

We want to welcome everyone and thank you for participating in today's training on the New Forms for the Comprehensive and Supports Waivers.

This is Jessica Fancher, Training Coordinator for the Division

We will have Rory Schiffbauer, Participant Support Program Manager, and Rita Munoz Participant Support Specialist here today to provide you with information on the new forms.

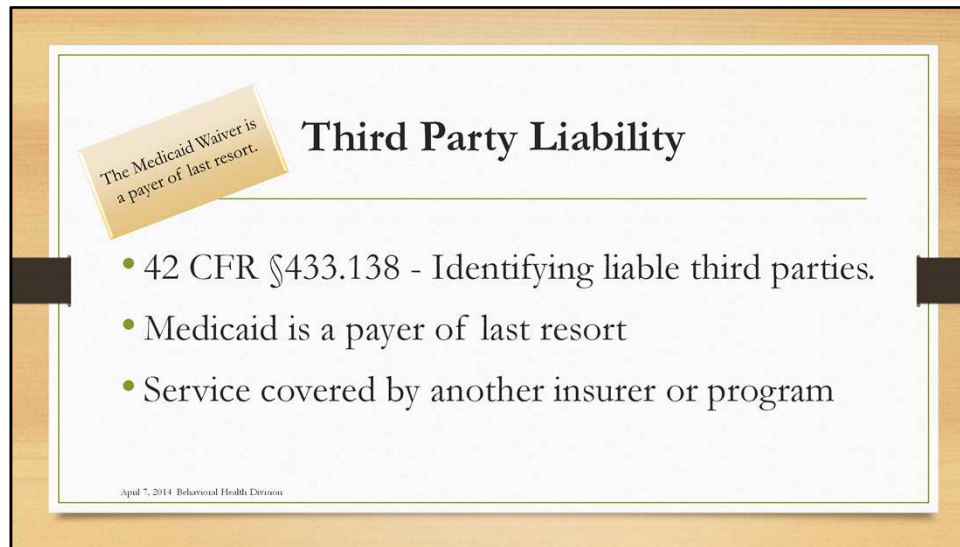
What's New in Forms?

- Third Party Liability Form
- Behavioral Support Service Form
- Crisis Intervention Service Request Form
- Transportation Mileage Log
- Person-Centered Employment Pathway Planning Packet

April 7, 2014 Behavioral Health Division

Today we will train on 5 new forms:

- The Third Party Liability Form
- The Behavioral Support Service Form
- The Crisis Intervention Service Request Form
- The Transportation Mileage Log; and
- The Person-Centered Employment Pathway Planning Packet



This form may look familiar to you. It replaces the old "Won't Pay form"

"By federal law, the Medicaid waiver is considered a payer of last resort."

"What does that mean?"

Well, it means that if a waiver service is covered by another insurer or program, that service is responsible for paying any costs incurred by a Medicaid eligible individual prior to Medicaid making any payment."

"For example..... A participant is receiving services from the Division of Vocational Rehabilitation (DVR) and needs specialized equipment. Before the waiver will cover the specialized equipment, the provider must submit this form to DVR. DVR must then research the participant's eligibility for the specialized equipment."

Third Party Liability Form

1. Identify a service that a participant may be eligible to receive from another agency.

3. The agency representative signs here verifying the participant is not eligible for the service indicated.

Third Party Liability Form

Purpose:
If subject to 34 CFR 34.133 Subpart D, the National Insurer is considered a party of last resort. If another insurer or program has the responsibility to pay for costs incurred by a Medicaid eligible individual, that entity is generally required to pay all or part of the cost prior to Medicaid making any payment.

The waiver services (and/or) may be available through another resource, individual, or program. These are generally the Rehabilitation Act of 1973, Department of Workforce Services or Division of Vocational Rehabilitation, Public Law 94-142 (Department of Education), Medicaid, Medicare, state and federal grant, private sources or other available programs.

Federal Financial Participation, which means waiver funding, must not be claimed for waiver payments, including or combined with other training expenses. To receive the waiver a representative paying for these services, the requirements of 34 CFR 34.138 and 34.139 must be met for identifying third parties liable for payment of services under the plan and for payment of services involving third parties. The waiver will only be for services that are available under a program funded for either the Rehabilitation Act of 1973, P.L. 94-142 or 42 CFR 34.133 Subpart D, Third Party Liability.

Participating Agencies and Services

Agency Name completing form	Last name of person completing form	First name of person completing form	Title of person completing form

2. Check the box for each waiver service the participant is requesting that is available through another resource for which the person is likely eligible, but is not able to receive.

