



Case Manager Checklist

ABI Waiver Applicant

Participant Name:	Date:
Physical Address:	Phone:
Mailing Address:	DOB:
Guardian: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Parent <input type="checkbox"/> Court appointed
Guardian Address:	Phone:
	E-mail:
Contact/referral made by:	Phone:

	Tasks	Dates
	<ul style="list-style-type: none"> Applicant meets with a Participant Support Specialist (PSS) PSS creates application in Electronic Medicaid Waiver System (EMWS) PSS obtains, if necessary, via email from MMIS temporary Medicaid # for Applicant and ensures neuropsychological evaluation is paid for by Medicaid <ul style="list-style-type: none"> Applicant is now <i>referred to as Participant</i>, which also includes his/her Guardian if applicable Participant selects Targeted Case Management (TCM) 	
1	Participant and TCM complete and sign Case Management Selection form	Date TCM & Participant completed Case Mgmt Selection form
2	TCM mails or faxes to Participant Support Specialist (PSS) in the county where Participant resides (refer to page 6 for contact info) the signed and completed Case Management Selection form	Date TCM mailed/faxed Case Mgmt Selection form

	Tasks	Dates
	<ul style="list-style-type: none"> PSS receives Case Management Selection form, scans and uploads in EMWS, then enters signature dates and selects Case Manager from list of certified Case Managers populated from IMPROV (DD Programs database) After Case Management data is entered by PSS, TCM receives email notification alerting next task ready to complete, which is the ICF/ID 	
3	TCM completes Level of Care Criteria for ICF/ID (LT-104 form) in EMWS	Date TCM completed LT-104
4	<p>After Case Manager has been selected & entered in EMWS, TCM then completes Targeted Case Management information in EMWS that will:</p> <ul style="list-style-type: none"> approve TCM billing for 120 - 15 minute units - per 365 days @ \$8.00 per 15 minute unit (Total of \$960 per year) 	Date TCM entered TCM info in EMWS
	<ul style="list-style-type: none"> PSS reviews the completed LT-104 and will approve, not approve, or request rework. <u>If PSS marks needs rework in EMWS</u>, PSS will indicate reasoning in comment section and TCM notified via email of task pending <ul style="list-style-type: none"> For example: PSS may have questions about LT-104 criteria checked. <u>If PSS marks denied</u>, a denial letter is sent to the Participant and TCM 	
	<ul style="list-style-type: none"> <u>If PSS marks approved</u>, TCM is notified via email the next step is to have Participant meet with Department of Family Services (DFS) to determine if Participant meets financial eligibility <p>NOTE: CHANGE IN PRIOR PROCESS – this step to meet with DFS is being performed at the beginning of application process and again at the end after funding is awarded to verify financial eligibility.</p>	Date clinical eligibility approved by PSS
5	<p>TCM assists Participant in making appointment with DFS to determine financial eligibility</p> <p>Date of appointment: _____</p>	Date DFS appointment made

	Tasks	Dates
	<ul style="list-style-type: none"> If DFS does not approve, application process does not go any further; denial letter sent to TCM and Participant If approved, DFS checks in EMWS meets eligibility requirements and TCM notified via email next task is pending. PSS will send TCM a list of certified neuropsychologists 	Date DFS approved
6	<p>TCM assist Participant in obtaining medical documentation to verify ABI and mail the medical documentation to PSS (documentation must verify an ABI that meets the definition noted on page 5)</p> <p> NOTE: After medical documentation is received by PSS, it is submitted to a DD Programs approved medical review team to verify the ABI. This process may take several months.</p>	Date TCM mailed med docs verifying ABI
	<ul style="list-style-type: none"> PSS received medical review team documentation and uploads in EMWS 	
	<ul style="list-style-type: none"> PSS reviews the medical team documentation and will approve, not approve, or request rework. 	
7	<p>TCM contacts Participant to schedule neuropsychological evaluation by a licensed psychologist that will confirm whether Participant meets the ABI definition and meets the criteria</p> <p>NOTE: Neuropsychological testing is paid for by Medicaid.</p>	Date TCM contacted Participant to schedule neuropsych eval
8	<p>TCM schedules neuropsychological evaluation</p> <p>Date of appointment: _____</p> <p>Name of licensed evaluator: _____</p>	Date TCM scheduled neuropsych eval
9	<p>TCM receives neuropsychological evaluation</p>	Date TCM received neuropsych eval
10	<p>TCM scans and uploads a copy of the neuropsychological evaluation in EMWS</p> <p style="text-align: center;">AND</p> <p>TCM completes the document information for the neuropsychological evaluation in EMWS</p>	Date neuropsych eval uploaded & document info completed by TCM

