Supports screens in the Electronic Medicaid Waiver System (EMWS).

Reminder: Please hold your questions until the end of this presentation. You can submit your questions in the chat box and they will be answered at the end.

TRAINING AGENDA

- Review the Assessments section of the IPC
- Review the Circle of Supports section of the IPC

During today's training we will:

- Review the Assessments screen, including the assessments that are required to determine eligibility.
- Review the Circle of Supports screen, including the participant's home setting, contacts, housing, and other services.

WYOMING MEDICAID RULES

- Chapter 45
 - Section 9 – Case Management Services
 - Section 10 – Individualized Plan of Care
- Chapter 46
 - Section 6 – Institutional Level of Care Requirements
 - Section 7 – Clinical Eligibility Diagnosis
 - Section 8 – Inventory for Client and Agency Planning Assessment

Chapter 45, Section 9 of the Department of Health’s Medicaid Rules establishes rules addressing case management services and responsibilities.

Chapter 45, Section 10 outlines the requirements for the IPC.

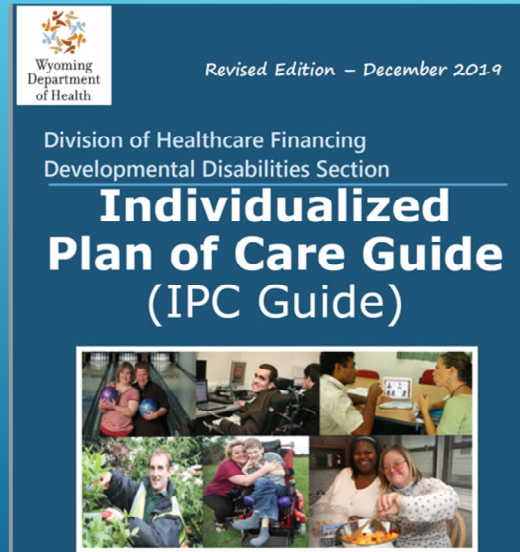
Chapter 46 establishes rules related to participant eligibility, including assessments.

- Section 6, which addresses institutional level of care, outlines the requirements for the LT-101 and LT-104 assessments.
- Section 7 addresses the psychological and neuropsychological evaluations.
- Section 8, as indicated, addresses the requirements for the ICAP.

These rules can be found on the Public Notices, Regulatory Documents, and Reports page of the Division website, under the *Rules* tab.

REFERENCE

IPC Guide – provides instructions and references on the forms, documents, and process necessary to develop the IPC.



The IPC Guide is a great tool that has been developed to provide instructions and references on the forms, documents, and processes necessary to meet IPC requirements. Case managers should use these instructions to develop the IPC, after they obtain input from the participant and plan of care team.

The IPC Guide can be found on the Providers and Case Managers page of the Division website, under the *Case Manager and Provider Reference Materials* toggle.

ASSESSMENTS OVERVIEW

- Access and upload assessments on the **Assessments History** screen.
 - **LT-104 Assessment** – completed by the case manager, does not need to be uploaded.
 - **LT-101 Assessment** – completed and uploaded by a public health nurse.
 - **Psychological/Neuropsychological Evaluation** – uploaded by the case manager.
 - **Inventory for Client and Agency Planning (ICAP)** – completed and uploaded by Wyoming Institute for Disabilities (WIND)

Go to the **Assessments History** screen under **Waiver Links** to access and upload assessments.

- The **LT-101 Assessment** is completed and uploaded by a public health nurse. This assessment must be performed every year.
- The **LT-104 Assessment** is completed by the case manager in EMWS, so it does not need to be uploaded. This assessment must be performed every year.
- **Psychological and Neuropsychological** evaluations need to be uploaded by the case manager. The neuropsychological assessment is valid for five years. Any request by the plan of care team for a psychological evaluation must have prior approval from the Division. The Division can request an updated psychological evaluation at any time.
- The **Inventory for Client and Agency Planning (ICAP)** assessment is completed and uploaded by the Wyoming Institute for Disabilities (WIND). The ICAP assessment is valid for five years.