DVR or Workforce Services	Education Services	Medicaid or other Health Insurance	Other Insurance
<input type="checkbox"/> Job Development	<input type="checkbox"/> Specialized Equipment	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Other Insurance
<input type="checkbox"/> Job Coaching	<input type="checkbox"/> Employment Discovery	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Other Insurance
<input type="checkbox"/> Transportation	<input type="checkbox"/> Registered Employment (Individual or Group)	<input type="checkbox"/> Services services	<input type="checkbox"/> Other Insurance
<input type="checkbox"/> Work Incentive and (DRA)	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Other Insurance
<input type="checkbox"/> Discovery and Communication	<input type="checkbox"/> Skilled Medical Equipment	<input type="checkbox"/> Skilled Medical Equipment	<input type="checkbox"/> Other Insurance

3. To be completed by the service agency representative. Please indicate reason(s) the participant is not eligible for the above stated service(s).

4. By signing below you certify that you have researched the above participant's eligibility for services with your agency and have found there is no other agency that is eligible for any of your services.

Agency Representative Signature _____ Date _____

2. Have the agency verify that the participant is not eligible to receive this service from that agency.

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“If DVR finds that the participant is not eligible to receive specialized equipment through their program, the DVR representative will complete the “Third Party Liability” form.

“For example.....The Case Manager will identify the service the participant may be eligible to receive by checking the box that corresponds with the service, in this example, the box checked would be “specialized equipment.” The case manager will then send the form to DVR.

“The DVR representative will then indicate the reason the participant is not eligible for the service indicated. **Example: DVR will not cover the specialized equipment because it is not needed for employment.**

“The DVR rep will sign the form verifying they researched the participants eligibility information.

“The form is returned back to the case manager who will then upload it into EMWS with the plan.”

“This form must be completed for every service that the participant is eligible to receive under another insurer or program.”

Behavioral Support Service

The Behavioral Support Service includes training, supervision, or assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors through the implementation of positive behavior support and interventions. This service can also be accessed for the intent purpose of reducing the use of restrictions and restraints within a participant's current plan of care or service environment.

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“The Behavioral Support Service was added to provide training, supervision, and assistance to participants in the appropriate expression of emotions and desires. The purpose of this service is to help the participant with assertiveness, compliance, and acquiring socially appropriate behaviors, ultimately reducing inappropriate behaviors. Rather than adding more staff or other measures, this service supports education of replacement skills.”

“Reimbursable activities include:

- Observation of the person and environment for purposes of developing a plan and to determine the participant's baseline.
- Development of a positive behavior support plan and subsequent revisions utilizing positive behavior supports and interventions.
- Obtaining consensus of the Individualized Support Team that the behavior support plan is feasible for implementation.
- Training in assertiveness
- Training in stress reduction techniques
- Training in the acquisition of socially accepted behaviors
- Training staff, family members, roommates, and other appropriate individuals on the implementation of the behavior support plan; and
- Consultation with team members

“Activities that **are NOT** allowed with this service:

- Aversive techniques – (This is any technique that is not approved by the individual's person centered planning team and the provider's human rights committee.)
- Therapy services furnished to the participant within the educational/school setting or as a component of the participant's school day.
- Services furnished to a minor by a parent(s), step-parent(s), or legal guardian.
- Services furnished to a participant by the participant's spouse.
- Simultaneous receipt of facility-based support services or other Medicaid-billable services and intensive behavior supports

Behavioral Support Service *Example Form*

Behavioral Support Service Form Example

Behavioral Support Service includes training, supervision, or assistance in appropriate expression of emotions and desires, compliance, assessment, acquisition of socially appropriate behavior, and the reduction of inappropriate behaviors through the implementation of positive behavior support and interventions. This service can also be viewed for the most part of reducing the use of restrictive and harmful within a participant's current plan of care or service environment.

Documentation of services must be submitted to the case manager by the 3rd day of the following month

Agency Name: _____ **Behavior Specialist Name:** _____ **Phone:** _____

Participant Name: _____ **Case Manager Name:** _____

Participant ID: _____ **Medicaid ID:** _____

Service Checklist:

- ☐ Development of Functional Behavior Analysis (FBA)
- ☐ Development of Positive Behavior Support Plan (PBS)
- ☐ Training staff, family members, community, and other appropriate individuals for implementation of PBS
- ☐ Training participant in assessment
- ☐ Training participant in stress reduction techniques
- ☐ Training participant in acquisition of socially appropriate behaviors
- ☐ Training participant on essential elements of PBS for the purpose of developing adaptive skills
- ☐ Consultation with participant and team members

Check the box as you complete the service task.

