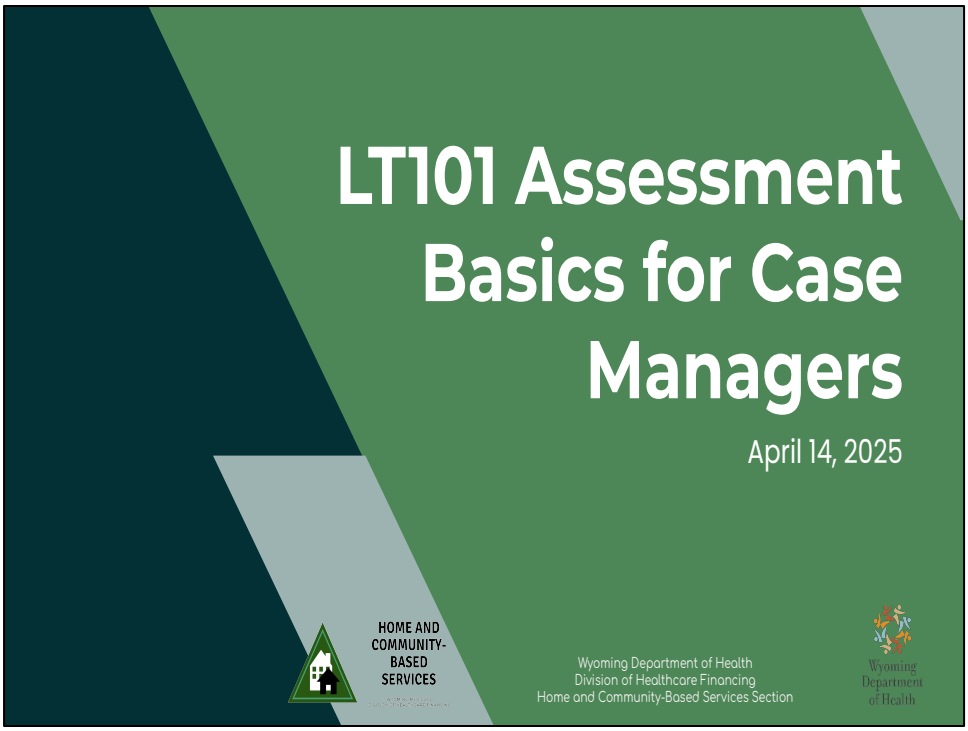
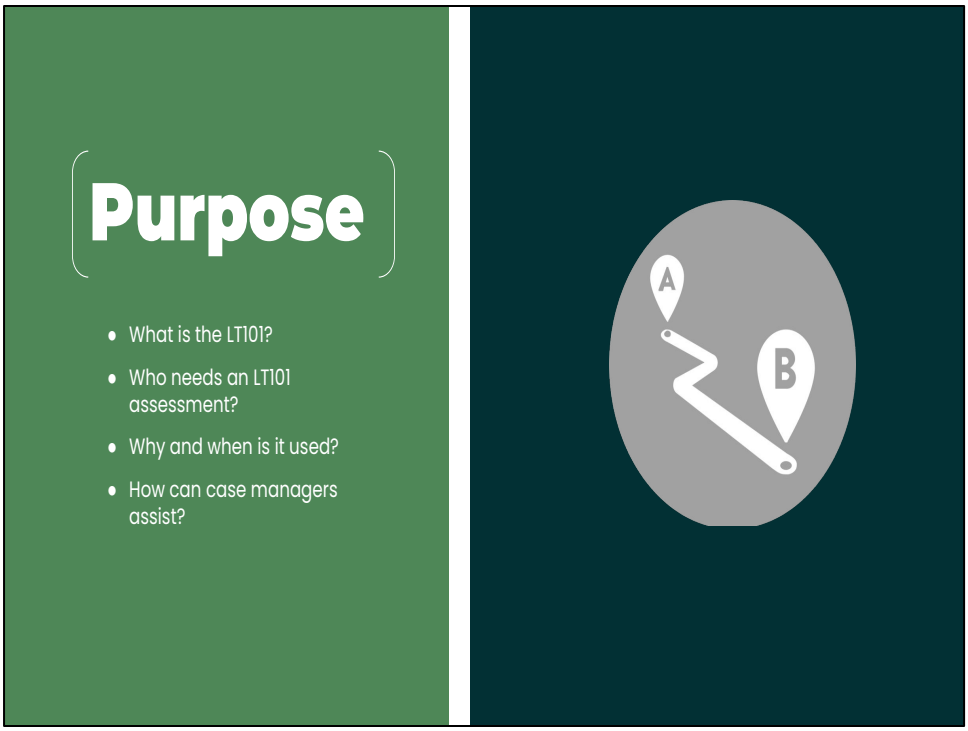