Waiver Links

- Case
- Waiver
- Participant
- Contacts
- Associated Users
- Plan Enrollments
- Level Of Service
- Individual Budget Amount
- Letter History
- Document Library
- Assessment History
- Supplemental Requests
- Processes
- Targeted Case Management
- Notes

Assessment History

ET 104

View	Status	Evaluation Date	Cancel Process
	Complete	10/10/2013	
	Complete	1/12/2020	
	Complete	3/12/2019	
	Complete	4/30/2018	
	Complete	6/27/2017	
	Complete	8/25/2016	
	Complete	10/8/2015	
	Complete	10/9/2014	

Add

ICAP

View	Status	Evaluation Date	Cancel Process
	Complete	10/17/2008	
	Complete	8/28/2017	
	Cancelled		
	Cancelled		
	Complete	6/19/2013	

Note: The "Add" button will initiate the full process for a new iCAP. The "Express" button will allow the user to transcribe a currently existing assessment without processing via WIND.

Add Express

SIS

View	Status	Approval Date	Cancel Process
	Complete	3/11/2015	

Add

Psych

View	Status	Evaluation Date	Cancel Process
	Complete	10/5/2013	
	In Progress		X

When the case manager opens the **Assessment History** screen under Waiver Links, they will see the screen that can be viewed in this slide.

Effective Date: **4/1/2020 (Renewal)** Status: **Submit Plan Of Care**

Print: 

Assessments

Type	Evaluation Date	Status	Update	Express Update
Psych	10/5/2013	Current		
LT 104	1/12/2020	Current		
ICAP	8/28/2017	Current		Express Update

When the case manager opens the **Assessment** screen under the Plan Mod Links, the assessment dates will automatically generate from the Assessment History screen.

LT-101 ASSESSMENT

- Level of care assessment for individuals with an Acquired Brain Injury (ABI).
- Verifies initial and on-going eligibility.
- Completed every plan year by a Public Health Nurse (PHN).
- PHN uploads assessment into EMWS.

An Acquired Brain Injury (ABI) is defined in Chapter 1, Section 3(b)(ii) of the Department of Health's Medicaid Rules.

The LT-101 assessment provides a method of determining initial and on-going eligibility based on the functional needs of the participant in performing activities of daily living and instrumental activities of daily living, as well as the participant's social and cognitive functioning. The LT-101 is presently used in Wyoming for establishing nursing facility level of care for participants and applicants with an ABI, as established in Chapter 46, Section 6 of the Department of Health's Medicaid Rules.

- The LT-101 assessment is performed by a public health nurse in the participant's county of residence.
- The process for completing the LT-101 is task driven in EMWS, and those tasks are completed by other user roles.
 - Case managers will receive an *Awaiting LT-101 Assessment* task. This task does not require any action from the case manager. The purpose of the task is to inform the case manager that the LT-101 assessment is due and has been referred to a public health nurse to schedule and complete.
- Case managers are responsible for explaining the LT-101 assessment process to

participants, legally authorized representatives, or family members, and ensuring they understand the importance of completing the assessment.

LT-104 ASSESSMENT

- Level of care assessment for individuals with a developmental or intellectual disability.
- Verifies initial and on-going eligibility.
- Completed every year by the case manager.
- Does not require an upload to EMWS.

The LT-104 is an assessment that is used to indicate the initial and on-going need for waiver services for participants with an intellectual or developmental disability. Case managers are responsible for completing this assessment.

Case managers should follow the instructions to complete the LT-104 assessment.

- The screening date, which is the date the assessment was completed, must be entered into the box provided.
- The county of the participant's physical address must be selected from the drop down menu.
- The ICF/ID date should be left blank unless the participant has been admitted into an intermediate care facility.
- The diagnosis is automatically populated from a previous LT-104, if applicable. The diagnosis must match the current psychological evaluation. If it does not match, it needs to be corrected.
 - The individual must have a qualifying diagnosis to be considered eligible for the waiver.
 - For new applicants, a possible diagnosis may be entered. Once the case manager receives the official eligible diagnosis from the clinician, the LT-

104 should be updated based upon the psychological evaluation.

In order for the need for wavier services to be indicated, the individual is assessed to determine if they meet at least one criterion in either the *Medical* or *Psychological* field, and at least one criterion in the *Functional* field. Case managers **MUST** ensure that the boxes checked during the assessment align with the assessed needs of the participant. Case managers must assess and substantiate this information within the IPC.

A detailed description of the *Medical*, *Psychological*, and *Functional* questions are located on pages 24-25 of the IPC Guide.

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL EVALUATIONS

- Used to determine eligibility for waiver participants.
- Criteria for Psychological and Neuropsychological Evaluations can be found on the Division website.
- Case managers should give the appropriate criteria sheet to the clinician performing the evaluation to use as a reference for the Division's expectations.

