



Wyoming
Department
of Health

Revised Edition – July 2020

Division of Healthcare Financing
Developmental Disabilities Section

Individualized Plan of Care Guide (IPC Guide)



INDEX *CLICK ON LINK TO NAVIGATE*

Purpose of the Manual.....	4
Chapter 1 – Getting Started	5
Electronic Medicaid Waiver System (EMWS).....	5
Log In	5
Medicaid Waiver System Confidentiality Agreement.....	6
Task List Tab	6
Contacts in EMWS	7
Document Library in EMWS	7
Assessment History in EMWS.....	7
Processes.....	8
Notes	8
EMWS Help Desk.....	9
Chapter 2 – Completing the Individualized Plan of Care	10
Overview	10
Individualized Plan of Care Requirements	11
Late Plans	11
Plan Status.....	12
Individual Preferences.....	13
Person-Centered Planning Approach.....	14
Appropriate Language for Responses	14
Review Questions at the Team Meeting.....	14
Participant’s Desired Accomplishments for the Upcoming Plan Year	14
Participant’s Personal Preferences:	15
Important Things to Know About Participant:	15
Demographics	15
Rights.....	15
Rights Restrictions.....	16
Provisions in Rule to Determine if a Right Restriction Meets Criteria	16
Guidance on Specific Rights	19
Plan for Restoration of Rights	23
Restoration Plan Examples.....	24
Assessments.....	25
LT-101 Level of Care Assessment (For Individuals Who Have an ABI).....	26

LT-104 Level of Care Assessment 26

- Medical Field 27
- Psychological Section 27
- Functional Section 27
- Determination 28

Psychological/Neuropsychological Assessments 28

- Billing for Psychological and Neuropsychological Assessments 29

Inventory for Client and Agency Planning (ICAP) 29

Circle of Supports 30

- Home Setting Tab 30
- Housing 30
- Other Services Tab 31

Needs and Risks 31

- Details for Each Support Area 32

Medical 36

- Medical Professional Tab 36
- Diagnoses Tab 36
- Medications Tab 37
- Medical Regimen 37
- Known Allergies Tab 37

Specialized Equipment 37

Behavioral Supports 38

Service Authorization 38

- IBA Section 39
- Case Management Section 39
- Services Section 39
- Self-Directed Services Section 40

Verification 40

- The Participant and Legally Authorized Representative Verification Form 40
- Relative Disclosure 40
- Team Signature and Verification 41

Finalize IPC 41

Modifications to an IPC 42

Chapter 3 – Supplemental Requests 44

Overview 44

Extraordinary Care Committee (ECC)..... 44

Reconsideration Request 45

Chapter 4 – Forms and Helpful Tools..... 46

 IPC Required Forms 46

 Guardianship Orders 46

 ICAP Authorization and Information Form 46

 Medication Consent Form..... 46

 Participant and Legally Authorized Representative Verification Form (Verification form) 47

 Team Signature Verification Form (Team Sign form)..... 47

 IPC Additional Forms/Worksheets/Samples 47

 Criteria for Neuropsychological Evaluation 47

 Criteria for DD Psychological Evaluation..... 47

 Environmental Modification Request Worksheet 47

 Functional Behavior Assessment (FBA) and Positive Behavior Support Plan (PBSP) Template Sample 47

 IPC Planning Workbook..... 48

 IPC Worksheet - Blank..... 48

 Medication Assistance Record Form (MAR)..... 48

 Participant Specific Training Form 48

 Relative Disclosure Form..... 48

 Self-Direction Referral Form 48

 Specialized Equipment Request Worksheet 48

 Team Meeting Checklist..... 49

 Third Party Liability Form 49

 Transition Checklists..... 49

 Waiver Application & Waiver Application Guide – Supports Waiver 49

Wyoming Medicaid Rules..... 49

Commonly Used Terms 49

Commonly Used Acronyms 49

PURPOSE OF THE MANUAL

The purpose of the Individualized Plan of Care Guide (IPC Guide) is to provide instructions and references on the forms, documents, and processes necessary to meet the Individualized Plan of Care (IPC) review requirements. Case managers should use these instructions to develop the IPC, after they obtain input from the participant and plan of care team. All sections of the IPC are important and should be specifically written in a way that reflects the participant's wishes, goals, medical condition, health and safety needs, and behavioral concerns.

This manual is written primarily for the case manager, but can be used as a resource for participants, families, and teams.

CHAPTER 1 – GETTING STARTED

Electronic Medicaid Waiver System (EMWS)

The Electronic Medicaid Waiver System (EMWS) is a web-based portal used by the case manager to navigate and manage the IPC process. Throughout the IPC process, EMWS will assign tasks to specific users, including:

- **Case Manager (CM)**
- **Participant Support Program Manager (PM)** – Developmental Disabilities Section
- **Participant Support Specialist (PSS)** – Developmental Disabilities Section
- **Provider Support Specialist (PVS)** – Developmental Disabilities Section
- **Medicaid Eligibility Staff** – Long Term Care Unit
- **Wyoming Institute for Disabilities (WIND)** – University of Wyoming

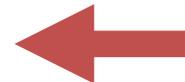
After a task is completed by an assigned user, EMWS automatically sends the case to the next user in the working queue. This role-based processing is referred to as workflow. Users are notified via email and on the EMWS task bar when a task needs to be completed.

Case managers *must* notify the assigned PVS and PSS when their email has been changed to ensure receipt of EMWS tasks.

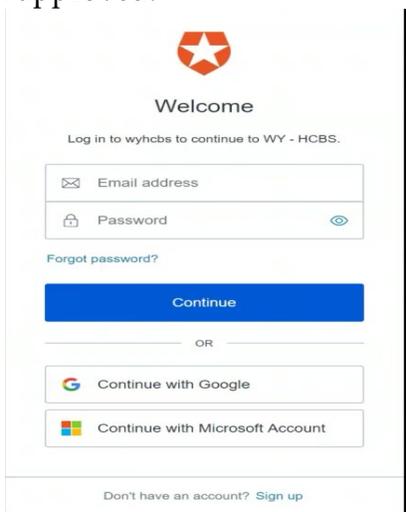
Log In

The website address to log into EMWS is:

<https://wyowaivers.com>



Before you can access EMWS, you must complete the certification process and then submit a request through the web based portal by clicking on Continue with Google/ Microsoft Account or by clicking the sign up link. Once your request has been reviewed and approved, you will receive an email verifying that the request has been approved.



- Enter Username and Password or click on Continue with Google/Microsoft account, depending on how you created your account. You will be directed to the Home Page.
- Case managers can reset their password by selecting **Forgot Password?**
 - Users are encouraged to store their user name and password in a secure location.

Medicaid Waiver System Confidentiality Agreement

When logging into EMWS for the first time and every 90 days thereafter, the user is presented with the Medicaid Waiver System Confidentiality Agreement known as an End License User Agreement (ELUA). Each user is responsible for reviewing, accepting, and adhering to the terms and conditions of the ELUA.

Task List Tab

When logging into EMWS, the case manager will be directed to the Task List tab. This tab shows the user’s active working queue, which lists the user’s assigned cases, the case status, and required tasks. The work queue is shown in a *grid* that contains up to 10 entries. To see additional entries, click the page numbers in the lower left corner of the grid.

The window below the active work queue lists cases that do not require immediate action. This is designed to help users keep track of where a case is in the workflow process.

Task List

Show Filter Contacts

Cases assigned to you that require your direct action.

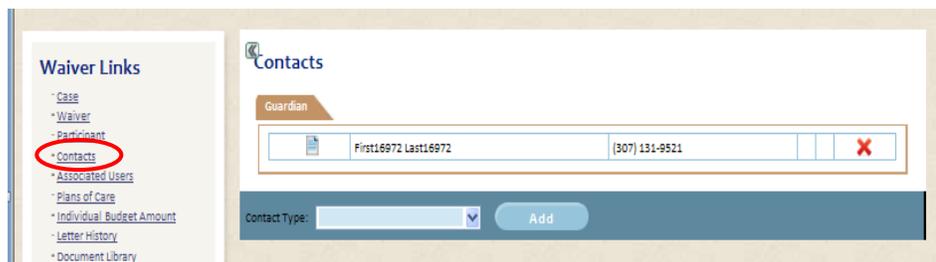
View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	Jones	Mary	XXX-XX-7866		DDD - ABI	Update LT 104	Complete LT 104	Yes	55

Cases assigned to you that DO NOT require your direct action.