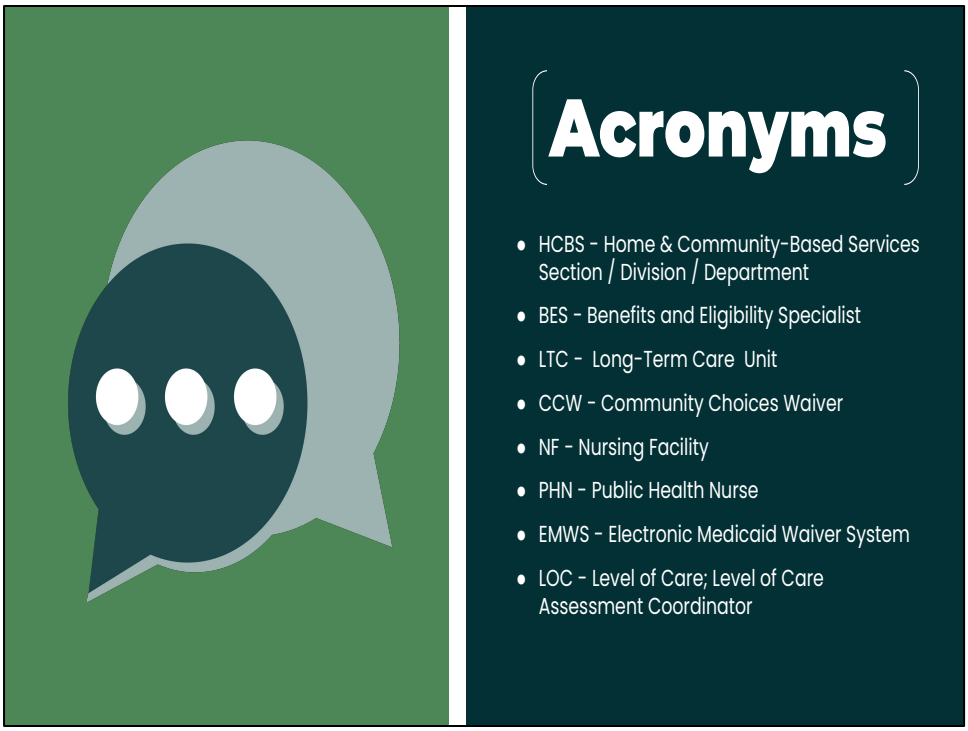