A psychological or neuropsychological evaluation is a required assessment to determine clinical eligibility of Comprehensive and Supports Waiver participants, which is established in Chapter 46, Section 7 of the Department of Health's Medicaid Rules.

- Psychological evaluations are required for applicants or participants with a diagnosis of an intellectual or developmental disability.
- Neuropsychological evaluations are required for participants with a diagnosis of an acquired brain injury, and a new evaluation is required every five years.

The Division has developed information sheets to outline the criteria for psychological and neuropsychological evaluations. Links to the Criteria for Psychological and Neuropsychological evaluations can be found on the Providers and Case Managers page of the Division website, under the Case Manager and Provider Reference Materials toggle.

When an applicant or participant is scheduled for a psychological or neuropsychological evaluation, please give the appropriate criteria sheet to the clinician performing the evaluation to use as a reference for the Divisions expectations. Examiner qualifications, approved tests, assessment instruments, and

report and payment processes are outlined on each criteria sheet.

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL EVALUATIONS

- Case managers upload to the *Document tab* on the Assessments History screen.
 - Incorporate clinician recommendations into the IPC
- Case managers upload the invoice when prompted.
- Case managers notify the clinician when they can bill for the service.

Case managers are responsible for uploading a scanned copy of the evaluation to the *Document* tab on the **Assessments History** screen, using the file naming convention.

- Recommendations from the clinician should be considered and incorporated in the appropriate sections in the IPC. These sections include Needs and Risks, Rights, and Behavioral Supports.
- Training methods, objectives, guidance on how staff interact with participants, and environments in which the participant is most likely to be successful may be shared with the team.

Once the case manager uploads the evaluation, EMWS will prompt them to upload the invoice for the assessment. Once the invoice is received, the Participant Support Specialist (PSS) will create the billing span, and send a task back to the case manager via EMWS. The case manager must notify the psychologist that they may now bill for the date provided, using the T2024 billing code. If the case manager doesn't notify the psychologist that the billing line has been created, the psychologist will not know that they are cleared to bill for the assessment.

ICAP AUTHORIZATION

- Used to determine eligibility and funding for waiver participants.
- Case managers are responsible for:
 - Working with participants or legally authorized representatives to identify respondents
 - Completing the ICAP Authorization Form
 - Uploading the ICAP Authorization Form into EMWS
- WIND will upload the ICAP Assessment

ICAP stands for Inventory for Client and Agency Planning. ICAP assessment scores are used by the Division to determine eligibility and funding for Supports and Comprehensive Waiver services, as established in Chapter 46, Section 8 of the Department of Health's Medicaid Rules. The Division contracts with the Wyoming Institute for Disabilities (WIND) to conduct ICAP interviews throughout Wyoming. WIND is responsible for conducting initial, emergency, and continuing eligibility interviews. An ICAP must be completed every five years, but can be required more frequently at the option of the Division. If the team believes that changes to ICAP scores may have occur due to a change in the applicant or participant's functional abilities, behavior, or health, the case manager can contact the PSS to request a new ICAP; however, this request may not be approved.

- For ICAP assessments for new applicants, or for ICAP evaluations that are going to expire before the next plan year, the case manager should work with the participant or legally authorized representative to identify respondents and start the ICAP process. EMWS will initiate a case manager task 90 days prior to the ICAP expiring.
- Complete the ICAP Authorization form, which can be found on the Forms and References page of the Division website, under the *Forms* tab. T

- This includes obtaining participant or legally authorized representative signatures to allow WIND to interview respondents, and enter the respondent information into EMWS.
- Case managers must use their knowledge of the participant when completing the authorization and identifying respondents.
- Upload the ICAP Authorization form under the first respondent. Then click the “Action” button to submit the ICAP.
- Upon completion, WIND will upload the ICAP into the participant’s case in EMWS.

As a reminder, respondents should be individuals who:

- Can provide current and accurate information
- Know about the person’s day-to-day life
- Have known the participant or applicant well, and have worked with the person on a daily basis for the last three months
- Have different experiences with the applicant or participant in different environments.

Respondents can be chosen by the legally authorized representative, applicant or participant, and/or the case manager. Two to three respondents must be listed on the ICAP Authorization Form. A parent or legally authorized representative can be a respondent. A case manager can be a respondent only as a last resort.

CIRCLE OF SUPPORTS

- Home Setting
- Contacts – associated from the **Contacts** screen
- Housing
- Other Services

The Circle of Supports section includes tabs for home settings, housing, and other services. The contacts listed in this section can be associated with the contacts from the Contact screen, and will populate into this section if selected by the case manager.

