



**Wyoming Home and Community Based Services Waiver
Case Manager / Care Coordinator Monthly Evaluation**

Participant Name: _____

Month: _____

County: _____

Medicaid Number: _____

Receives ALF Waiver services

OR

Receives LTC Waiver services

Participant Signature: _____

Case Manager/Care Coordinator: _____

Date of Visit: _____

Service Satisfaction

Use E-S-P

Area Assessed

How Info was obtained

Use 1~2-3~4

Visit Outcomes (Check Y=Yes or N=No)

Y N

APS information kit provided / reviewed

Other Medicaid services needed

Other Medicaid service referral made

Other non Medicaid services needed

Other non Medicaid service referral made

Safety Planning reviewed

Incident or critical event occurred

Change in Plan needed

Case Manager/Care Coordinator has verified that service provider has provided the services on the Care Plan for the month

Case Management/Care Coordination	
Personal Care Attendant	
Respite Care	
Home Delivered Meals	
Nurse Supervision Documented	

Lifeline Installation	
Lifeline Monthly	
Non-Medical Transportation	
Adult Day Care	
PERS Unit physically checked that it is working properly	

Skilled Nursing	
Self Help Assistance	
Fiscal Management	
ALF Daily Rate	
Timesheets checked by CC	

If no services provided by service provider for the month, note service and why not provided

COMMENTS:

Guidance for completing this form is located on the other side of this page

Guidance for Case Manager/Care Coordinator Monthly Evaluation (ALF/LTC-7)

Participant receives () Waiver service	Indicate which Waiver provides the Participant services ~ with a check mark to the appropriate box
Participant Signature	Have the Participant sign (if able) to indicate their participation
Case Manager/Care Coordinator	Fill in the name of the Case Manager or Care Coordinator making the visit

Participant Satisfaction:
 Service : Enter the type of Waiver service the Participant is receiving

Indicate the level of the Participant's satisfaction with each Waiver service using the following:
 E = Excellent ~ the service meets the Participant's expectations.
 S = Satisfactory ~ the service is adequate but not exceptional.
 P = Poor ~ the service does not meet the Participant's expectations.

Participant Response to Services:
 How Info was Obtained: Enter the method used to obtain the information about the areas listed in the left side of the box.

These methods could include:
 Your own observation of the Participant/home
 Conversation with the Participant
 Conversation with the family
 Conversation with other service providers / caretakers

Indicate the level of the Participant response using the following:
 1 = Improving
 2 = Maintaining
 3 = Deteriorating
 4 = New diagnosis which impacts the assessed area

Visit Outcomes:

APS information kit was provided.
 Was the booklet provided or topic discussed at this visit?
 Are other Medicaid services needed? (excluding Waiver services)
 Will a referral be made for these services?
 Are other non-Medicaid services needed? (including Medicare or private pay)
 Will a referral be made for these services?

Was the Participant's personal safety plan discussed, developed or reviewed at this visit?
 Are they prepared for a weather or power outage emergency?
 Do they know what to do in case of a medical emergency?
 Do they have a plan which includes help from family or friends?

Did a reportable incident or critical event occur with this Participant during this month?
 "Incident" as defined by your agency protocol for reporting extra ordinary occurrences.

"Critical events" include:
 Referral to Adult Protective Services
 Law enforcement agency notified / involved
 Injury requiring medical attention
 Wander away / Elopement from ALF
 Hospitalization

Is a change needed to the current Plan of Care?

Service Verification:

- ★ For Services; the Case Manager/Care Coordinator checks the EMWS to validate service units in the service detail screen for each service listed in the POC. If no units are documented refer to "When validating services".
- ★ For Nurse Supervision; by checking this box the Case Manager/Care Coordinator has verified that, when required, an RN has done supervision on CNA services
- ★ For PERS Unit; by checking this box the Case Manager/Care Coordinator has physically checked or has received documentation by the service provider that checked the PERS unit is in good working order.
- ★ For Timesheets; by checking this box the Care Coordinator has verified the timesheets for each SHA for each participant
- ★ When validating services; if EMWS does not show services have been provided, the Case Manager/Care Coordinator must contact the service provider to document why services were not provided

Use the "Comments" area to clarify or detail any responses
 All copies must be uploaded into the EMWS on a monthly basis.