Hello and welcome to the Division of Healthcare Financing (Division), Home and Community-Based Services (HCBS) Section's case manager support call training. Thank you for taking the time to join us today.



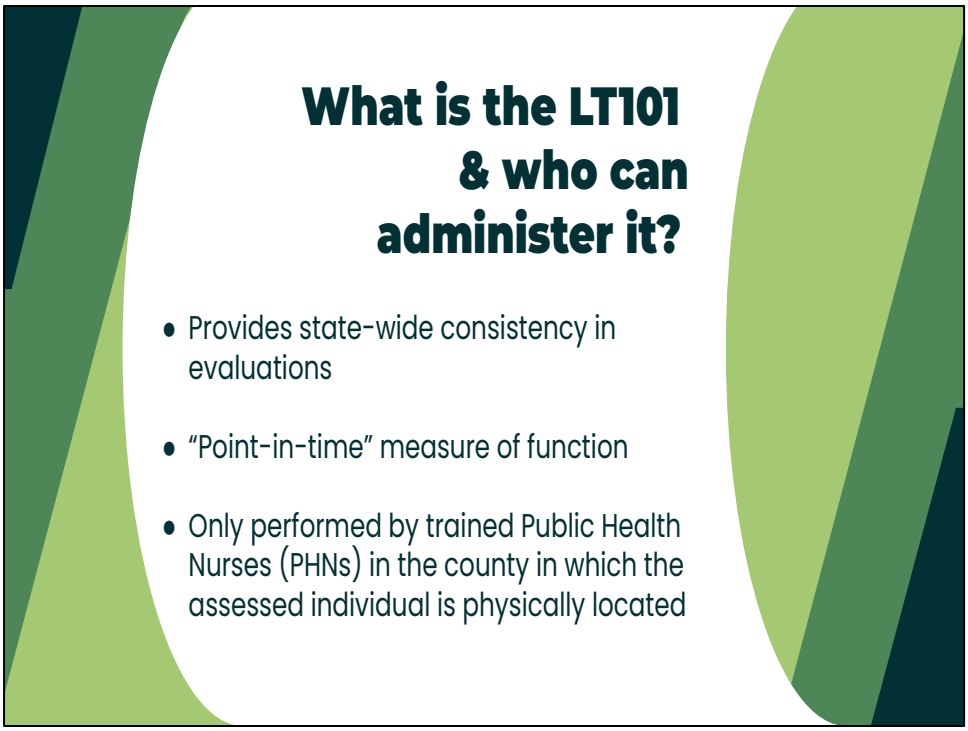
My name is Ashlee Segura and I'm the Level of Care Assessment Coordinator for the Home and Community-Based Services Section. The purpose of today's training is to educate case managers about the CCW LT101 assessment and discuss ways they can assist with the process. Specifically, we'll review what the assessment is, who needs it, why and when it is used. We'll also discuss eligible and ineligible determinations and how you, as a case manager, can better serve Medicaid Waiver applicants and participants across the state.

As mentioned, we have invited our public health nurses to join the call today. Please keep in mind that although this training is specific to our CCW case managers, we thought it would also benefit the PHNs. As I cover the information, please post any questions you have in the chat. After the call, we'll compile the list and send out written answers to all of you.



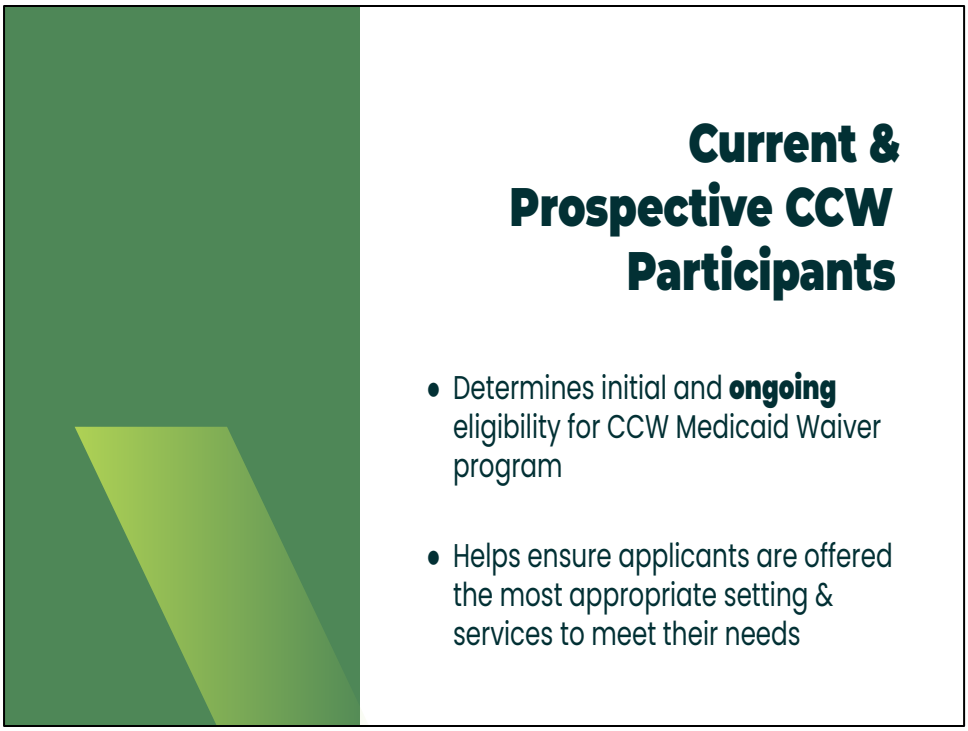
Before we get started, we'd like to quickly go over some of the acronyms and abbreviations you may or may not already know:

- HCBS stands for Home and Community-Based Services. We often refer to the HCBS Section or HCBS programs. The HCBS Section is organized under the Division of Healthcare Financing, which is a Division of the Wyoming Department of Health. We will sometimes refer to the Division or Department, which means Division of Healthcare Financing, or Department of Health.
- Within the HCBS Section, Benefits and Eligibility Specialists (BES) are assigned by county.
- LTC is short for Long-Term Care Unit. The Long-Term Care Unit determines Medicaid financial eligibility and performs annual financial reviews. The LTC & BES teams work closely with one another but ultimately have very distinct roles in the Medicaid landscape.
- CCW refers to the Community Choices Waiver.
- NF means Nursing Facility
- PHN refers to the Public Health Nurses working in counties across the state.
- The Electronic Medicaid Waiver System, which we refer to as EMWS, refers to the system that houses the participant's electronic medicaid record.
- Finally, LOC is short for Level of Care, but can also refer to my position as the Level of Care Assessment Coordinator.



The LT101 Level of Care Assessment was developed by the Division of Healthcare Financing to establish standardized methods for measuring an individual's level of functional impairment and to ensure statewide consistency in the level of care evaluation process.

It is a "point-in-time" assessment and is meant to capture the typical ability of an individual to function independently in their current living environment. Only registered nurses licensed to practice in the State of Wyoming who are employed or contracted by a County Public Health Nursing Agency and who are trained to conduct the LT101 assessment can administer the assessment. The Public Health Nurses (PHN) who administer the assessment is trained to use their clinical judgment to determine the individual's typical functioning, taking into account potential day-to-day variations due to an individual's health and abilities. All PHNs who administer the assessment must document the rationale for their determination.



Who needs an LT101 assessment and why?
The LT101 is needed for any current and prospective Community Choices Waiver participant to determine whether that individual meets, or continues to meet, the nursing facility level of care criteria for Medicaid coverage. The LT101 is also used for those applying for other Medicaid waiver programs. Ultimately, the purpose of the assessment is to evaluate applicants and ensure they are offered the most appropriate setting for their needs — in the community, a nursing facility, or an acute care setting — and receive the services they need to be successful in those settings.