HOME SETTING

- Select the most appropriate setting
 - With Parents
 - With Extended Family or Friends
 - Foster Home
 - SFHH
 - Own home/apartment-alone
 - Own home/apartment-with roommate(s)
 - Community Living Services-with housemate(s)
 - Shared Living Home
 - Host Home
 - BOCES
 - Community Living Services-alone
- Save selection

On the Home Settings tab, select the appropriate home setting situation for the participant. Only one home setting may be chosen in this section. If the participant is receiving community living services, the community living services box needs to be selected, and a new box will populate to enter the number of individuals living in the residence.

Select "Save".

CONTACTS

- Contacts are populated from the *Contacts* Screen under Waiver Links
 - Medical professionals
 - Representative Payee
 - Guardian
 - Providers
- Make sure the case manager and backup case manager are listed.
- Legal documents should be uploaded to the *Contacts* screen
- Ensure all contact information is included

- Information previously entered on the Contacts screen needs to be associated on this page. Contacts may include family members, relatives, friends, neighbors, representative payee, landlord, school supports, employment supports, natural supports, community members or agencies, local emergency agencies, doctors, therapists, providers, DFS worker (if participant is a ward of the state), etc. The case manager and back up case manager should also be listed on this page.
 - Individuals listed on the Circle of Supports screen should be made aware that they are on the participant's contact list, unless it is a general community business or emergency agency.
- If the participant has a power of attorney, legally authorized representative, or representative payee, the legal document should be uploaded to the *Contacts* screen under Waiver Links. Use the appropriate File naming convention.
- Enter the phone number and address for each contact, and remove duplicate entries. Remember to update the number and address of contacts if either changes.

HOUSING

How will the support be provided?

- High risk area
- Natural supports
- Non-waiver services
- Remote Supports
- Restricted due to behavior
- Unmet need
- Waiver services

How to assist the person in this area:

- Protocols
- Documents to be uploaded

The Housing tab indicates how housing support will be provided, and the case manager must select the most appropriate option. Support can be provided through avenues such as non-waiver services, natural support, or as a waiver service. Each participant receiving waiver services in a provider owned or operated residential setting must have:

- A signed lease or written residency agreement;
- A lockable entrance door and a secure place for personal belongings, which the participant must be able to freely access;
- An opportunity to decorate their bedrooms and shared living space within the reasonable limitations specified in a lease.

There is also space to explain how the person will be assisted in this area. Case managers must provide detailed information on how the provider should support the participant in this area. If there are specific concerns, these should be listed. Participant's choice in housemates or roommates should be explained in this section. If the participant shares a bedroom, explain how privacy is honored and supported by the provider and roommate.

Any documents or protocols associated with housing, such as a rental agreement, can also be uploaded in this section.

OTHER SERVICES

- ✓ DVR
- ✓ Food stamps
- ✓ Housing assistance
- ✓ Indian Health Services
- ✓ Occupational Therapy
- ✓ Other medical plans
- ✓ Representative Payee
- ✓ Private health insurance
- ✓ Physical Therapy
- ✓ School
- ✓ Speech
- ✓ SSDI
- ✓ SSI
- ✓ Transportation Vouchers

On the Other Services tab, check all non-waiver services the participant is receiving, such as assistance from the Department of Education, Department of Vocational Rehabilitation, or Medicare.

FOR YOUR INFORMATION:

- Monthly Case Manager Support Calls – Notes and Training available on the Division website
- Case Management Consultant for EMWS, IPC, and process navigation and troubleshooting.
 - (307) 777-3321
 - cm.consultant@wyo.gov
- EMWS Help Desk for EMWS technical issues.
 - emws-helpdesk@wyo.gov
- Please contact the assigned PSS for case specific questions, clarifications, and troubleshooting.

The Division has several resources available for case managers. Notes and trainings from past case manager support calls are available on the Division website. Alex Brooks, the Division's case manager training consultant, is available to answer questions regarding process navigation and troubleshooting, and the EMWS helpdesk is available to address technical issues. If you have a case specific question, please contact the PSS assigned to the case.

Thank you for your time today. We will turn it back to the Cheyenne office for questions.

QUESTIONS?

Please use the chat box feature!

We encourage case managers to provide us with feedback, as well as any preferences on areas in the plan you would like covered. All recommendations or comments can be referred to Alex Brooks at cm.consultant@wyo.gov.

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