View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Assigned	Days
	Smith	Joe	XXX-XX-3123		DDD - ABI	Eligibility	Select Case Manager	Yes	60
	Mckee	Eric	XXX-XX-8888		DDD - ABI	Eligibility	Complete LT 104	Yes	53
	Truman	Jeffery	XXX-XX-3984		DDD - ABI	Eligibility	Complete LT 104	Yes	53
	Johnson	Jim	XXX-XX-3444		DDD - ABI	Eligibility	Submit Neuropsych Evaluation	Yes	53
	Masse	Stephanie	XXX-XX-8934		DDD - ABI	Eligibility	Complete LT 104	Yes	53
	Richardson	Jason	XXX-XX-8523		DDD - Child	Eligibility	Submit Psych Evaluation	Yes	52
	Sandwich	Ed	XXX-XX-1231		DDD - ABI	Plan Of Care	Approve Plan Of Care	Yes	48
	Sandwich	Ed	XXX-XX-1231		DDD - ABI	Funding Opportunity	Final Approval	Yes	46
	Jones	Mary	XXX-XX-7866		DDD - ABI	Plan Of Care	Approve Plan Of Care	Yes	42
	Smith	Ed	XXX-XX-2345		DDD - ABI	Plan Of Care	Closed	Yes	42

1 2 3

Contacts in EMWS



The case manager is required to keep contact information up to date. All contact information in the **Contacts** screen under Waiver Links must be current.

- Add medical professionals including the participant's primary physician, dentist, optometrist, neurologist, etc.
- Add representative payee contact information, as applicable.
- Upload the most current *signed* guardianship order, as applicable. Upload new guardianship documentation any time a change is made to the order.
- Select a backup case manager from the drop down menu at the bottom of the page. The backup case manager will be utilized when the primary case manager is not able to perform case management duties. This information will print on the IPC.
- Add case manager and backup case manager contact information.
- Delete old information when changes are made.
- Delete duplicate contacts.

Document Library in EMWS

Please use the [EMWS File Naming Convention Guidelines](#) to name documents uploaded into the **Document Library** screen under Waiver Links. For example, the Case Management Selection Form should be named as follows: *CA.Johnson.John.CMSel.2020.02.11*.

Assessment History in EMWS

Assessments should be named using the [EMWS File Naming Convention Guidelines](#), and uploaded in the **Assessment History** under Waiver Links. Assessments include:

- The *signed* psychological or neuropsychological evaluation – completed by a Wyoming Medicaid enrolled licensed psychologist
- LT-101 – completed by a public health nurse
- ICAP summary – uploaded by WIND

The LT-104 assessment is completed in the **Assessment History** screen. This assessment does not need to be uploaded.

Processes

The **Processes** screen under Waiver Links will list each process, current status, completion status, start date, modified by, and modified date. This screen will keep a complete history of each process for the participant's case.

Processes

View	Process	Current Status	Complete	Start Date	Modified By	Modified Date
	Closure	Closed	Complete	7/15/2013 12:58:24 PM	MMIS	7/17/2013 6:10:00 AM
	Quarterly Review	Cancelled Quarterly Review	Complete	7/3/2013 9:50:57 AM	MMIS	7/17/2013 6:10:00 AM
	Quarterly Review	Completed Quarterly Review	Complete	4/1/2013 2:30:47 PM	lisa.aguirre	4/30/2013 11:30:35 AM
	Plan Of Care	Complete	Complete	2/25/2013 12:04:44 PM	lisa.aguirre	3/1/2013 3:40:26 PM
	Quarterly Review	Completed Quarterly Review	Complete	1/1/2013 6:36:03 AM	lisa.aguirre	1/31/2013 3:38:40 PM
	Quarterly Review	Completed Quarterly Review	Complete	10/4/2012 3:38:58 PM	lisa.aguirre	10/31/2012 1:51:30 PM
	Update ICAP	Complete	Complete	7/12/2012 2:09:37 PM	rlatham	7/13/2012 9:59:05 AM
	Update Psych	Complete	Complete	7/12/2012 2:04:42 PM	rlatham	7/13/2012 9:59:51 AM
	Update LT 104	Complete	Complete	7/12/2012 2:00:47 PM	rlatham	7/13/2012 10:05:05 AM
	Plan Of Care	Complete	Complete	6/5/2012 6:00:02 AM	lisa.aguirre	8/15/2012 12:50:19 PM
	Renewal	Complete	Complete	6/5/2012 6:00:02 AM	lisa.aguirre	8/15/2012 12:50:19 PM
	Plan Of Care	Complete	Complete	2/10/2012 11:31:56 AM	lisa.aguirre	2/15/2012 1:07:02 PM

Notes

The **Notes** screen is used to document important history of the case. It allows the case manager to document important changes to the IPC or in the participant's life, and can be used to respond to a rollback question for the PSS to review.

When a case manager enters a note for the PSS to read, the case manager *must* inform the PSS via email that there is a new note to review. The PSS is *not* notified by EMWS when notes are entered.

EMWS Help Desk

Case managers should contact the EMWS help desk when having system issues such as an error screen.

- The EMWS Help Desk can be contacted at emws-helpdesk@wyo.gov. Request a secure link if the issue is regarding a specific case or may contain protected health information. Once a secure link is received, send a screen shot of the error message or issue along with an explanation detailing the problem.

CHAPTER 2 – COMPLETING THE INDIVIDUALIZED PLAN OF CARE

Overview

A participant’s case is visible in EMWS 90 days prior to the plan start date to allow the case manager time to schedule and hold a team meeting, enter the information into EMWS, and submit the plan. The IPC will appear on the case manager’s top task list under processes with the status of *Submit Plan of Care*.

Cases assigned to you that require direct action.



View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Effective Date	Assigned	Days
	Test4/1	Sally	XXX-XX-0142	XX-XXXX0123	BHD - CA	Plan Of Care	Submit Plan Of Care	6/1/2014	Yes	8
	Test4/1	Sally	XXX-XX-0142	XX-XXXX0123	BHD - CA	Plan Of Care	Submit Plan Of Care	6/1/2014	Yes	8
	Test4/1	Sally	XXX-XX-0142	XX-XXXX0123	BHD - CA	Plan Of Care	Submit Plan Of Care	6/1/2014	Yes	8
	Test4/1	Sally	XXX-XX-0142	XX-XXXX0123	BHD - CA	Plan Of Care	Submit Plan Of Care	6/5/2014	Yes	7
	test	jay	XXX-XX-0141	XX-XXXX4028	BHD - CA	Plan Of Care	Submit Plan Of Care	6/8/2014	Yes	1
	Test	Mark	XXX-XX-0145	XX-XXXX1234	BHD - CA	Plan Of Care	Submit Plan Of Care	6/8/2014	Yes	1

Cases assigned to you that DO NOT require direct action.



View	Last Name	First Name	SSN	Medicaid Number	Waiver	Process	Status	Effective Date	Assigned	Days
	test	jay	XXX-XX-0141	XX-XXXX4028	BHD - CA	Funding Opportunity	Confirm Financial Eligibility	6/8/2014	Yes	1
	Test	Mark	XXX-XX-0145	XX-XXXX1234	BHD - CA	Funding Opportunity	Confirm Financial Eligibility	6/8/2014	Yes	1

To complete an IPC, you are required to work through each of the 12 steps under the Plan Mod Links



Plan Mod Links

- Plan Status
- Individual Preferences
- Demographics
- Rights and Restrictions
- Assessments
- Circle of Supports
- Needs, Risks, & Restrictions
- Medical
- Specialized Equipment
- Behavioral Supports
- Service Authorization
- Verification

Individualized Plan of Care Requirements

As outlined in Chapter 45, Section 9 of Wyoming Medicaid Rules, the complete IPC must be submitted, including all required components, before the intended start date. The Division will not accept mailed or faxed documents, with the exception of the [Case Management Selection form](#). Case managers who submit late plans may cause a gap in services for participants.