Identify the professional responsible for the task

Document the timeframe for completion

Submit Documentation that provides detailed information on behavior supports									
Task	Outcomes	Schedule	Hours Per Week	Number of Weeks	Total Hours	Rate	Total		
Behavior Specialist	Development of FBA	Observation and development of FBA within the participant's environment	Weeks 1 and 2	8	2	16			
Behavior Specialist	Development of PBS	Review FBA and consult with participant and team to develop PBS	Week 3	8	1	8			
Behavior Specialist	Consultation with participant and team members	Review data collected by trainer/providers and meet with participant and team to discuss results and amend the PBS as needed	Week 4	8	1	8			
Total									
Cost									

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“The example form on the slide demonstrates how the form should be completed and what information goes into each section.”

“It should be completed by a “Behavior Analyst” or other certified professional authorized to complete this form.”

The Behavior Analyst must submit this form to the case manager for prior authorization. More than likely, the service will require Extraordinary Care Committee or Clinical Review Team review and approval.

“The checklist identifies the tasks that must be completed.”

“Tasks, outcomes, a schedule (which includes hours per week, number of weeks, and total hours), rate, and total must be documented in the form.”

Crisis Intervention Service

- Crisis intervention services may be added to a plan for situations where a participant's tier level may not provide sufficient support for specific activities, medical conditions or occurrences of behaviors or crisis, but the extensive supervision is not needed at all times.
- The service may only be provided to a participant age 18 years or older in habilitative residential or day services.

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“The Crisis Intervention Service provides funding for extra support from another staff to supervise a participant in the habilitation service during times of periodic behavioral episodes where the person is a danger to oneself or others, or if the participant has an occasional or temporary medically fragile situation and is at risk of imminent harm without the extra staff support. “

“Intervention for behavioral purposes is not intended for watching the person should the behavior occur, but for the purpose of supporting the participant when the need arises, using positive behavior supports and non-violent, non-physical crisis intervention services to de-escalate a situation, teach appropriate behaviors and keep the participant safe until the participant is stable.”

“The quantity of caps will be approved by the Division’s Clinical Review Team and shall be based on verified need and evidence of the diagnosis or condition requiring this service.”

“Documentation of progress and data on behaviors and the outcome of the intervention services must be submitted to the case manager and Division at the frequency specified in the approved plan of care. This service must be used in conjunction with another habilitation service for those over 18.”

Crisis Intervention Service Request Form

Crisis Intervention Service Request

These rules only apply to Residential Rehabilitation, Community Integration Services, Adult Day Services, and Pre-Admission Services. A provider must complete this form if Crisis Intervention Services are being requested. The case manager submits it to the Director with the plan of care or modification. Descriptions for the use of Crisis Intervention Services and level descriptions are available in the service definitions document. This service provides support for behavioral or medical crises only where usual supports in these services are not sufficient to meet the immediate need. It is not provided for day-to-day troubles, to replace day services, to provide additional staff for ongoing supervision during habilitation services, or other non-crisis circumstances.

This form must be submitted for the annual plan of care renewal, Extraordinary Care Committee, or Clinical Review Team processes.

Participant Name: _____ Case Manager: _____ Phone: _____
 ICAP Service Score: _____ Date of Current ICAP: _____ Level of Service Need: _____

Complete the questions below. Select only one (1) service per form to answer the questions.

1. Services: ☐ Residential Rehabilitation (RR) ☐ Community Integration ☐ Adult Day Services ☐ Pre-Admission Services

2. Day Service Tier Level: ☐ High Level of Care (Service Levels 1 and 2) ☐ Medium Level of Care (Service Levels 3 and 4) ☐ Basic Level of Care (Service Levels 5 and 6)

3. The use of Crisis Intervention will be used for: ☐ Behavioral Supports ☐ Medical Supports

4. Describe how the requested crisis intervention will meet the participant's health and safety needs:
Describe here:

a) How many participants in the habilitation setting/location/group? Describe here:

b) How many staff are routinely assigned to the habilitation setting/location/group? Describe here:

c) How will additional staff be accessed for times of crisis? Describe here:

d) How long (typically) will additional staff be needed per event? Describe here:

5. How will the crisis intervention service be documented? Describe here:

6. How many units are needed to meet the participant's needs during a crisis in this setting?
 a) The participant will need _____ each day / week / episode. (circle one)
 b) The participant will need a total of _____ for the plan year.

7. How will the team be able to reduce the reliance on crisis intervention services within this setting?
Describe here:

Provider Signature: _____ Date: _____ Director Signature: _____ Date: _____ ☐ Approved ☐ Denied

