

Eligibility Process

CCW Case Manager Support Call
April 13, 2026



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SERVICES**

WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

Welcome



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Thank you for joining us for this month's training presentation on the Eligibility Process for Case Managers. My name is Patrice Chesmore, and I am a Benefits and Eligibility Specialist with the Home and Community-Based Service Section, Division of HealthCare Financing within the State of Wyoming's Department of Health.

Purpose

- ▶ The purpose of this training is to review the initial eligibility process and continued eligibility for individuals participating in or applying for the Community Choices Waiver (CCW).
- ▶ This training will explain the case manager's role in supporting participants through eligibility.



The purpose of this training is to review the initial eligibility process and continued eligibility for individuals participating in or applying for the Community Choices Waiver. We will review and explain the case manager's role in supporting the applicant, participant, or LAR through the eligibility process.

Acronyms & Terms

- ▶ **HCBS** - Home and Community-Based Services
- ▶ **LAR** - Legally Authorized Representative
- ▶ **PCSP** - Person-Centered Service Plan
- ▶ **BES** - Benefits and Eligibility Specialist
- ▶ **LTC** - Long Term Care Unit
- ▶ **PHN** - Public Health Nurse
- ▶ **Division** - Wyoming Department of Health, Division of Healthcare Financing
- ▶ **Care Case Management System** - a software platform designed to help users assess, plan, implement, coordinate, and monitor a participant's Waiver status and person-centered service plan. Currently, this system is EMWS and then will be WYSERVES.



Before we get started, we'd like to review the acronyms and abbreviations you'll see in today's training. The Medicaid system uses a lot of acronyms and although you may already know these, we want to avoid any confusion for those that may not.

- HCBS stands for Home and Community-Based Services
- LAR means Legally Authorized Representative (this may include guardians or others who are legally authorized)
- PCSP refers to the Person-Centered Service Plan
- BES stands for the Waiver Benefits and Eligibility Specialist
- LTC is the Long Term Care Unit of Medicaid
- Division refers to the Wyoming Department of Health, Division of Healthcare Financing
- The Care Case Management System is a software platform designed to help users assess, plan, implement, coordinate, and monitor a participant's Waiver status and person-centered service plan. Currently, this system is EMWS and then will be WYSERVES.

CHOICE



- ▶ Choice is paramount to human dignity.
- ▶ The participant must be consulted and their wishes/choices considered every step of the way.
- ▶ Throughout the eligibility process and during the loss of eligibility, case managers have an obligation to offer each individual choice, document the choices that the individual makes, and ensure that the individual's choice is respected.



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We want to take a moment to remind you about the importance of choice. You hear us say it often on these calls because we want it to be in the forefront of your mind. Having choice is paramount to human dignity. Choice is a basic tenet of Home and Community-Based Services.

Even before receiving home and community-based services, individuals have choice regarding these programs. If they choose to apply for Waiver services, they immediately have choice in who their case manager will be. Once they are determined eligible and have received funding, they have ultimate choice in the services they receive, who provides those services, and how their services will be delivered.

Case managers have a responsibility to offer each individual choice, document the choices that the individual makes, and ensure that the individual's choice is respected.



The eligibility process can be daunting for a participant or legally authorized representative who is new to Waiver services. The case manager is responsible for helping the participant through the process. Remember, the case manager is the professional, and should have the knowledge and expertise to support the participant, answer questions, and provide guidance as necessary.

It is important to note that the eligibility process is sequential and the steps must be followed in order. If steps of the process are missed, or if an applicant is determined to be ineligible at any point in the process, the process will end.

Target Groups

- ▶ Individuals 65 years of age or older
- ▶ An individual between 19 to 64 years of age with disability determined by the Social Security Administration or by the Department.