If all components of the IPC are completed at the end of the team meeting, the participant and team members can sign the team signature page. However, if the team makes changes to the IPC after the meeting or during the review process, team members must sign a new signature page before the changes are completed. If a participant has a legally authorized representative (LAR), the LAR must sign the required forms.

Case managers are responsible for ensuring that all providers on the IPC receive training on all components of the IPC, and receive additional training if changes are made to the IPC during the year. In some cases, the training may need to be performed by a medical professional or a family member. At the team meeting, the team will identify and document who is responsible for training team members and provider staff members. The case manager can help coordinate the training between all providers included in the IPC. Organizations can provide participant specific training to their employees once the organization's designated trainer has been trained by the case manager.

The [Participant Specific Training form](#) is a helpful tool to document the training. Teams are encouraged to utilize the [Blank IPC Worksheet](#), [IPC Planning Workbook](#), the IPC Guide, and any other forms and documents referenced within the guide to assist in developing an IPC.

Late Plans

If the case manager does not submit timely corrections to a plan, the provider and staff may not have time to receive training prior to the plan start date.

When a PSS sends a plan back to the case manager for corrections (known as a *roll back*), case managers must resubmit the corrections within seven business days prior to the end of the month to ensure the PSS has time to review the IPC.

If the plan is not resubmitted in EMWS within the required time frame, a letter may be sent to the LAR, participant, and the provider(s) informing them that the plan has not been completed so they can plan accordingly.



- The Division does not require the submission of service pages, schedules, or objectives; however, they are required documents for provider reimbursement.
- Objectives and schedules are developed by the provider, approved by the participant and team, and **must** be submitted to the case manager prior to the submission of the IPC, or more frequently, as changes are needed.
- The case manager documents the participant’s progress toward achieving objectives on the *Monthly Review* and *Quarterly Review* forms, which are submitted in EMWS.
- The case manager must receive monthly documentation from the provider, including progress on the objectives, by the 10th business day of the next calendar month. If the case manager does not receive the documentation, the case manager must complete a [Provider Documentation Noncompliance form](#), and submit it to the Division.
- Service providers must maintain schedules that meet the documentation standards identified in Chapter 45, Section 8 of Wyoming Medicaid Rules.

Plan Status

INSTRUCTIONS

After all the required steps have been completed to finalize the IPC, return to the **Plan Status** screen and click the *Submit* button under the *Action* tab. If the case manager is having difficulty submitting an IPC, the PSS assigned to the county in which the participant resides should be contacted.

History

Process: Plan Of Care

Status	Description	Modified By	Modified Date
➔	Submit Plan Of Care		

Action

Submit Plan of Care ▼
Submit

The PSS may roll back the IPC for corrections or clarifications. Access the *PSS Review Summary for All Sections* tab to review the PSS’ comments regarding needed corrections. The case manager should make the necessary corrections and/or clarifications throughout the IPC, as requested, and then click *Submit* on the **Plan Status** screen to submit the corrected IPC. If an incomplete IPC is rolled back to the case manager for corrections, case managers **must** resubmit the IPC at least seven business days prior to the end of the month to ensure enough time for plan review.

Rights and Restrictions	Rights Restrictions follow Medicaid Rule	Not Approved	Are Jane's parents the legal guardians? If not this section and the "Needs and Risks", section may need to be changed to exclude the things that her parents limit. It is okay for them to make choices associated with their home since she lives with them, but the provider would not be able to restrict her rights based on her parent's requests per the new federal rules. If her parents are the legal guardians, please add them as guardians and upload the guardian paperwork. Otherwise, these sections may just need to be reworded. The other section in needs and risk addresses some of these issues.	jessica.abbott	5/27/2015
-------------------------	--	--------------	---	----------------	-----------

Once the IPC has been reviewed, the **Plan Status** screen will indicate *Pending MMIS Approval*. *Pending MMIS Approval* means that the IPC has completed the Division's review process and is awaiting prior authorization numbers from the Medicaid Management Information System (MMIS), the system that processes all provider billing claims and adjustments.

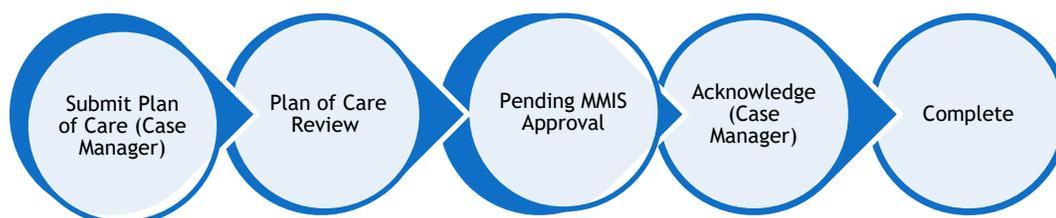
The IPC status can be monitored through the **Plan Status** screen under Waiver Links. This screen shows the IPC progress from plan submission to completion.

History

Process: Plan Of Care

Status	Description	Modified By	Modified Date
✓	Submit Plan Of Care	Case manager	2/26/2013 12:10:46 PM
✓	Approve Plan Of Care	RLatham	2/26/2013 12:57:37 PM
✓	Pending MMIS Approval	MMIS	2/27/2013 6:10:00 AM
✓	Acknowledgement	Case manager	3/1/2013 3:40:26 PM
✓	Complete		

The workflow diagram below illustrates the steps required for the IPC to be considered complete. The same workflow process is necessary for a modification to the IPC.



Individual Preferences

INSTRUCTIONS

- Enter the dates for the six month review and annual team planning meeting.

- Teams are encouraged to utilize the [IPC Planning Workbook](#) worksheet to complete this section.
- Do not include references to rights restrictions in this section.
- At a minimum, this section must be updated annually.

GUIDELINES

Person-Centered Planning Approach

- Under the Home and Community Based (HCB) Settings rule through the Center of Medicaid Services (CMS), a person should have a plan of care that is truly individualized and person-centered. The participant should lead the process of creating the IPC as much as possible, and the team members should support this process. The planning discussions should capture ways in which the participant wants to be involved in the community, and should include information about the person's strengths and preferences, support needs, goals, and existing safety risks. The resulting IPC should align with the participant's choice of services, locations, and providers.
- Teams should identify what is important to and for the participant, and develop the IPC with this information in mind. The IPC needs to be accessible and written in common language that is easily understood by everyone.
- Information must portray a comprehensive picture of the participant so the team and providers working with them will understand how to deliver services and supports around their individualized needs and preferences.

Appropriate Language for Responses

- At a minimum, the IPC must be understandable to the participant, LAR, and the individuals supporting the participant.
- For the written plan to be understandable, it must be written in plain language and in a manner that is accessible to the participant and people who are limited English proficient.

Review Questions at the Team Meeting

- The questions addressed on the **Individual Preferences** screen can be discussed with the participant, with help from the provider, when the case manager is completing the monthly home visit. This information should also be reviewed at the annual and six month review team meetings. Use the [Team Meeting Checklist](#) for guidance.
- The **Individual Preferences** screen is also visible on the **Service Authorization** screen; therefore services, objectives, and schedules must support the information within this section.

Participant's Desired Accomplishments for the Upcoming Plan Year

- Identify the accomplishments the participant would like to achieve over the upcoming year. *Example of a question the participant can answer:* What would I like to do this year that I have not been able to do previously?
- Summarize progress made on habilitation objectives in the past year, and include the participant's new habilitation service objectives. Habilitative service objectives need to be person-centered, and must meet the service definition in the [Comprehensive and Supports Waiver Service Index](#).
- Include an overview of important events that occurred in the past year, which are relevant to the participant's goals and planning.

Participant's Personal Preferences:

- Activities identified in this section should be reflected in the schedules of the services the participant is receiving.