Director Comments: _____

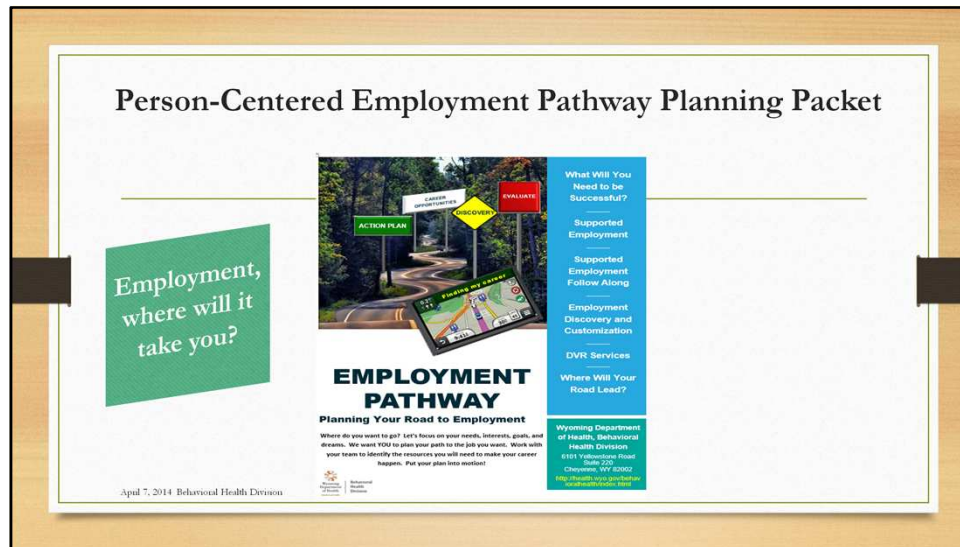
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This slide has an example of the form.

“The provider may only select 1 service per form.”

“The provider is also responsible for detailing HOW the team will reduce the reliance on crisis intervention services within the setting identified.”

“Case managers must submit this form for the annual plan of care renewal, Extraordinary Care Committee, or Clinical Review Team processes.”



We have created a Person Centered Employment Pathway Planning Packet. This form is designed for providers of employment services to complete with the participant and the participant's team.

We strongly encourage employment discussions with all participants. Any person receiving services on the waiver could benefit from this employment pathway planning packet.

By using this guide, it allows the employment provider to ask the questions necessary to evaluate the participants employment options, identify their employment desires and goals, address the needed resources, and develop a concrete employment action plan to make competitive employment a reality.

Who completes the packet?

Providers of Employment Discovery and Customization, Prevocational Services, or other employment services should complete the employment pathway packet. Case managers DO NOT complete this packet.




We are very excited about this new form and the new employment services that are offered on the waiver.

Employment is highly valued and it enables a participant to improve their quality of life as well as contribute to their community.

It provides an essential source of self-esteem and allows connection and interaction with others.

People with disabilities can succeed on the job. They have dreams and want to be included in their communities.

Employment Pathway Planning Packet



- **Evaluate:** Completing the Personal Profile
- **Discovery:** Identifying Resources

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Employment planning involves several steps that must be taken before a plan can be implemented.

The “Evaluate” (personal profile) should be completed first. The profile helps you get to know the participant quickly and easily. It provides a positive focus on the participant’s strengths, interests, and skills. It will give life to the possibilities of employment.

The “Discovery” section should be completed during a team meeting that includes the participant. This will help the team identify all of the employment services and resources that need to be utilized for the participant to be successful in his or her employment pathway.

Employment Pathway Planning Packet



- **My Action Plan:** Developing the Action Plan
 - **Action:** Action Steps Completed
 - **Review:** Action Plan Review

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The “Plan” section should be completed after the “Discovery” section is completed. This section will help the team list out potential places of employment that fit the strengths, interests, and skills of the participant.

It identifies the steps that must be taken in order for the participant to progress towards competitive employment.

Participant Evaluation

Participant Name _____
Date _____

Evaluate: My Personal Profile

If you want to find satisfying work, you must start with yourself. By answering the questions below, you will develop a personal profile that summarizes your interests, strengths, preferences, and dreams.

General Info / Life information affecting employment (paint a general picture of your life)

1. Background information? What do I want you to know about me?
2. Family or other key relationships?
3. Where do you live? Who do you live with?
4. Community involvement?

Personal Employment Profile (What is important to the participant?)

5. What is my dream job?
6. What are the things about my dream job that interest me?
7. What is important to me in a job?
8. What kind of tasks do I want in a job?

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9. What motivates me to work? (money, meeting people, making friends, working for a cause, using my talents and abilities, independence, etc.)

Interests (include information about how this was learned/discovered):

10. What interests me?
11. What do other people say I enjoy doing?
12. What things do I like or do that I could turn into a business of my own?

Vocational skills

13. What am I good at?
14. What skills do I have?
15. What kind of things do I regularly do?

Job tasks based on skills and interests (i.e. answer a phone, take a message, drive a car)

16. What tasks can I do now based on the skills I have?

Desired employment considerations and rationale for each (i.e. A.M. employment due to transportation, evening hours due to medicines, non-smoking environment due to asthma, modified work station due to wheelchair, no work on Sundays due to involvement in church, etc.)