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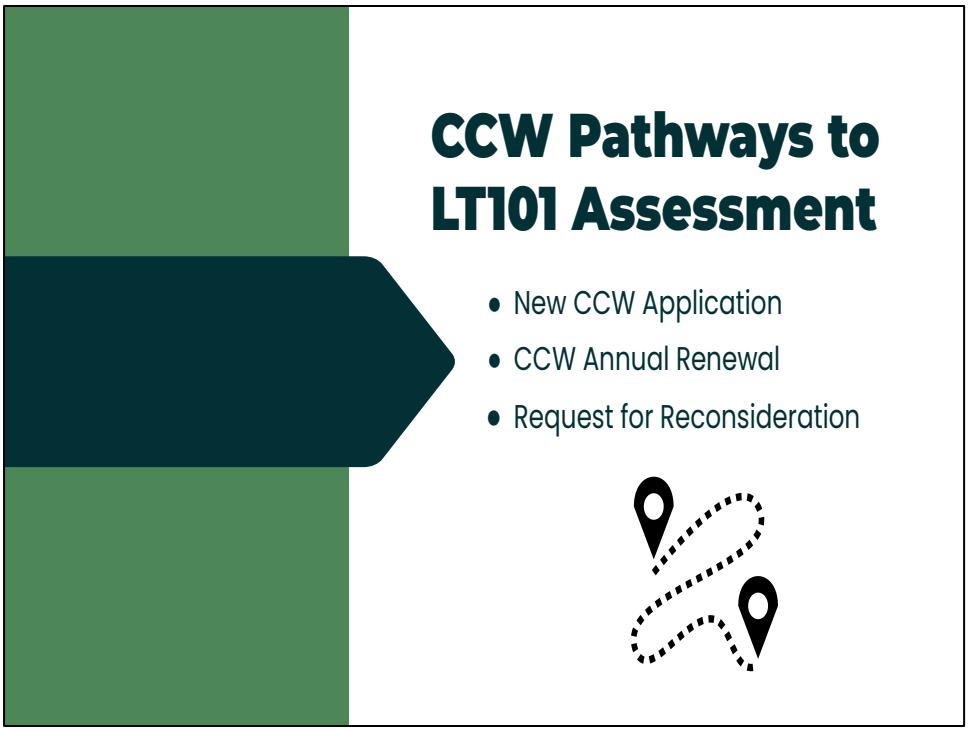
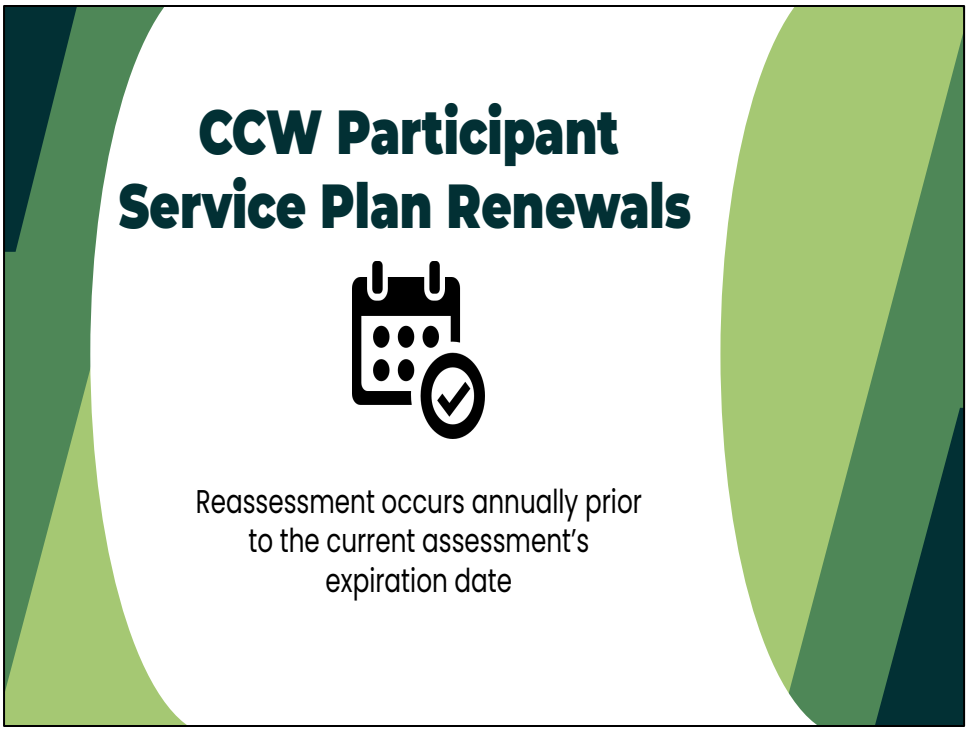


The LT101 assessment process for Community Choices Waiver applicants is unique in that Medicaid eligibility determination occurs ***concurrently*** with the assessment process. For CCW, Medicaid eligibility does ***not*** need to be verified prior to an LT101 assessment. For the CCW, an LT101 assessment is triggered by a new CCW application, as part of a CCW annual service plan renewal, or through a request for reconsideration. We'll look closer at these pathways in the coming slides.