Examples of questions the participant can answer:

- a. Who do I like to spend time with?
- b. What things do I do, or like to do?
- c. What help do I need in order to get to where I want to go?

Important Things to Know About Participant:

- See the [IPC Planning Workbook](#) to assist the participant in answering the following questions:
 - a. What causes me to feel sad, hurt, angry, or scared?
 - b. What can providers do to help me when I feel these things?
 - c. What are the things I absolutely need in my life?
 - d. What are my interests? (e.g. hobbies, cultural, or religious traditions, sports teams, local events, etc.)
 - e. What are the things I do not like or want?

Demographics

INSTRUCTIONS

- Enter the participant's legal name. A preferred name can be entered in the specified box provided.
- Indicate gender, ethnicity, preferred method of contact, and county of residence. If "Non Verbal" is selected under method of contact, a drop down menu will populate to select the participant's preferred contact person.
- Document any potential communication barriers (i.e., participant needs an interpreter, is non-verbal, uses sign language, uses a communication device), or any other significant barriers to communication.
- Enter complete addresses including: street, P.O. Box, city, state, and zip code. Indicate if the address is the physical, the mailing, or both. Enter both addresses if they are different.
- Verify that the address is current by checking the box.
- Enter email addresses, if applicable.
- Enter the participant's phone number, if applicable.
- If demographic information such as an address, phone number, etc. changes, update the **Demographics** screen within seven business days of the notification.
- Delete old information (addresses, phone numbers, email addresses) by clicking on the red **X**.

Rights

For a right to be restricted, the information in the IPC must meet criteria established in Chapter 45 of Wyoming Medicaid Rules, related to rights restrictions. The plan of care must identify a health or safety concern that would justify a restriction. A restriction must not be based on general fears or

concerns because of the person's disability, or be based on provider convenience because of other people served. Also, LAR preference in the absence of a health and safety risk *cannot* be used as a reason to limit participants' rights. CMS guidance mandates a process in order to restrict a right for any participant receiving HCB waiver services. Case managers must attest that they have reviewed rights and restrictions (if applicable) with the participant and/or LAR before the IPC can be submitted.

INSTRUCTIONS

Rights Restrictions

- Rights may need to be restricted to assure the health and safety of a participant (i.e., a restriction to address a specific behavioral or medical concern.)
- When rights restrictions are deemed necessary, the individualized plan of care shall include a rights restriction protocol that addresses the reasons for the rights restriction(s), including the legal document, court order, guardianship papers, or medical order, that allows a person other than the participant to authorize a restriction to be imposed.
- If physical or mechanical restraints have been authorized in emergency circumstances to ensure immediate safety of the participant, provider staff, or other persons, then the appropriate box on the page shall be marked and listed as a restriction.
- **Rights are not privileges and should not be earned through good behavior.** The participant must have all rights honored until there is a reason to restrict a right.
- Rights are listed in the **Rights** screen. Mark if a right is restricted. Use the [Rights Restriction Review Tool](#) to identify if the restriction meets the provisions established in Chapter 45 of Wyoming Medicaid Rules.

Provisions in Rule to Determine if a Right Restriction Meets Criteria

The plan must identify and document a health or safety need that requires a right restriction, and note how the right restriction will support the participant in addressing that specific need.

Rights cannot be restricted unless there is medical or legal authority allowing for the rights restriction (medical note from a doctor, legal order, guardianship documents, or representative payee documentation). The case manager must reference the required documentation in the IPC when completing the rights restriction section in the IPC. Additionally, each of the following components must be addressed for each restriction within the IPC. If any one of these components is not addressed, the rights restriction will not be allowed in the IPC.

1. The IPC must reflect the assessed health and safety need and how the restriction addresses that specific need. The plan should also explain the expectations of the provider should they have to restrict the participant's right. *Chapter 45 Section 4(h)(i)(A)*
 - **Example:** Instead of saying "Suzie has Polydipsia, providers should limit liquids," the IPC should say: Suzie has a medical condition known as **polydipsia**. This condition makes her extremely thirsty. Because of Suzie's medical condition (noted in the attached doctor's note), providers should limit her fluid intake to 20 ounces every three hours. The consequences of water intoxication include nausea and vomiting, headache, confusion and delirium, seizures, and coma. Suzie cannot have more than

100 ounces of fluid in a 12 hour timeframe. Suzie has a designated container in her refrigerator with the ounces labeled. Suzie knows that once it's empty, it will not be refilled until the next day. The provider needs to track the ounces and times she drinks in the notebook on the refrigerator. This information will be used in assessing the success of this rights restriction. Suzie should be involved in this process in order to have as much control as possible and make decisions for herself. She can choose what goes into the container (lemonade, tea, water, juice, etc.). This choice also helps Suzie maintain a sense of respect and dignity in this process.

2. The IPC must show less restrictive alternatives and positive supports that have been tried in the past. The IPC must also address why these alternatives were not successful. *Chapter 45 Section 4 (h)(i)(B) and (C)*
 - **Example:** In the past, Suzie was tasked with **monitoring her own fluid intake**, but **she often forgot and became extremely ill**. Her ankles began to swell and her behavior changed. Providers were asked to give her smaller cups, she just became angry and filled them up more often. Another alternative that was tried in the past, was having **providers write down the times when Suzie was asking for drinks and documenting the amount she would drink each time**. They'd show Suzie the chart every evening to help her understand when she had consumed more than the recommended amount of liquid. **She didn't want to participate and would still become ill**. After discussing this data with her plan of care team and her doctor, Suzie's doctor recommended that the providers and Suzie plan out the amount of liquid during the day, identify a drinking pattern, and use a designated container. This seems to work. Suzie should be involved in this process in order to have as much control and make decisions for herself to the extent possible. Suzie can choose what goes into the container (lemonade, tea, water, juice, etc.). This choice also helps Suzie maintain a sense of respect and dignity in this process.
3. A clear description of the condition that is directly proportionate to the specific assessed need must be addressed in the rights restriction. *Chapter 45 Section 4 (h)(i)(A) and (D)*
 - **Example:** Limiting Suzie's fluid intake throughout the day is proportionate to the assessed need for the rights restriction, because when Suzie drinks too much, she becomes ill, and her feet and ankles swell. Her behavior also become increasingly aggressive when she exceeds the recommended amount of liquid in a given time period. **The attached doctor's note** explains this condition and his recommendations for Suzie's health in more detail.
4. Specific times and dates must be addressed for the rights restriction section.
 - **Example:** Providers should limit her fluid intake to 20 ounces **every three hours**. Suzie cannot have more than 100 ounces of fluid **in a 12 hour timeframe**. Suzie has a jug in her fridge with the ounces labeled.

5. The rights restriction section must also include a description of how the provider is expected to collect data on the restriction and how and when the team will assess the data that is collected. *Chapter 45 Section 4 (h)(i)(E) and (F)*
 - **Example:** The provider needs to **track the ounces and times in the notebook on the refrigerator** before refilling the jug. This information **will be used in assessing the success of this rights restriction**. If Suzie is able to stick with this restriction without becoming ill, the restriction will be seen as successful. If Suzie is still becoming ill or aggressive, the IPC team will meet and discuss other options. This **data will be reviewed monthly by the provider and case manager, and every six months with the entire plan of care team**, unless things need to change sooner.
6. The rights restriction section must specifically state when a provider can restrict a right.
 - **Example:** The provider will **need to restrict this right daily** as it is addressing a medical condition. Suzie cannot have more than 20 ounces of fluid in a three hour time frame. Providers should check to see if she is drinking her fluids on a regular basis, and **can only restrict this right if she has exceeded the 20 ounce limit**.
7. The rights restriction must include informed consent of the individual. If the individual does not consent, but the guardian would like the restriction enforced, that needs to be noted in the section as well. *Chapter 45 Section 4 (h)(i)(G)*
 - **Example:** The team discussed this restriction with Suzie. She said she didn't like it because she's always thirsty and wants to drink whenever she feels that way. However, her guardian explained to her that the restriction was necessary, because she can get really sick if she drinks too much of anything. **Suzie agreed to trying this restriction out**, but wanted everyone to know that she didn't like it.
8. The IPC must provide assurances that any interventions and supports discussed in the section will cause no harm to the individual.
9. The IPC must address how the team will work to restore the rights described in the section.
 - **Example:** While Suzie's fluid intake will need to be controlled for her entire life, the plan of care team and provider will monitor her data closely. **The team is working on helping Suzie follow her daily schedule for fluid intake on her own**. If Suzie can monitor and control her own fluid intake, providers will no longer need to restrict her right to access fluids. **Once this schedule and limitation becomes routine for Suzie and the team (including Suzie) agrees that she can safely monitor her own fluid intake**, this restriction will be removed.