17. What kind of work environment do I want? (lighting, noise, pace of business, location, size, etc.)
18. What do I need to look for in culture of the workplace? (people/personalities, quality versus quantity, tight or loose on method of how work is done, outgoing, quiet, etc.)

Here is a sample of the “Evaluate” part of the packet.


Asking the right questions to find out what employment means to the participant is essential to building the employment plan.

Understanding how they view themselves and what they have an interest in is part of the person centered process.

Remember that everyone has dreams. If a participant has a specific dream job, find out what it is about that dream job they like. This will help you start in a direction that fits the interests of the participant.

Once you have all the information, you can start identifying the resources the participant will need in order to be successful in employment.

Participant Discovery



Participant Name _____

Date _____

On-the-Job Supports (role of Employment Specialist, natural supports, training supports – how typical people who train will be involved, other supports)

34. Explain what type of supports are needed or will be expected at the job site (examples: facilitating relationships, following natural prompts to tell time, working with small group of consistent co-workers, initial instruction using the time clock, etc.)

Discovery: Resources

27. Job opportunities based on my skills, strengths, interests, and work history.

-
-
-
-

28. Who is in my circle of supports?

29. What type of supports do I need or will I need? (job coach, specific accommodations, adaptive equipment, transportation, supported employment, supported employment follow along, prevocational training, job shadowing, etc.)

30. Will I need employment services from Division of Vocational Rehabilitation (DVR)?

31. Will I need to know about work incentives once I become employed or self-employed? If so, which work incentives may apply to my work situation?

32. What are obstacles or barriers that I may encounter?

33. What ways can I overcome my obstacles or barriers?

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Other Support Services

35. List here any support services I have or will need that relate to my being successful at work (residential services, case manager, PT appointment every other week, Therapist appointment every Wednesday, etc.)

36. Will I need an accommodation? Describe what may be needed and who may be able to help figure out the details.

Here is a sample of the “Discovery” part of the packet.

This will help the participant, the provider, and the team determine what type of supports and services will be needed.

The resources and needed supports will become part of the employment action plan.

Developing an Action Plan

Plan

Participant Name _____ Date _____

Developing a Plan of Action

Job Possibilities – based on identified skills/interests & tasks. List name of business and type of work. This list will come from a job-planning team meeting. (Who, what, when, where, and how will these be achieved) This is my starting place for job development.

37. List potential places of employment by name (and contact person if identified) that have need of the skills/tasks I have to offer and that fit the preferred characteristics of a job.

- i.
- ii.
- iii.
- iv.
- v.

38. List the tasks I will be looking for within that company.

- Job 1.
- Job 2.
- Job 3.
- Job 4.
- Job 5.

39. List self-employment options I have based on my skills and interests.

Business option 1:

Business option 2:

Business option 3:

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Representational Considerations (Include role of Employment Specialist, case manager, guardian, family members, and other supports in job development. This is the area to address the plan for job development—who will make employer contacts; how will disability info be addressed, etc.)

40. How will I be represented?

41. Discuss how my disability is going to be addressed to potential employers - what can I say?

42. How will I describe the impact of disability in functional terms? Rather than saying, "I have Autism," how will I describe the specific characteristics and how they relate to work?

43. Plan for fading (plan for me to be independent on the job site.)

- a. Identify needed natural supports (people, prompts, orientation, etc.)
- b. Identify the employment specialists initial role on the job site
- c. Plan for sharing my learning style, suggested teaching techniques, optimal methods of communicating information, etc.

44. Other Important Information (individualized)

- a. Describe any other necessary information here that I did not feel was appropriate to place anywhere else. (Examples: criminal background, safety concerns, unique aspects of me that was not listed previously, etc.)

STOP

You have now completed the building blocks for your employment action plan. The next section is developing your employment plan and outlining the action steps that will be taken to enter competitive employment from where you are in your employment pathway.

The section of the packet helps you develop your action plan.

1. You have identified the skills, interests, and desires of the participant.
2. You have a list of identified skills and tasks that a participant has or is able to do.
3. You have detailed employment considerations for the participant, like environment, culture of workplace, preferences, learning style, number of hours per week.
4. You have a list of past work, volunteer, or internship experiences, etc.
5. You know the services and supports that will be needed.
6. Now you can start putting the pieces together by listing out job possibilities, or self employment options, and the tasks the participant will be looking for within those job possibilities.

Sample Questions and Actions for Plan

My Action Plan for Employment

Participant Name _____ Date _____

My Action Plan

Purpose: This guide is to assist participants, employment specialists, families, teams, and others on how to facilitate and implement a person-centered employment plan. There are four pathways to employment that a team will work around; recognizing that being employed is the first consideration. By asking the employment questions listed and others that the team develops, the team can better understand what path a participant wants to take and set short-term and long-term goals accordingly.

