Community Choices Waiver
Participant Profile Assessment

HOME AND COMMUNITY-BASED SERVICES
WYOMING MEDICAID DIVISION OF HEALTHCARE FINANCING

This template is not a required form, but is intended for use by case managers when direct access to EMWS is limited.

General Background		
Would you prefer to go by your full name or is there a nickname you prefer?		
Do you have a Guardian or Legal Power of Attorney?	☐ No ☐ Yes	Notes:
Do you have Provider Orders for Life Sustaining Treatment (POLST) or some other form of advance directives for your medical care?	☐ No ☐ Yes	Notes:
Is there anyone else you would like to participate in your service planning?	☐ No ☐ Yes	Notes:
Are there any cultural, traditional, or personal values you would like to celebrate or have your providers support you in observing?	☐ No ☐ Yes	Notes:
Do you have a preference on the gender of your caregiver?	☐ Female ☐ Male ☐ No Preference	Notes:
Are there any special considerations you want to share, such as preferred call or appointment times?	☐ No ☐ Yes	Notes:

Family and Home		
What setting describes your current living situation? (check only one)	☐ Alone ☐ Congregate setting ☐ Institutional setting ☐ Temporary/homelessness ☐ With family ☐ With friends/roommate	Notes:
If you selected institutional setting, which institutional setting?	☐ Correctional Facility ☐ Hospital (>30 days) ☐ Institute for Mental Disease (IMD) ☐ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) ☐ Nursing facility	Notes:
What is the anticipated discharge date?		Notes:

If you selected congregate setting, which congregate setting?	☐ Assisted Living Facility (ALF) ☐ Boarding Care Home ☐ Group Home ☐ Other: ☐ Transitional Program	Notes:
Would you consider your housing arrangement stable?	☐ No ☐ Yes	Notes:
Are you concerned about your ability to pay your mortgage or rent, or other household expenses?	☐ No ☐ Yes	Notes:
Are you receiving SNAP, Housing subsidy, LIEAP or other non-waiver assistance?	☐ No ☐ Yes	Notes:
Do you feel safe and comfortable in your home?	☐ No ☐ Yes	Notes:

Housing and Environment		
Are there home improvements related to safety (such as banister repair, step repair, non-skid surfaces) that are needed?	☐ No ☐ Yes	Notes:
Are all appliances, heating and cooling units working?	☐ No ☐ Yes	Notes:
Do you have working smoke and carbon monoxide detectors?	☐ No ☐ Yes	Notes:
Do you have an emergency plan and contact numbers easily available?	☐ No ☐ Yes	Notes:
Are you able to get out of your home easily in an emergency?	☐ No ☐ Yes	Notes:

Community Activities		
How do you like to spend your free time?		Notes:
Do you feel you have enough social interactions?	☐ No ☐ Yes	Notes:
Do you have access to the community as often as you like?	☐ No ☐ Yes	Notes:
Are you happy with your current employment,	☐ No ☐ Yes	Notes:

volunteer work, or retirement status?		
Would you like to participate in more community activities such as volunteering, social clubs, cultural/arts, religious activities, physical/leisure, or other community activities?	☐ No ☐ Yes	Notes:
Which supports would you want or need to participate in community activities?	☐ Advocacy/Supervision ☐ Mobility assistance ☐ N/A ☐ Other: ☐ Personal Assistance (e.g. meals/using the bathroom) ☐ Transportation	Notes:
Are there people in your personal life that assist you with daily activities and household chores?	☐ No ☐ Yes	Notes:
If yes, who?	☐ Friend/Neighbor ☐ Guardian/LAR ☐ Other: ☐ Parent ☐ Sibling ☐ Son/daughter ☐ Spouse/Significant other	Notes:

Supported Decision Making		
Are you comfortable making decisions about what you want and explaining those decisions to others?	☐ No ☐ Yes	Notes:
Do you know what medication(s) to take every day, and when? Do you remember to take your medication every day?	☐ No ☐ With help ☐ Yes	Notes:
Are you able to manage your money and pay your bills?	☐ No ☐ With help ☐ Yes	Notes:
If not, is there someone that can help you with this?	☐ No ☐ Yes	Notes:
Are you comfortable talking to someone if a caregiver is treating you poorly? Who would you talk to about this?	☐ No ☐ With help ☐ Yes	Notes:

Health and Wellbeing		
Do you participate in any wellness activities, such as taking walks, stretching, or other exercises?	☐ No ☐ Yes	Notes:
Do you have food allergies or dietary restrictions?	☐ No ☐ Yes	Notes:
In the past 12 months, were you worried that your food would run out before you got money to buy more?	☐ Never ☐ Often ☐ Sometimes	Notes:
How do you get to your regularly scheduled appointments?	☐ Drive ☐ Other: ☐ Public Transportation ☐ Ride from family/friends ☐ Taxi/ Ride Share (Uber) ☐ Walk	Notes:
Do you need transportation help for non-medical appointments or community events?	☐ No ☐ Yes	Notes:

Goals	
What would you like to focus on during waiver services?	

Case Manager Observations		
The participant demonstrates the ability to ensure their own safety without assistance?	☐ No ☐ Yes	Notes:
The participant demonstrates the ability to make decisions about home and friends unassisted?	☐ No ☐ Yes	Notes:
The participant is at risk of going without housing or essential utilities?	☐ No ☐ Yes	Notes:
Are there any services that could assist this participant in maintaining their home?	☐ No ☐ Yes	Notes:

Case Manager Notes:	

Functional Assessment Results	
Functional Assessment Results	
What does a typical day look like for you?	