Important Reminder

- The entire team has to agree on the rights restriction and is responsible for understanding that **a rights restriction that does not address all components established in Chapter 45 of Wyoming Medicaid Rules cannot be part of the IPC**. Case managers need to explain to the plan of care team that a provider cannot bill for any services if they are enforcing rights restrictions that are not written into a participant's IPC.

- If the requirements established in Chapter 45, Section 4(h) of Wyoming Medicaid Rules cannot be addressed, the provider cannot restrict the right, even if the LAR wants to have a rights restriction enforced.

Guidance on Specific Rights

The following information is not meant to cover all possible questions on rights and restrictions, but serves as a guideline. If there are specific questions, the case manager should consult with the assigned PSS or the Participant Support Unit Manager.

All provisions established in Chapter 45 of Wyoming Medicaid Rules must be met in order for a rights restriction to be included in an IPC.

Note: There are differences between the rights of children and adults.

- Parents typically exercise control of the rights of children while they are not in waiver services. These limitations do not need to be documented in the IPC.
- While receiving waiver services, it is *not* necessary to include rights restrictions for children under 18 in the rights restriction section of the IPC if limitations are imposed by the custodial parent; however, the IPC must describe the limitation and include detailed information on how the provider will implement the limitation that the parent has imposed. This information must be documented on the **Needs and Risks** screen of the IPC. Please note that restraint, seclusion, or any form of restriction or punishment that would be considered unsafe or that could cause physical or mental harm to the child is not permitted.
- Wyoming law considers all persons 18 or older as adults.
- Applicable rights restrictions *must be documented for participants 18 and over, even when a LAR has been appointed.*

1. Privacy in my home (including activities of daily living)

- List as a restriction if:
 - Anyone needs assistance with completing personal hygiene tasks.
 - Audio monitors or movement sensors are used in the bedroom of a residence, regardless of intent. Monitors used for seizure safety are still considered a restriction of privacy.
 - The use of monitors should be noted in the provider's policies or in other documentation to assure people are aware that conversations may not be private.
 - Video monitors are **never** allowed in bedrooms or bathrooms while the participant is receiving waiver services.
 - For a privacy restriction, include procedures or information that the provider will use to ensure dignity and as much privacy as is safe for the person.
 - List as a restriction if audio monitors, visual monitors, or movement sensors are used in residential areas. Do not list as a restriction if they are used in day program sites. The use of monitors should be noted in the provider's policies or in other documentation to assure people are aware that conversations may not be private. Included in the policy should be a statement indicating who will be viewing or

listening to the monitors and how this information will be used to better serve the participants at the location.

- Providers cannot restrict the right to privacy due to behavior (i.e. room searches) unless the restriction is addressing a documented health or safety need.

2. Locks on sleeping and living quarter doors

- List as a restriction if the participant is not allowed to access their home and/or sleeping quarters without provider supervision due to a documented health and safety concern.

3. Choose with whom and where to live

- List as a restriction if the participant has a LAR and is over 18 years old.

4. Freedom to furnish and decorate

- List as a restriction if:
 - The participant cannot furnish or decorate their room as they choose and this is not reflected in the lease or residential agreement.
 - The restriction is due to a documented health or safety concern.

5. Control over own schedule and activities

- List as a restriction if the participant is not involved in developing their schedule.
- Explain how the provider will assist the participant in accessing the community. Providers are obligated to provide transportation when the rate includes transportation services.

NOTE: Participants 18 years or older have the right to control their own schedule and activities including their preferences, work hours, community/club memberships, social media and screen time, and other interests. This includes what time they choose to go to bed, and when, what, and where they want to eat.

6. Freedom and support to access food at any time

The HCB settings rules prohibit dietary restrictions or limitations related to an individual's access to food and beverages unless there is a participant specific assessed need that is documented by a letter from a medical professional and justified within the IPC. Under these rules, participants must have freedom to choose whether or not to eat food without undue restrictions or regimens.

- List as a restriction if:
 - The participant's regimented, doctor-ordered meal schedule does not allow for flexibility, or deviations would result in significant health risks.
 - Food or beverages are locked up due to health and safety concerns that meet a specific assessed need for the participant.

NOTE: The plan of care team should discuss and plan services that provide appropriate options for any participants with a medical condition where having access to food might be harmful.

- * It is *not* acceptable to restrict a housemate’s food and beverages due to a health and safety concern for a fellow housemate. Providers must come up with creative ways to allow access to food and beverages for participants who do not require this restriction.
- * A restriction cannot be imposed for staff (supervision) convenience.
- * A restriction cannot be imposed based upon fear or at the request of the guardian or legally authorized representative without meeting the guidelines in Chapter 45 of Wyoming Medicaid Rules.
- * If food or beverages are restricted due to the health and safety needs of the participant, the restriction must be reviewed annually by the licensed medical professional (defined as someone who can prescribe medications). A letter that is signed and dated by the medical professional, explaining why the restriction is necessary is *required*.

7. Have visitors at any time and associate with persons of one’s choice

- List as a restriction if:
 - The restriction is due to terms of a court order, custodial rights, or condition of probation.
 - The participant has an approved visitors list due to health and safety concerns.
- Do not list as a restriction if organizational policy limits the number of visitors a participant can have. This should also be listed in the lease/rental agreement and explained to the participant. Restrictions on visitors specified in the lease should be comparable to restrictions found in leases for people who are not on the HCB Waiver.

8. Communicate with people of their choosing (includes make and receive phone calls)

- List as a restriction if it is due to health and safety concerns.
- Do not list as a restriction if the participant requests assistance with phone calls.

9. Keep and use personal possessions and property

Each participant’s right to access their possessions (i.e., money, clothes, games, hobby supplies, furniture, papers, pictures, etc.) is outlined in Chapter 45, Section 4 of Wyoming Medicaid Rules. Participants must be afforded the same opportunities to control personal resources as individuals not receiving HCB waiver services.

- List as a restriction if there is a temporary removal of possessions, such as clothing, bedding, games, toys, books, crafts, movies, CDs, etc. for health and safety issues. Restrictions will not be permitted unless there is documentation of direct harm caused by having access to the items.

NOTE: People must have access to their possessions unless they pose a threat to themselves or others. Once they are no longer a threat, access to possessions must be restored.

10. Keep and spend money

Money cannot be taken away and earned back through a reward system in a behavior plan. Standard monetary rewards as a behavioral device are not compliant with rule because people have a right to their money, possessions, furnishings, etc.

- List as a restriction if:

- The participant has a representative payee. Upload evidence from the Social Security Administration that a payee has been assigned.
- The participant has a conservator
- The participant's account requires two signatures
- If funds are not restricted in any way but the provider reports expenditures to the LAR and case manager, do not list this as a restriction.
- When the participant has a representative payee:
 - Check *Yes* under the right to *Keep and spend money*
 - Upload payee documentation
 - Indicate if the right is limited in any way other than the representative payee.
 - If marked *Yes*, address the provisions established in Chapter 45 of Wyoming Medicaid Rule for right restrictions in the indicated boxes.
 - If marked *No*, address how and why the right is limited in the indicated box. Include the name of the assigned representative payee and how the participant can access their money.

11. Right to access the community

- List as a restriction if a signed and dated note from a licensed medical professional (defined as someone who can prescribe medications) is obtained and uploaded. The note must include a description of the risk to the community and the specific measureable and observable criteria for restoring access to the community.