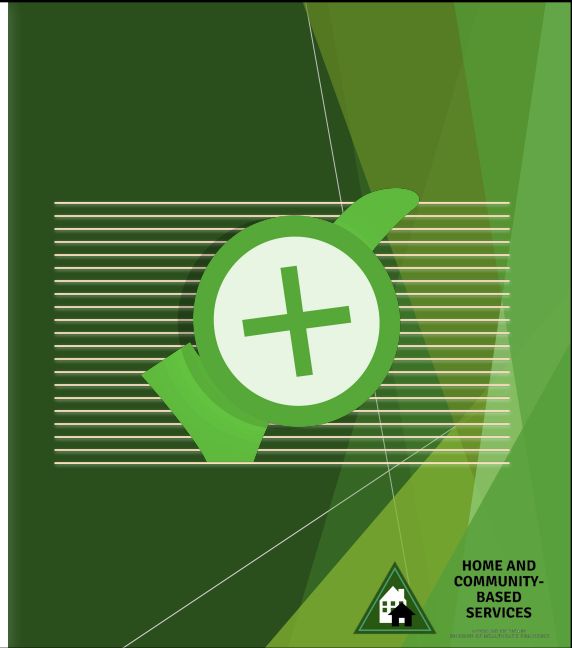
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Requirements for Community Choices Waiver eligibility are established in Chapter 34, Section 5. The Community Choices Waiver has two Target Groups. In order to be eligible for the Community Choices Waiver, an individual must either be:

- A) 65 years of age or older or;
- B) Between the ages of 19 to 64 years of age with a disability determined by the Social Security Administration or by the Wyoming Department of Health.

Case Management Selection

- ▶ Applicant chooses a case manager
- ▶ Ensure your information is up to date on the searchable provider list.
- ▶ Applicant and case manager sign the CCW application
- ▶ Case manager requests guardianship and other relevant paperwork



HCBS services are person-centered and rooted in choice to promote individual initiative, autonomy, and independence. Applicants for the Waiver must choose a case manager. Applicants are encouraged to take the time to interview case managers and ask questions about the case manager’s caseload, experience, and communication strategies. Case managers should make themselves available to meet with applicants if they are accepting new participants to their caseload. Case managers should be prepared to assist the applicant or their LAR with the application or questions regarding the Community Choices Waiver.

Applicants and participants often use the searchable provider list to find case managers in their area. Case managers should ensure their contact information, including their phone number and email address are updated with the Division at all times. To request changes to this information, case managers must reach out to the provider credentialing unit through their email address wdh-hcbs-credentialing@wyo.gov.

Once the applicant chooses a case manager, the case manager must sign and date the form. If the applicant has a legally authorized representative, the case manager should request a copy of the guardianship order at this time to ensure that the

individual has the authority to act as the legally authorized representative. The guardianship order will be required to be submitted with the application.

Submit the Application

- ▶ The applicant or their case manager may submit the completed application.
- ▶ Application can be submitted via:
 - ▶ Mail
 - ▶ Email
 - ▶ Online
- ▶ Case Managers should review the application for accuracy and completeness.



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Once completed, the application needs to be submitted to the Division. Applications may be emailed by the applicant or selected case manager to ccw.waivers@wyo.gov. Applications can also be submitted through the online application or mailed to the HCBS Section. Case managers should review the application before it is submitted to ensure that the applicant has completed all sections of the form accurately, legibly, and signed as indicated. An incomplete form will cause a lag in the process. It is the case manager's responsibility to ensure that the applicant is able to navigate the process as smoothly as possible, and reviewing forms for accuracy is a simple step the case manager can take to support this outcome.

As a reminder, in accordance with Chapter 34, Section 4(b) of the Department of Health's Medicaid Rules, case managers must submit all required documentation within 30 calendar days of receipt.



Let's first review the Financial eligibility step. In order to be financially eligible for the Community Choices Waiver, an individual must be eligible to Medicaid in Wyoming. Medicaid eligibility is determined by the Long Term Care (LTC) Eligibility Unit as part of the initial eligibility process, and annually thereafter. Although this step in the process is not handled by the HCBS Section, the case manager still plays an important role in ensuring that the participant submits the required paperwork within the established timelines.

