

LT101 Assessment Basics for Case Managers

April 14, 2025



**HOME AND
COMMUNITY-
BASED
SERVICES**

WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

Wyoming Department of Health
Division of Healthcare Financing
Home and Community-Based Services Section



Wyoming
Department
of Health

Purpose

- What is the LT101?
- Who needs an LT101 assessment?
- Why and when is it used?
- How can case managers assist?





Acronyms

- HCBS – Home & Community-Based Services Section / Division / Department
- BES – Benefits and Eligibility Specialist
- LTC – Long-Term Care Unit
- CCW – Community Choices Waiver
- NF – Nursing Facility
- PHN – Public Health Nurse
- EMWS – Electronic Medicaid Waiver System
- LOC – Level of Care; Level of Care Assessment Coordinator

What is the LT101 & who can administer it?

- Provides state-wide consistency in evaluations
- “Point-in-time” measure of function
- Only performed by trained Public Health Nurses (PHNs) in the county in which the assessed individual is physically located

Current & Prospective CCW Participants

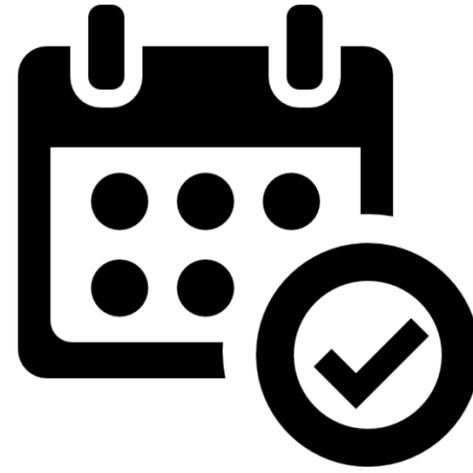
- Determines initial and **ongoing** eligibility for CCW Medicaid Waiver program
- Helps ensure applicants are offered the most appropriate setting & services to meet their needs

CCW Pathways to LT101 Assessment

- New CCW Application
- CCW Annual Renewal
- Request for Reconsideration



New Applicants



LOC Assessment Coordinator:

3 days to refer

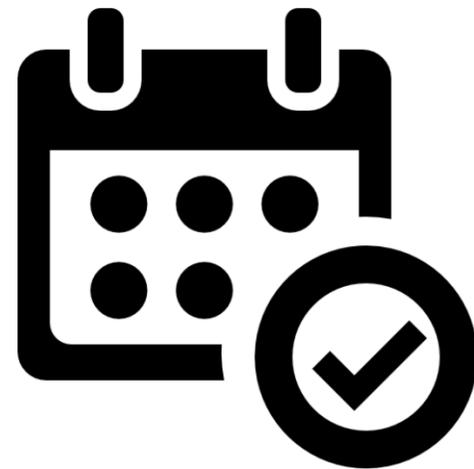
Public Health Nurse:

**7 business days to complete LT101
and enter into EMWS**

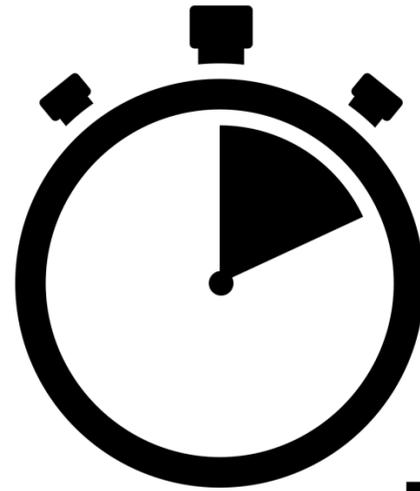
BES:

**Reviews & makes
eligibility determination**

CCW Participant Service Plan Renewals



Reassessment occurs annually prior to the current assessment's expiration date



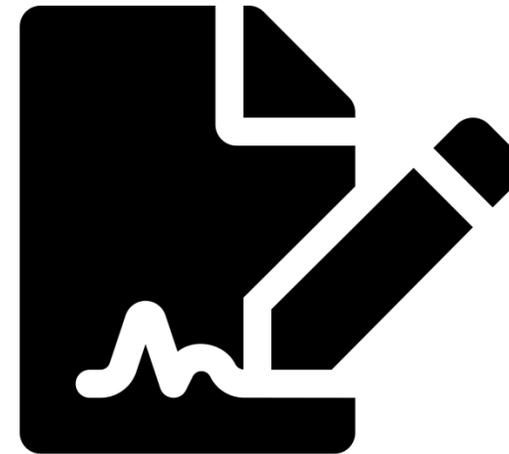
LT101 Validity & Expirations

12 Months

- Qualifying LT101 is valid for 365 days
- Non-qualifying is valid for 90 days
- Transfers from nursing facility (NF) to CCW if within the year

Reconsideration

- Receive *Notice of Ineligibility*
- Request for Reconsideration
 - in writing to the Level of Care Assessment Coordinator
 - include an explanation; signed by the applicant
- If approved: conducted by a different PHN
- If denied: may reapply after 90 days, or request a fair hearing by contacting the Level of Care Assessment Coordinator





Case Managers

- Educate applicants & current participants
- Set expectations
- Keep contact information updated!
- Work with participants, BES, and PHN

Questions

Contact the Level of Care
Assessment Coordinator



loc.assessment@wyo.gov



Home and Community-Based Services Section
1-855-203-2823



Attn: Level of Care Assessment Coordinator
Wyoming Department of Health
Division of Healthcare Financing
122 West 25th Street, 4 West
Cheyenne, WY 82001

[HCBS Assessments - LT101](https://health.wyo.gov/healthcarefin/hcbs/level-of-care-assessment/)

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