NOTE: Community access may not be restricted as a consequence of not attending a service or not completing a goal or training activity. Participants cannot be rewarded with something they already have the right to, such as accessing the community.

- Do not list as a restriction if the participant is an *immediate* safety risk to self or others, and therefore should not go out into the community. Once the participant is back in control and no longer a safety risk, they must be provided choice as to whether or not they feel comfortable to access the community.

12. Be free of physical and mechanical restraints

Mechanical restraint. Any device attached or adjacent to a participant's body, which he or she cannot easily remove, and which therefore restricts freedom of movement or normal access to the body.

- List as a restriction if the mechanical restraint is:
 - An item such as weighted blanket/vest/body sock and the participant cannot remove the item on his/her own, unless the item is used in an approved therapeutic program.
 - A lap belt, strap, glove, or other item that restricts movement of the body due to behavioral considerations, and participant cannot remove the item.
- Do not list as a restriction if used for standard safety reasons, such as:
 - Seatbelt/car seat
 - Wheelchair lap belt
 - Specialized harness, car seat for adult, safety belt, head supports, bed rails, etc.

- These items should be included in Needs and Risks and Specialized Equipment sections of the IPC.

Physical restraint. The application of physical force without the use of any device, for the purposes of limiting the free movement of the participant's body.

Providers must complete training on positive behavior supports through any program approved by the Division prior to restraints being added to the PBSP. The provider and provider staff shall maintain certification, and the provider shall require employees to receive ongoing training in de-escalation techniques, crisis prevention and intervention, and proper restraint usage from entities certified to conduct the training, such as Crisis Prevention Intervention (CPI), MANDT, or other entity approved by the Division.

- List as a restriction if a physical restraint may be used.
 - If a physical restraint is included as a restriction due to the health and safety needs, a court, the participant, or the participant's legally authorized representative must authorize the limitation in writing and the request shall be accompanied by letters from a licensed medical and behavioral professional that detail medical and psychological contraindications that may be associated with a restraint.
 - The entire plan of care team shall agree to the use of restraints, confirmed with a signature from the participant, legally authorized representative, and all providers involved, and be consistent with Chapter 45, Section 18 of Wyoming Medicaid Rules.
- Do not list as a restriction if the action is:
 - Holding a person's hand to cross the street safely
 - Helping a person get into or out of a place such as a vehicle

13. Be free of chemical restraints

A drug used as a restraint is generally **NOT ALLOWED** to be in a participant's plan of care.

- PRNs used for behavioral modifications, which are prescribed by a licensed medical professional, must be part of a participant's standard treatment plan for their diagnosis or medical condition. These drugs *are not* considered restraints when used as prescribed.
- If a drug is used to restrict free movement of the participant's body, but it is not a part of the participant's standard treatment plan, it is considered a restraint. The Division will not allow waiver providers to administer chemical restraints. A chemical restraint shall not be used unless ordered by a licensed medical professional chosen by the participant or any legally authorized representative(s), and administered by a person licensed to administer the medication.

Plan for Restoration of Rights

For every restriction, there must be a plan to restore the participant's rights. The restoration plan should be added on the **Rights** screen, under each specific right.

Each plan MUST:

- Minimize the effect of the restriction

- Set goals for restoration of rights (*training*)
- Include skills taught regarding the restriction.
 - **Example:** If a participant has a restriction in place regarding money, the plan should include the skill/and or training the participant will receive regarding the restriction, i.e. identify coins, handing money to person at checkout when at the store, counting money, etc.
- Include spending time with the participant to assist and guide the participant with restoring rights.
- Set a timeline for review of the restriction and the skills the participant has learned.
- Assist the participant with exercising rights more fully. Even though a participant has a LAR, what part of that right is restricted and what part of that right is the participant able to exercise?

Restoration Plan Examples

Restriction: Right to keep and spend money

Why is the right restricted and what is the assessed health or safety need that necessitates the restriction?

Example: When I became eligible to receive social security benefits, based on the information and letters that were required, I was required to have a representative payee. My payee is to maintain a separate checking account. The money is to be used for addressing my basic needs. My payee can only restrict my access to my Social Security money. My payee should monitor my finances and work with the LTC worker regarding continued eligibility.

Restoration Plan: My payee ensures I have spending money to purchase items I want/need and I am able to participate in community activities. Staff takes me shopping where I can choose what items I want to purchase. My payee sends me a \$200 check monthly. I am responsible for cashing this check and returning it to my home for safekeeping. I can have up to \$20 on my person. Staff will assist me with creating a budget for the \$200 I receive monthly so I can learn how to save money. Staff will provide me with training on calculating and budgeting my expenses. My progress will be monitored monthly by my case manager. Once I have demonstrated that I am able to budget my money wisely, my case manager will assist me with petitioning Social Security to remove my representative payee.

Restriction: Right to keep and spend money

Restoration Plan: My team helps me communicate with my payee when I want to purchase something, need money for an activity, or need personal items. I can have \$5 on my person; however, staff assists me with all purchases. I can point to items I want to purchase or be given the choice between two items. Staff help me identify coins and I hand money to the person at checkout for my purchases. I will receive continuous training on identifying coins and dollar bills. If I am able to learn how to manage my current amount of spending money, then gradual increases will occur with the amount of money I am able to keep on my person. My case manager will monitor my progress every 3 months.

Restriction: Privacy in my home

Why is the right restricted and what is the assessed health or safety need that necessitates the restriction?

Example: I have cerebral palsy as confirmed by my physician. I require staff support to complete my ADL's, and I use a wheelchair to get around. I need assistance during showers and with all personal hygiene. Staff are required to provide me with verbal prompts and physical assistance as needed.

Restoration Plan: The door to my bathroom and the shower curtain are used for my privacy. My goal this year is to become more independent in my hygiene routine. Staff will assist me with this goal by providing me verbal prompts and physical assistance as needed. Physical assistance will be limited to health and safety needs. My team will help me develop a visual checklist of my hygiene routine that I can follow. Documentation will be kept and reviewed monthly by my case manager to track my progress. As I become proficient with each hygiene task, I will require less staff support and complete them independently.

Restriction: Have visitors at any time and associate with persons of one's choice

Why is the right restricted and what is the assessed health or safety need that necessitates the restriction?

Example: In the past I have assaulted visitors that have come into my home. I need supervision when around vulnerable individuals.

Restoration Plan: Provider will encourage education on developing healthy relationships, and appropriate touch. I will attend counseling per my counselor's recommendation to work on these. My counselor would provide input as to whether I am making progress and the restriction may be lessened.

The Division will not accept a restoration plan that states the LAR will decide when the restriction can be lifted or right can be restored.

Just because an individual is on probation does not give the provider the authority to restrict a right. The IPC must address all provisions established in Chapter 45 Section 4 of Wyoming Medicaid Rules. However, providers can assist the participant in making good choices. If the provider has concerns about health or safety, he or she should report those concerns to the appropriate authorities in accordance with Chapter 45, Section 20 of Wyoming Medicaid Rules.

Assessments

- Use the **Assessments History** screen under Waiver Links to access and upload assessments.
- LT-101 and LT-104 assessments must be performed every year.

- The neuropsychological and ICAP assessments are valid for five years.
- The Division can request an updated psychological evaluation at any time.
- Any request by the plan of care team for a psychological evaluation must have prior approval from the Division.

LT-101 Level of Care Assessment (For Individuals Who Have an ABI)

The LT-101 assessment provides a method of determining initial and on-going eligibility based on the functional needs of the individual in performing activities of daily living and instrumental activities of daily living, as well as the individual's social and cognitive functioning. The LT-101 is presently used in Wyoming for establishing nursing facility level of care.

- The LT-101 assessment is performed by a public health nurse in the participant's county of residence.
- The process for completing the LT-101 is task driven in EMWS, and those tasks are completed by other user roles. Case managers will receive an *Awaiting LT-101 Assessment* task. This task does not require any action from the case manager. The purpose of the task is to inform the case manager that the LT-101 assessment is due and has been referred to a public health nurse to schedule and complete.
- Case managers are responsible for explaining the LT-101 assessment process to participants, LARs, or family members, and ensuring they understand the importance of completing the assessment.