Financial Eligibility

- ▶ Once selected, case managers should support the applicant in submitting required financial eligibility paperwork to the LTC Eligibility unit.
- ▶ Applicants have 30 calendar days after the financial task populates in the Care Case Management System to submit financial eligibility paperwork.



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Case managers are responsible for supporting the applicant in completing financial eligibility paperwork and gathering necessary supporting documentation and verifications for submission to the Long Term Care (LTC) unit. The case manager must be available to answer the applicant's questions, communicate with the assigned LTC workers, and troubleshoot any areas of confusion or concern.

For CCW applicants, the financial task populates after the case manager is selected. The applicant has 30 calendar days after the financial task populates to complete and submit their paperwork, or the LTC Eligibility Unit will initiate closure of the case. The case manager must ensure that the applicant is aware of the timeline.

Subsequent determination of financial eligibility will occur annually. It is important for case managers to be aware of participants' Medicaid eligibility renewal dates so they can assist with the timely completion and submission of the renewal application.

Best Practice



Case managers should contact the Long Term Care Eligibility unit to ensure the financial eligibility packet is sent to the applicant or participant.



APPLY OR RENEW
ONLINE

| |
|--------------------------|
| APPLY ONLINE |
| RENEW BENEFITS ONLINE |



PAPER APPLICATION

| |
|---------------------------|
| APPLICATION IN ENGLISH |
| APLICACIÓN EN ESPAÑOL |



APPLY OR RENEW OVER
THE PHONE

| |
|----------------------------|
| 1-855-294-2127 |
| TTY/TDD 1-855-329- 5204 |



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During the initial eligibility process, applicants have a lot of information coming at them from all directions. Case managers should ensure the applicant has received the financial eligibility application. If the applicant hasn't received a financial eligibility application, or isn't sure if they have, case managers should contact the LTC Eligibility unit to ensure an application has been sent. Once an individual is receiving Waiver services, case managers should receive notification in the Care Case Management system that the participant is due for re-confirmation of financial eligibility annually. Case managers should remind the participant or legally authorized representative of the importance of completing and submitting financial paperwork, and provide support when needed. Information on how to apply for Medicaid or submit a renewal application can be found online at <https://health.wyo.gov/healthcarefin/apply/>.



A critical federal requirement of home and community-based waiver programs is that participants of these programs must meet the same level of care as someone who needs institutional care, such as a skilled nursing facility. Requirements for institutional level of care are established in Chapter 34, Section 5 of the Wyoming Medicaid Rules.

In order to demonstrate institutional level of care, applicants and participants are assessed using the LT101 assessment.

For initial applicants, institutional level of care must be established before the next step in the eligibility process can occur. For current Waiver participants, institutional level of care must be established annually.

LT101 Assessment



- ▶ The LT101 assessment must be completed for all applicants
- ▶ For applicants, the LT101 must be completed by the Public Health Nurse within seven (7) business days of the application being processed.



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The LT101 Assessment is required to be completed by all applicants. A public health nurse (PHN) will administer an LT101 assessment for all CCW applicants. Case managers should remind the participant that a PHN will be contacting them to complete an assessment so the participant isn't surprised or confused when they are contacted.

For applicants, the case manager must ensure that the PHN has contacted the applicant and completed the LT101 form within 7 business days after the PHN has received the referral, which takes place at the same time that financial eligibility is being determined.

Reassessment is required every year for those on the CCW. The PHN has thirty calendar days to complete the reassessment once they receive notification that the reassessment is due. It is important that the case manager assists the PHN and participant with making contact to complete the assessment so not to delay the process.



Once the eligibility process is completed, the Division will make a final determination on the participant's eligibility for Waiver services and start the process for the initial Person-Centered Service Plan.

Eligibility Determination

- ▶ Applicant may be determined eligible
 - ▶ The case manager will receive a notification in the Care Case Management System to begin the person-centered planning process.
- ▶ If found ineligible, the applicant's case will close.