	Tasks	Dates
	<ul style="list-style-type: none"> • PSS reviews neuropsychological evaluation and will mark it received but add med docs, ineligible, rollback, or eligible • <u>If PSS marks received, add med docs</u> – could be missing the uploaded neuropsychological evaluation documentation thus TCM notified via email task is pending • <u>If PSS marks ineligible</u> – most likely because not a qualifying ABI and application process does not go any further; denial letter sent to Participant and TCM • <u>IF PSS marks rollback</u> – TCM notified via email task is pending • <u>If PSS marks received</u> – TCM notified via email next task to complete 	Date PSS approves neuropsych eval
11	TCM enters ICAP respondents in EMWS	Date TCM entered ICAP respondents
	<ul style="list-style-type: none"> • PSS reviews ICAP and authorizes WIND to complete assessment <p>NOTE: WIND can take up to 60 days to complete. PSS can mark emergency.</p>	Date PSS authorized WIND to assess ICAP
12	<ul style="list-style-type: none"> • WIND completes ICAP evaluation, scans and uploads documentation, and enters data in EMWS • PSS makes FINAL review to determine if Participant is Eligible, Ineligible, or Rollback (could be due to missing information, wrong ICAP, boxes not checked, etc.) <p>TCM is notified in writing by Participant Support Manager that either Participant is eligible and has funding, or eligible but on a waiting list, or has been denied.</p> <p>TCM continues to provide services if Participant is eligible but on waiting list. (TCM will have to go in yearly and renew TCM in EMWS to allow for billing 120 units of service per year; notified via email of this task pending.)</p> <p style="text-align: center;">AND</p> <p>TCM continues to assist Participant in accessing other non-waiver services as needed until the waiver funding becomes available.</p>	Date TCM notified of Participant eligibility status after ICAP eval

	Tasks	Dates
13	When funding becomes available, TCM and Participant will receive a letter from Participant Support Manager	Date TCM notified funding is available
14	TCM assists Participant in making a 2nd appointment with DFS to verify Participant is still financially eligible Date of appointment: _____	Date DFS 2 nd appointment scheduled
	<ul style="list-style-type: none"> • <u>If DFS does not approve</u>, funding is not approved; denial letter sent to TCM and Participant • <u>If DFS approves</u>, PSS will initiate the activation process in EMWS and TCM will be assigned IBA and start date <ul style="list-style-type: none"> ○ TCM title now changed to Case Manager and Participant may choose another Case Manager if desired ○ Case Manager now assists Participant in interviewing potential providers for compatibility and services 	Date DFS approved 2 nd time
15	Case Manager schedules Team Meeting to prepare the initial Individualized Plan of Care (IPC) Date scheduled: _____	Date Team Meeting scheduled

Definition of an Acquired Brain Injury:

- I. Any combination of focal and diffuse central nervous system dysfunction, both immediate and/or delayed, at the brain stem level and above.
- II. These dysfunctions are acquired through the interaction of any external forces and the body, oxygen deprivation, infection, toxicity, surgery, and vascular disorders not associated with aging.
- III. It is an injury to the brain that has occurred since birth.
- IV. It may have been caused by an external physical force or by a metabolic disorder(s).
 - V. It includes traumatic brain injuries such as open or closed head injuries and non-traumatic brain injuries such as those caused by strokes, tumors, infectious disease, hypoxic injuries, metabolic disorders, and toxic products taken into the body through inhalation or ingestion.
- VI. It does not include brain injuries that are congenital or brain injuries induced by birth trauma.
- VII. These dysfunctions are not developmental or degenerative.

Local Participant Support Specialist Contact Information

Counties	Contact Number	Name
Uinta, Lincoln, Sweetwater	307-789-0618 Fax: 307-789-0717	Bonnie Laird
Fremont, Teton, Sublette	307-856-4648 Fax: 307-856-6454	Pam Snyder
Campbell, Crook, Sheridan, Johnson	307-684-7632 Fax: 307-684-7635	Dalreen Kessler
Converse, Natrona	307-234-6439 Fax: 307-266-3859	Lorrie Hayes
Weston, Niobrara, Carbon, Albany, Platte, Goshen	307-534-4658 Fax: 307-534-2231	Dennis Yost
Laramie	307-777-6490 307-777-7684 Fax: 307-777-6047	Ragen Latham Donna Pepper
Big Horn, Hot Springs, Park, Washakie	307-527-4181 Fax: 307-527-4180	Linda Hallock
State Participant Support Program Manager	307-777-3321	Beverly Swistowicz

Electronic Medicaid Waiver System (EMWS) WEB ADDRESS	https://waivers.health.wyo.gov
Electronic Medicaid Waiver System (EMWS) FAX NUMBER	307-777-7636
EMWS HELP DESK	800-510-0280
MAIN DD PROGRAMS NUMBER	307-777-7115