LT-104 Level of Care Assessment

The LT-104 is an assessment that is used to indicate the initial and on-going need for waiver services for participants with an intellectual or developmental disability.

INSTRUCTIONS

- The screening date, which is the date the assessment was completed, must be entered into the box provided.
- The county of the participant's physical address must be selected from the drop down menu.
- The ICF/ID date should be left blank unless the participant has been admitted into an intermediate care facility.
- The diagnosis is automatically populated from a previous LT-104, if applicable. The diagnosis must match the current psychological evaluation. If it does not match, it needs to be corrected.
 - The individual must have a qualifying diagnosis to be considered eligible for the waiver. For new applicants, a possible diagnosis may be entered. Once the case manager receives the official eligible diagnosis from a licensed psychologist, the LT-104 should be updated based upon the psychological evaluation.
 - In order for the need for wavier services to be indicated, the individual is assessed to determine if they meet at least one criterion in either the *Medical* or *Psychological* field

and at least one criterion in the *Functional* field. Case managers **MUST** ensure that the boxes checked during the assessment align with the assessed needs of the participant. Case managers must assess and substantiate this information within the IPC.

Medical Field

Daily monitoring due to medical condition where overall care planning is necessary.

In order to answer this question, the case manager needs to verify that the participant has a medical diagnosis that requires daily monitoring. How is that daily monitoring occurring now? The case manager also needs to refer to the **Medical** screen, and if there is supporting documentation of a medical diagnosis, then this box can be checked.

Supervision due to medication effects.

What medications does the participant take? Does the participant need to be monitored for side effects? As an example, a participant diagnosed with brittle diabetes may have insulin reactions that require ongoing monitoring. If there is supporting documentation within the IPC, then this box can be checked.

Psychological Section

Supervision due to behavior, abusiveness, or assaultiveness.

The case manager should refer to the most recent ICAP. Are there challenging behaviors that have been identified as moderate, severe, or critical? Is there a PBSP in place to address the identified behaviors? If there is supporting documentation within the IPC, then this box can be checked. However, if challenging behaviors are identified but there is not a PBSP in place to support the participant, then this box should not be checked. This should *not* be marked if the participant has a history of being abusive or assaultive but the *behaviors are no longer occurring*.

Supervision due to impaired judgment and limited capabilities.

The case manager should review the psychological evaluation, the diagnosis, and information within the IPC.

Supervision due to psychotropic medications.

Refer to the **Medical** screen to review the participant's current medications and identify if any are prescribed to treat a psychiatric condition. Most psychotropic medications require regular blood testing and follow up with the psychiatrist.

Functional Section

A structured and safe environment that provides supervision as needed to keep the person safe.

Refer to the *Housing* section, which describes the supports the participant requires at home. The **Needs and Risks** screen (supervision and vulnerability) may also include supporting information. What supports does the participant need? Are the supports addressed within the IPC?

Assistance with activities of daily living and self-help skills such as eating, using the restroom, dressing, and bathing.

Refer to the **Needs and Risks** screen (meal time and self-care) and the psychological evaluation. Does the participant currently require staff assistance to complete these tasks?

Assistance with ambulation, mobility.

Refer to the **Needs and Risks** (mobility) and **Specialized Equipment** screens. Does the participant use a walker, wheelchair, etc.? The participant's ICAP also addresses mobility and may be used as a reference.

Routine incontinence care, catheter care, and ostomy.

Refer to the **Needs and Risks** screen (self-care) for supporting documentation. Are any protocols within the IPC which address the participant's specific care needed in this area?

Determination

Once completed, if the individual has an eligible diagnosis, meets at least one criterion in either the Medical or Psychological sections, and meets at least one criterion in the Functional section, then the case manager can complete the "Action" step, moving the LT-104 forward for review and final determination for ICF/ID level of care.

- A new LT-104 must be submitted to the Division via EMWS annually within 365 days of the previous LT-104 assessment, or when making a change to a different waiver program. The LT-104 prior screening date(s) can be viewed on the **Assessment History** screen under Waiver Links.

Psychological/Neuropsychological Assessments

INSTRUCTIONS

Psychological and neuropsychological evaluations must be completed and uploaded in the **Assessments History** screen under Waiver Links.

- Psychological evaluations must include 1) all related diagnoses, 2) the full scale IQ score or an indication of a non-standard IQ score, 3) an assessment of adaptive functioning, such as the most recent version of the Adaptive Behavior Assessment System (ABAS) or Vineland, 4) Autism Spectrum Disorders testing, as applicable, and 5) the signature and date of a Medicaid enrolled psychologist, neurologist, or clinical psychologist who is licensed in Wyoming and is free of conflicts with other providers chosen by the participant. Refer to the [Criteria for DD Psychological Evaluations](#).
- Upload a scanned copy of the evaluation in *Document* tab on the **Assessments History** screen. Use the [File Naming Convention](#).
- Neuropsychological qualifying scores for a waiver applicant or current participant with an ABI can be found on the [Criteria for Neuropsychological Evaluations](#), and include the following scores:
 - Mayo Portland Adaptability Inventory (MPAI) a Standard Score of 42 or greater (or)
 - California Verbal Learning Test II, Trials 1-5, a T-score of 40 or less (or)
 - Supervision Rating Scale (SRS) of 4 or greater
- Neuropsychological evaluations are completed every five years, unless requested more frequently by the team or the Division and pre-approved by the assigned PSS. If the

neuropsychological evaluation is going to expire before the next plan year, the case manager should work with the PSS to obtain prior approval for a new evaluation.

- Recommendations from the psychologist should be considered and incorporated in the appropriate sections in the IPC. These sections include the Needs and Risks, Rights, and Behavioral Supports. Training methods, objectives, guidance on how staff interact with participants, and environments in which the participant is most likely to be successful may also be shared with the team.
- If an existing psychological or neuropsychological evaluation is being used to transfer to a different waiver or to age up within a waiver, select “Copy” and the information will copy over.
- An out-of-date psychological or neuropsychological evaluation may affect the participant’s continued funding.

Billing for Psychological and Neuropsychological Assessments

- Upload the evaluation into the **Assessment History** screen under Waiver Links, using the [File Naming Convention](#).
- A new task will populate that requires the case manager to upload the invoice for the assessment. Upload the invoice, select “Submit Invoice”, then select “Complete.”
- Once the invoice is received, the Participant Support Specialist (PSS) will create the billing span, and send a task back to the case manager via EMWS.
- When the task that includes the billing date is received, notify the psychologist that they may now bill for the date provided, using the T2024 billing code.

Inventory for Client and Agency Planning (ICAP)

INSTRUCTIONS

The ICAP is an assessment tool used to identify objectives, medical needs, supervision needs, activities of daily living, and behavior supports.

- After the initial ICAP, ongoing ICAP assessments are completed every five years, unless requested by the team or the Division and pre-approved by the PSS. An expired ICAP may affect a participant’s continued funding.
- If the ICAP evaluation expires before the next plan year, the case manager should work with the participant or LAR to identify respondents and start the ICAP process. EMWS will initiate a case manager task 90 days prior to the ICAP expiring.
- If an existing ICAP is being used to transfer to a different waiver or to *age up* within a waiver, select the “Express” button, scroll to the bottom of the page and click “Copy” and the information will automatically populate.
- Complete the [ICAP Authorization form](#), obtain participant or LAR signatures for permission for WIND to interview respondents, and enter the respondent information into EMWS.
 - Case managers must use their knowledge of the participant when completing the authorization and identifying respondents.

- Respondents should be those who have known the participant for at least 3 months and work closely with the participant in residential, vocational, educational, or other day settings. **Case managers can be respondents for an ICAP only as a last resort.**
- Upload the ICAP Authorization form under the first respondent. Then click the “Action” button to submit the ICAP.
- Upon completion, WIND will upload the ICAP into the participant’s case in EMWS.