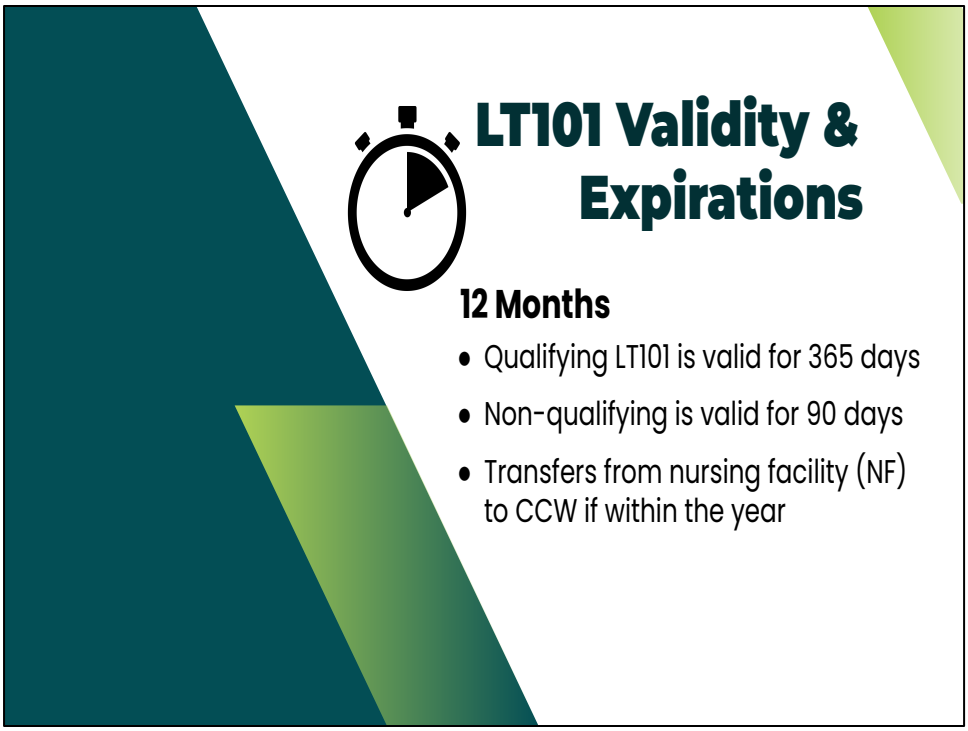
First, new Community Choices Waiver applicants will be referred automatically as part of the application process. When a completed CCW application is received by the Benefits and Eligibility (BES) Unit, a task is generated in EMWS for the LT101 assessment. The BES sends the task to the Level of Care (LOC) Assessment Coordinator. It is important that the case manager's contact information is added to the case in the Electronic Medicaid Waiver System (EMWS) as the BES includes this information when making the request. The Level of Care (LOC) Assessment Coordinator oversees LT101 assessments for the HCBS Section. The LOC Coordinator has three (3) business days to refer the request to the nurses at the Public Health office in the county where the applicant is physically located.

The Public Health Nurse (PHN) then has seven (7) business days from the date of the referral to schedule, conduct and enter the LT101 assessment results. The PHN may need to call or email the case manager to assist with scheduling, so again, it is crucial that the case manager's contact information in EMWS is available and accurate. If the assessment cannot be completed within that time frame, the nurse may request an extension in EMWS.

Once the LT101 is completed, a task to acknowledge is sent to the BES and the results are reviewed.