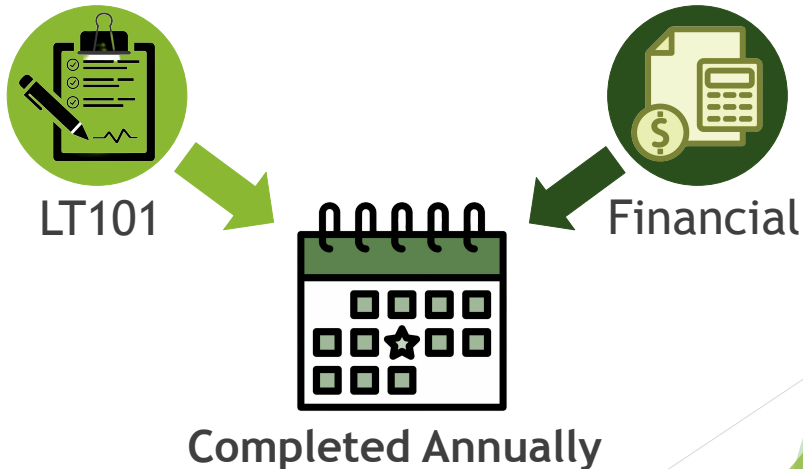
If an applicant is determined eligible, the case manager will receive a electronic notification in the case management system to begin the person-centered planning process. The case manager should contact the participant as soon as possible to notify them and schedule a time to create their person-centered service plan.

If an applicant does not meet eligibility criteria outlined in Chapter 34, Section 5, they will be determined ineligible and closure of the case will be initiated.



Chapter 34, Section 5 outlines when a participant on the Community Choices Waiver must be reassessed in order to maintain their Waiver status. Let's take a quick look at how often reassessment must occur.

Eligibility Reassessment Timing



In order to determine continued eligibility for the CCW, the participant must have an updated LT 101 assessment completed annually by a PHN. Financial eligibility must also be completed annually with the LTC unit. It is important to note that these processes are separate and may not coincide with each other or with the PCSP renewal date.

The case manager must remind the participant of these annual requirements. The case manager needs to be available to help coordinate the scheduling of the LT101 assessment with the participant and PHN as well as to answer any questions regarding the financial application.

Loss of Eligibility

- ▶ The Division notifies the participant or LAR in writing within 15 calendar days of the determination.



As established in Chapter 34, Section 7, a participant may be determined ineligible if they do not continue to meet clinical or financial eligibility for the Community Choices Waiver. If a participant is determined to no longer be eligible for the CCW, the Division will notify the participant or LAR in writing within 15 calendar days of the determination.



TAKEAWAYS

- ▶ Case managers must know the rules that govern eligibility criteria and the eligibility process.
- ▶ Case managers must know and follow the eligibility process.
- ▶ All eligibility steps must be completed sequentially.
- ▶ Case managers are responsible for assisting participants with continued eligibility.
- ▶ Case managers are expected to be advocates for applicants and participants while honoring their choices.



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Before we end today, we'd like to remind case managers of the key takeaways of today's training.

1. Chapter 34, Sections 4 - 7 of the Department of Health's Medicaid Rules establish eligibility criteria and the eligibility process. Case managers are expected to know and follow these rules.
2. Case managers must know and follow the eligibility process. The CCW Case Management Manual is a good resource that is available to case managers. The Manual can be found in the [HCBS Document Library](#), under the CCW tab.
3. All steps in the eligibility process must be completed sequentially. Failure to follow the steps may result in an applicant's eligibility determination being delayed.
4. Once a participant is receiving Waiver services, case managers are responsible for supporting participants through the eligibility process so they can maintain continued eligibility.
5. Case managers are expected to be advocates for participants while honoring their choices.

THANK YOU

Questions?



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At this time if you have any other questions, please post them in the chat. We'll answer any questions you've posted in writing and get those to you by email and by posting them to the [CCW Providers & Case Managers page](#) under the *Case Manager Support Calls* tab in the next few days. Thank you for joining us today!