Pathway to Employment	Sample Employment Questions	Employment Action	Person responsible for action	Action Date
I am currently in a job or career	1. Are you making enough money to meet your living expenses? 2. What do you like about the job you have now? 3. What do you not like about the job you have now? 4. Do you want to try something new where you are currently working? 5. Do you want to learn about different jobs?	1. Create or update my resume. 2. Seek out new job opportunities in the field of interest. 3. 4. 5.		

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Pathway to Employment	Sample Employment Questions	Employment Action	Person responsible for action	Action Date
I am unemployed or underemployed and want a job or self-employment this year	1. How much money will you need to make to meet your living expenses? 2. How much money will you need to things you want? 3. Do you want to try a different type of job? 4. If you could have any job, what would it be? 5. What interests you about your dream job? 6. Are there jobs that you don't want to do? 7. Is there anything that worries you about getting a new job?	1. Job coach assistance. 2. Supported employment 3. Supported employment follow along. 4. 5.		
I want to be employed or self-employed in two years	1. Do you want to learn a new skill? 2. Do you want to learn about new jobs? 3. What is your greatest fear when you think about working? 4. What motivates you?	1. Set up prevocational services. 2. 3. 4.		


Here are sample plans reflecting two different pathways a participant could be on.

It is important to ask questions for the pathway the participant wants to be on.

The employment plan should be implemented and functional when all sections are completed.

This packet **CANNOT** be completed in one interview. There are multiple steps involved that require planning, lengthy discussions with the participant and other people in his/her life. There may be workplace internships or employment visits to determine what the participant is interested in.

Action Steps Completed



Action Steps Completed

List the employers or agencies you contacted, the date of contact, and the outcome of your contact.

- Date of Contact: _____ Method of Contact: (phone, in person, mail) _____
 Employee: _____
 Contact Made By: _____
 Outcome of Contact: _____
- Date of Contact: _____ Method of Contact: (phone, in person, mail) _____
 Employee: _____
 Contact Made By: _____
 Outcome of Contact: _____
- Date of Contact: _____ Method of Contact: (phone, in person, mail) _____
 Employee: _____
 Contact Made By: _____
 Outcome of Contact: _____

Other Action Steps Completed:


- Action: _____ Who Completed Action: _____
 Date: _____
 Outcome of Action: _____
- Action: _____ Who Completed Action: _____
 Date: _____
 Outcome of Action: _____
- Action: _____ Who Completed Action: _____
 Date: _____
 Outcome of Action: _____

STOP

You have now completed action steps towards employment. The next section should be completed 3 months after development of your employment plan. It allows you to evaluate and refine your employment plan as needed.

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Person-Centered Employment Plan 

Documenting the action steps completed allows the team to track the progression of action steps that have been taken for the participant to achieve his or her desired employment goal.

This section should be completed 30 days from implementation of the employment plan.

Plan Review



Participant Name _____ Date _____

Action Plan Review

Team Members Involved in this Review:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Date of Next Review: _____
(This should occur every 3 months to measure progress towards employment)

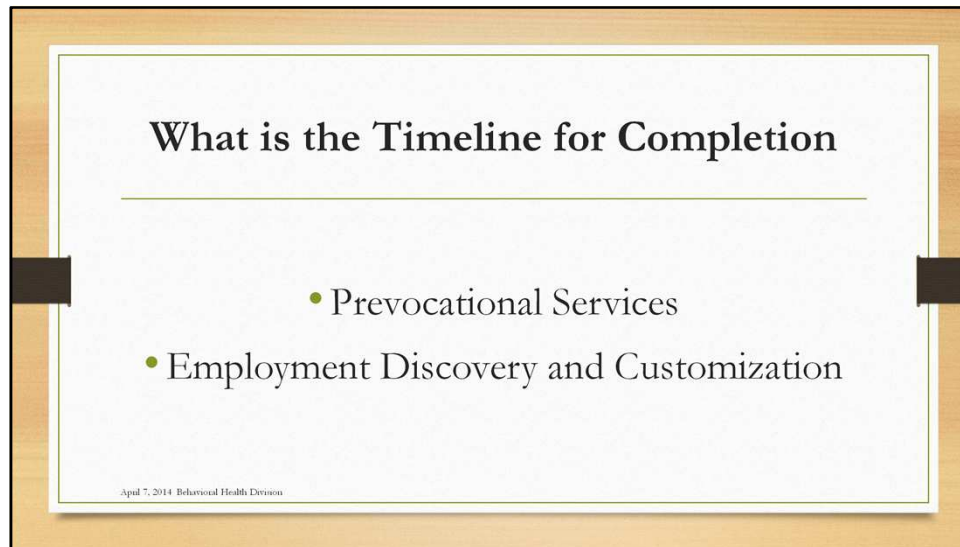
The action plan review is a tool designed to:

- 1) Recognize accomplishments, 2) Track actions, 3) Measure impact,
- 4) Evaluate the plan, 5) Determine next steps.