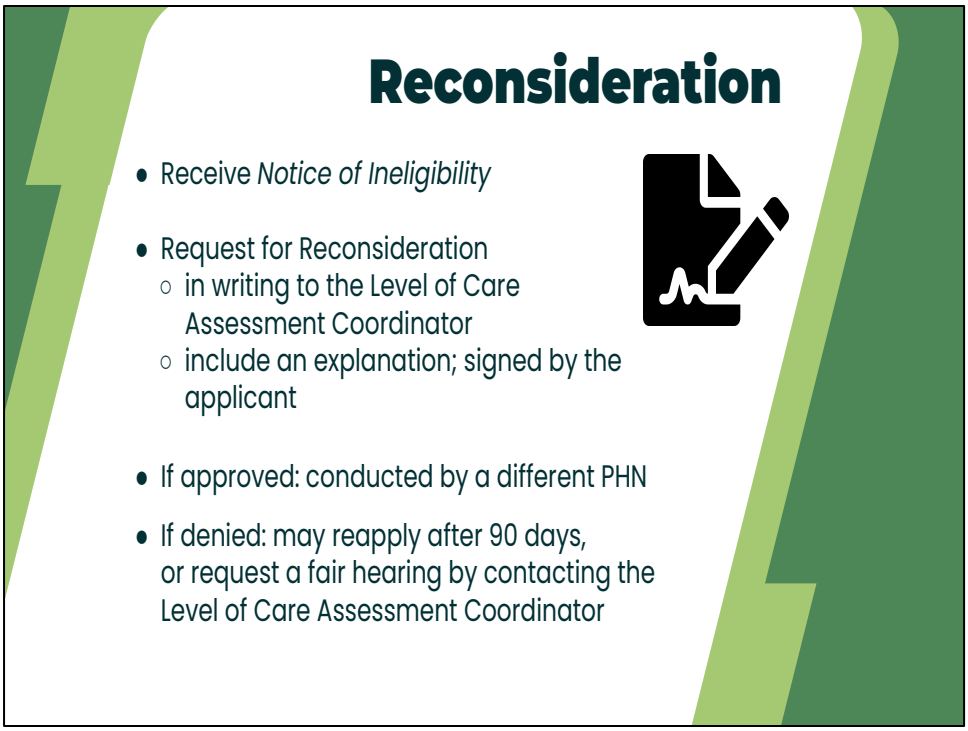


LT101 assessments work a little differently for CCW annual service plan renewals. A new LT101 assessment is required annually to verify that participants continue to meet the nursing facility level of care criteria. However, for renewal assessments, the Electronic Medicaid Waiver System (EMWS) automatically generates a task for the PHN in the county where the participant is physically located prior to the current assessment's expiration date. The reassessment date does not typically coincide with the plan of care renewal date. Case managers should ensure that the assessment occurs annually.



Qualifying LT101 assessments are valid for 12 months and non-qualifying LT101 assessments are valid for 90 days. In cases where a participant needs to transfer from the Community Choices Waiver (CCW) program to a Medicaid State Plan nursing facility (NF), a qualifying LT101 assessment that is less than 12 months old is acceptable. For example, if a participant is moving from a nursing facility to the Community Choices Waiver, they do NOT need a new LT101 if they had a qualifying assessment within the last 12 months.

If an applicant or current participant does not have a qualifying score on the LT101 assessment, a task is generated in EMWS for the BES to close the case. The LOC Coordinator will generate and send a *Notification of Ineligibility* letter to the participant or legally authorized representative within 15 business days of the determination. The letter notifies the participant that they are entitled to request reconsideration or an administrative hearing. After a non-qualifying assessment result, applicants must wait 90-days before reapplying for the CCW.



When an individual receives Notification of Ineligibility, they have the right to request a reconsideration or wait 90-days before re-applying. All requests for reconsideration must be made in writing and mailed (or emailed) to the Level of Care Assessment Coordinator at the address included in the notice. The request must be signed by the applicant (or participant) and include an explanation as to why the request is being made or generally convey how the determination and/or recent assessment may have been invalid or inaccurate.