Action	Date Action Taken	Outcome	Next Steps

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The plan review should occur no later than 3 months after implementation of the employment plan. The team should meet and evaluate the plan and refine the plan as needed for the participant to achieve his or her employment goal.



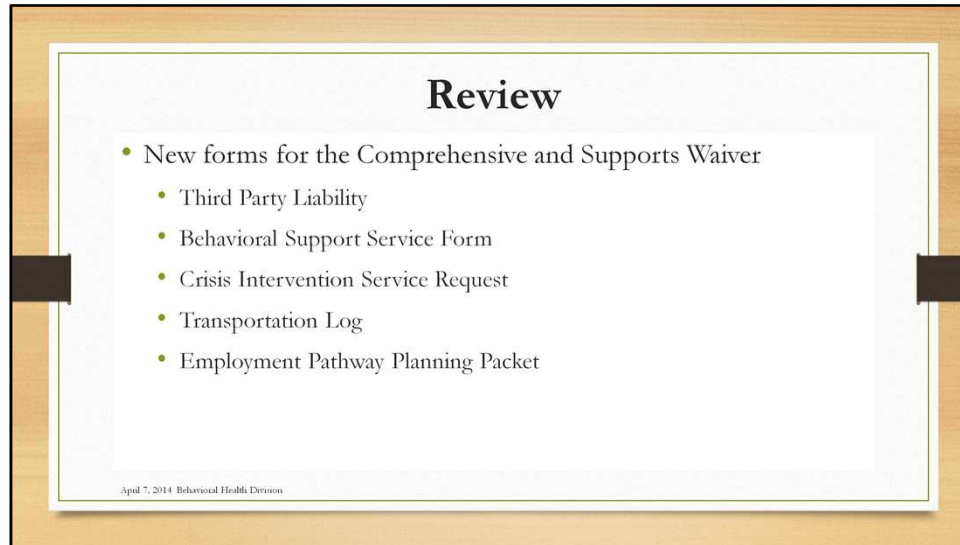
For Prevocational Services- This employment pathway planning packet or another acceptable employment plan model should be completed during the first year of prevocational service and uploaded to EMWS.

The employment plan must be completed and steps implemented for prevocational services to be added the second year.

This process must be repeated each year if prevocational services stay on a person's plan. Each year of implementation should decrease the amount of prevocational services used.

For Employment Discovery and Customization - This packet must be completed when a provider requests the Employment Discovery and Customization service on a participants plan. The Division will allocate 100 units for the service at which time the employment service provider will then complete the "Evaluate" and "Discovery" of the employment pathway packet. Once the two sections are completed and uploaded into EMWS, an additional 300 units for Employment Discovery and Customization services can be added to the plan through a modification. Within the plan year, the entire employment pathway planning packet must be completed and uploaded to EMWS.

Remember, this tool can be used for any participant considering employment. It is a helpful resource in for developing a concrete employment plan that addresses the participants desires, goals, interests, and skills.



In review, today we covered the new forms for the comprehensive and supports waivers

These forms are available for use now and can be found on the BHD website.

Where Do You Find the New Forms?

<http://health.wyo.gov/DDD/index.html>

Click on the
"Community Waiver
Programs" Tab



The screenshot shows the Wyoming Department of Health website. On the left sidebar, the 'Community Waiver Programs' link is highlighted. The main content area displays the 'Behavioral Health Division DD Sections Home Page' with various links and information.

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You can find the forms on the website link listed on the slide.

You will click on the Community Waiver Programs link

Where Do You Find the New Forms?

The screenshot shows the Wyoming Department of Health website. The main content area is titled "Welcome to the Behavioral Health Division's Developmental Disabilities Community Programs". Below this title are three tabs: "Participants & Families", "Providers & Case Managers", and "Helpful Links". The "Providers & Case Managers" tab is highlighted with a red arrow pointing to it from a callout box that says "Click on the 'Case Manager Tools' Tab".

Participants & Families	Providers & Case Managers	Helpful Links
<ul style="list-style-type: none"> Applying for Waiver Enrolling Waiver Providers Self-Clearing Services State Reapplier Open Waiver for children only Acquired Brain Injury (ABI) Waiver Adult DD Waiver Child DD Waiver Children's Mental Health Waiver 	<ul style="list-style-type: none"> Provider Application Information Provider Application Form Provider & Case Manager Manual 2012 WIC Waiver Short Waiver on how to use the guide with examples of completed Parts of Case Case Manager Tools New Forms Provider Tools Religious Provider Disclosure Provider Recertification Info Medication Assistance Info 	<ul style="list-style-type: none"> Fraud Notice Fraud Notice Provider Bulletin ADHAP See Comprehensive and Supplemental Waivers Waiver Bulletin Quarterly Forms - Case Management Waivers Self-Direction Support Breakdown Medication Medical Compliance Medical Waiver Rules

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You will then be on this page. Click on the case manager tools link

Where Do You Find the New Forms?