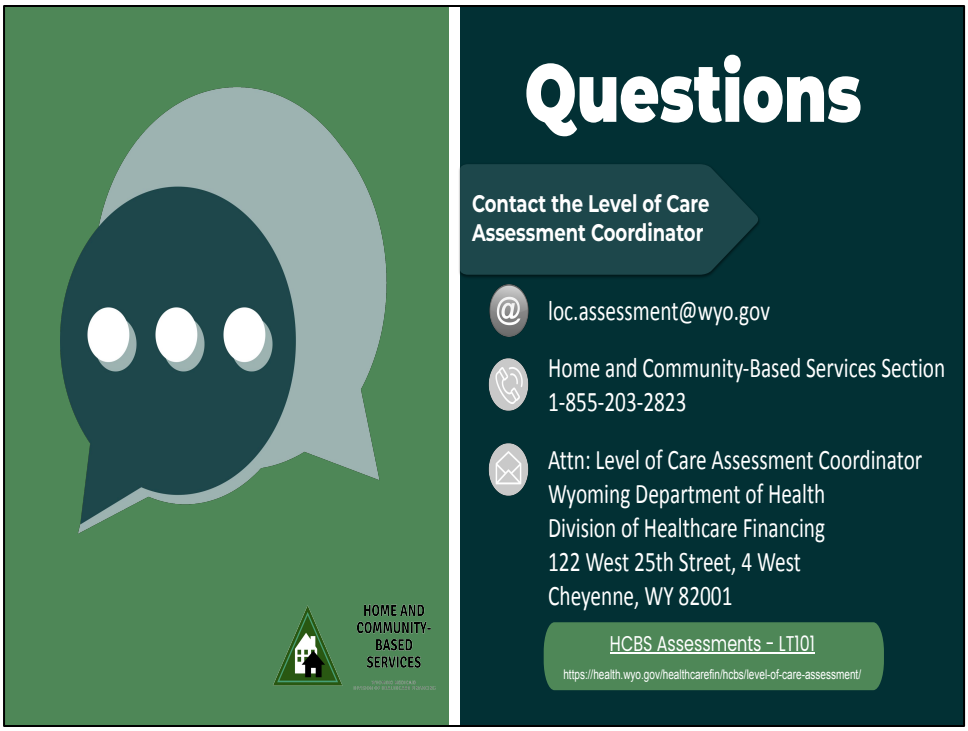
If the request for reconsideration is approved, a Public Health Nurse (PHN) will contact the applicant to schedule and conduct another assessment. It is important to note that the PHN that conducts a reconsideration assessment will differ from PHN that conducted the original assessment. This is important for applicants to understand as they may be contacted by a Public Health Nurse unfamiliar to them to schedule the new assessment. Individuals who disagree with reconsideration results may request a fair hearing by contacting the Level of Care Assessment Coordinator.

The Notice of Ineligibility letter will include the LOC's contact information and detail the timeline for reconsideration and fair hearing requests.

Whether it's a new applicant, plan renewal or a request for reconsideration, case managers play an important role in ensuring these processes go smoothly. Educating applicants about the process that applies to their unique circumstance is critical. It is important that case managers keep contact information updated in EMWS and keep the BES well-informed and apprised of any changes with the participant's situation. More specifically, case managers can help applicants and participants understand the interdependent nature of the application and assessment processes. Preparing participants to receive the PHN's upcoming phone call, helping them gather information for their annual financial review, and keeping their contact information updated is essential.

For example, if an applicant refuses to answer the phone because they don't recognize the PHN's number, or the PHN cannot reach a participant for a renewal assessment because their contact information is not current in EMWS, the process is needlessly slowed and services may be impacted. It is especially important for case managers to communicate with the BES if participants are in an acute setting as they approach their annual reassessment date.

If the LT101 is not able to be completed, a task will be created for the BES to initiate closure of the case. This happens if the PHN contacts the applicant and they pass on completing the assessment, refuse to speak to the PHN, or are otherwise unreachable. Case managers can help avoid all of these scenarios by keeping records updated, working with the BES, PHN, and helping applicants understand the process.



I've included my email, phone number and mailing address, as well as the Assessments-LT101 webpage available on the HCBS website as a reference. Like I mentioned earlier, we'll answer any questions you've posted in the chat in writing and get those out to you by email and by posting them online in the next few days. Thank you all for joining us today; we hope you've found this information helpful.