Click on the “Case Management Forms” Tab

The screenshot shows the Wyoming Department of Health website. On the left sidebar, the 'Case Management Forms' link is highlighted with a red arrow pointing to it. The main content area displays 'Information for Case Managers' with a list of links including 'Case Management Forms New Forms', 'Case Management FAQ', 'Case Management vs. Support Brokerage Responsibilities', 'Electronic Medicaid Waiver System (EMWAS)', and 'Transition Forms'.

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The new forms that were discussed in todays training will be found under the “Case Management Forms” link

Where Do You Find the New Forms?

New Forms

Case Management Forms

Comprehensive and Supports Waiver Forms

- Behavioral Support Service Sample Form posted 4-2-2014
- Behavioral Support Service Flexible Form posted 4-2-2014
- Crisis Intervention Service Request Form posted 4-2-2014
- Third Party Liability Form posted 4-2-2014
- Transportation Waiver Log posted 4-2-2014


New Supervision Flexibility Form posted 2-27-14

Note: Providers who are experiencing staffing flexibility must discuss the changes in staffing with the participant or guardian and case manager. This form must be signed by all parties and submitted to BHS in the patient's insurance file by June 1, 2014.

- ABC Waiver Neurological Requirements
- Case Management Monthly Review Form (effective 7-5-2012)
- Case Management Quarterly - effective September 2012, this form submitted electronically in Electronic Medicaid Waiver System (EMWS)
- ECC Checklist (effective 8/2/2012)
- ISA Adjustment Request Form (posted 10-14-2010)
- ISA Adjustment and revised ECC Policy and Procedures (name 10-14-2010)
- ICAP / SIS Consent and Checklist revised 9-5-13

April 7, 2014 Behavioral Health Division

If you have any problems accessing the forms, please contact the Participant Support Specialist in your area.




Questions?

If you have questions regarding the training topic that was covered, please join us for the conference call to discuss this training topic on:

April 24, 8:30 – 10:00 a.m.

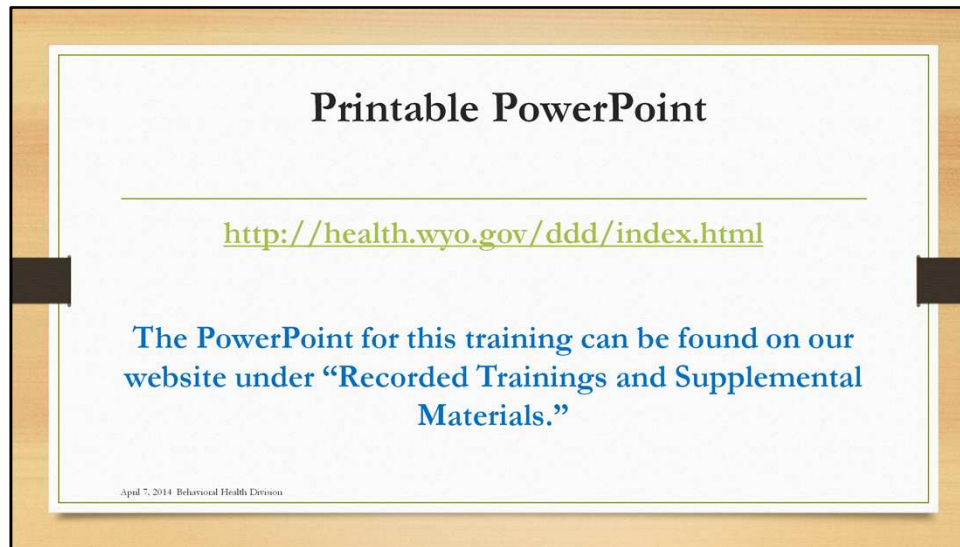
Call in number is 1-877-278-8686 Code 252484



April 7, 2014 Behavioral Health Division

We understand that many of you may have questions about the new forms and we will be holding a conference call on April 24 from 8:30-10:00 a.m. to answer your questions on this training topic.

The call in number and access information is listed on the slide.



If you would like a copy of the PowerPoint for this training, please go to the website listed on this slide.

There will also be a survey monkey link posted on our website after the training that case managers will need to take. This will serve as proof that you completed the required training.

You can find all training materials for the new waivers under the ***“Recorded Trainings and Supplemental Materials”*** tab.

We hope you have enjoyed today's training and appreciate you taking the time out of your busy schedules to learn about the new forms.

Thank you from the Behavioral Health Division and have a wonderful day.