Circle of Supports

INSTRUCTIONS

Home Setting Tab

- Select the appropriate home setting situation for the participant. Only one home setting may be chosen in this section. If the participant is receiving community living services, the community living services box needs to be selected, and a new box will populate to enter the number of individuals living in the residence. Select “Save”.
- Information previously entered on the **Contacts** screen needs to be associated on this page. Contacts may be family members, relatives, friends, neighbors, representative payee, landlord, school supports, employment supports, natural supports, community members, or agencies, local emergency agencies, doctors, therapists, providers, DFS worker (if participant is a ward of the state), etc. The case manager and back up case manager should also be listed on this page.
- If the participant has a power of attorney or LAR, upload the legal document on the **Contacts** screen. Use the appropriate [File naming convention](#).
- Enter the phone number and address for each contact, and remove duplicate entries. Remember to update the number and address contacts if either changes.
- Individuals listed on the **Circle of Supports** screen should be made aware that they are on the participant’s contact list, unless it is a general community business or emergency agency.
- The team is responsible for teaching the participant to use their circle of supports, and providing the participant with a list of their contacts. This list should be programmed into the participant’s cell phone, if applicable, or kept in a convenient and visible area in the participant’s home.

Housing

Each participant in a residential setting will have a signed lease or written residency agreement. Each unit must have a lockable entrance door. Participants should have the opportunity to decorate their bedrooms and shared living space within the reasonable limitations specified in a lease. Participant’s choice in housemates or roommates should be explained in this section. If the participant shares a bedroom, explain how privacy is honored and supported by the provider and roommate.

Examples of statements found under Housing:

- My team will help me be safe in my home by _____. (Describe the strategies to minimize the occurrence of risky behavior and identify special accommodations or items used to help me be safe, etc.)
- I can talk with my guardian about where I want to live and with whom I want to live.
- I am not able to leave my home without supervision.
- I am free to decorate my room how I like, and my guardian listens to me if I have likes or dislikes I want addressed.
- I have poor mobility so I require supervision to ensure my safety and well-being.
- I live with a housemate. I have my own room which is decorated in a Star Wars theme.

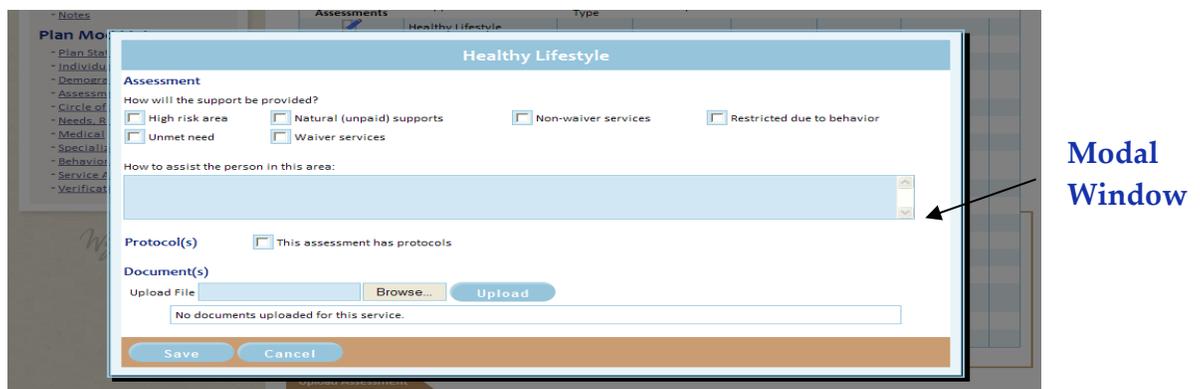
Other Services Tab

Check all non-waiver services the participant is receiving (i.e. Department of Education, Department of Vocational Rehabilitation, Medicare, housing assistance, etc.)

Needs and Risks

INSTRUCTIONS

- If there are formal guidelines or protocols the provider must follow, the case manager should upload the document(s) in the modal window for the corresponding support area. To get to the modal screen, click the pencil icon next to the support area and the modal window will open.



- For each support area, identify 'How to assist the person in this area', which may include guidelines provided in the psychological or neuropsychological evaluation.
- "High Risk Area" should be selected if the particular area of support is a health or safety concern for the participant. Include the supports required to keep the participant safe and healthy.
- The team is responsible for reviewing each applicable support area and documenting behaviors or conditions that pose a health and safety risk to the participant.
- The team will identify the necessary detail needed to provide support to the participant in each area. If the support area is not applicable, such as employment for a 12-year old, enter a brief statement such as, "I am going to school and too young for employment."
- If this section includes a restriction, this must also be reflected on the **Rights** screen.

- When a participant has formal guidelines or protocols, such as mealtime guidelines, feeding protocol, special safety precautions, equipment guidelines, etc., include them in the appropriate support area by selecting “Yes” to “This assessment has protocols” and uploading the corresponding document in the box provided.
- Parents have the right to raise their minor children according to their wishes and desires. If a custodial parent chooses to delegate parental authority to the provider, this authority must be fully outlined on the **Needs and Risks** screen. This requirement applies to any parental decision that would be considered a restriction for an individual over the age of 18. Examples could include bedtimes, eating healthy meals and snacks, limitations on media consumption, and other parental decisions.
 - Providers and case managers must assure the health and safety of participants who are minor children, and must abide by Wyoming Medicaid Rule in order to provide Waiver services. Restraint, seclusion, or any form of restriction or punishment that would be considered unsafe or that could cause physical or mental harm to the child is not permitted.

Details for Each Support Area

1. Communication

Describe how the participant communicates and the support needed to express needs and wants, or to better understand another individual.

Examples of communication:

- I can verbally communicate.
- I communicate using _____. (gestures, sounds, sign language, communication device, etc.)
- I verbally communicate but need time to process information. Please allow me extra time to process when asking me a question
- Help me communicate by _____. (explain).

2. Community

Participants should give input on with whom and where they want to interact, and choose the events and activities in which to be involved. Identify how to support the participant to access and be involved in their community.

Example of community:

- I need staff assistance in public places due to _____. (document items such as falling risks, quick to develop sun burns, elopement, etc.)
- My team will help me be safe in these situations by _____. (In *Protocols* section, describe special accommodations, or items used to assist with safety.)

3. Employment/Employment Training

Address the support needed for the participant to seek employment, if desired, and identify employment preferences. If employed, identify the place of employment, type of employment and average hours worked. Describe supervision and accommodations needed during work or training. The [Third Party Liability form](#) must be uploaded for participants who are receiving individual or group supported employment services.

Examples of employment and training:

- The work I do _____. (Describe)
- My average days and hours worked are _____.
- I work at _____.
- My work is considered _____. (Independent employment, individual community integrated employment, group supported employment)

NOTE: Restrictions cannot be applied to employment unless they are due to health and safety concerns.

4. Family and Friends

Participants are encouraged to host friends and families in their home settings. Participants are encouraged to have visitors during day services to improve the quality of their social life.

5. Financial and Property

The least amount of control over a participant's personal resources should be exercised. Any required control of funds must be detailed in the IPC and specific to the participant. Specify if the participant has a representative payee, and identify the payee. The payee's contact information should be included on the Contacts and Circle of Supports screens.

Examples of money transactions:

- I can manage and budget my money independently. I need assistance with budgeting and check writing. I can keep up to \$_____ on my person. I can exchange money for purchases.
- My mother is my payee. I can carry \$35 in cash and use this money to make purchases with staff assisting me in my spending decisions.
- Staff hand me my money when I make a purchase so I can begin to understand what money is used for, and assist me in verifying that I receive the correct change.

6. Healthy Lifestyle

This section should include things like drinking more water, exercise options, choosing healthy snacks, seeking better habits, participation in recreational activities or organized sports.

Examples of healthy lifestyle:

- Please encourage me to drink more water throughout the day.
- I enjoy being active and participating in Special Olympics. My favorite events are golf, bowling, and swimming.

7. Meal Time

Participants have the right to access food at any time. Mealtime schedules should be personalized, and participants should be able to decide with whom, where, and what to eat. Restrictions should be detailed on the **Rights** screen. Needs and additional supports to achieve these rights should be detailed in this section.

- Mealtime includes formal guidelines or protocols that have been developed by a prescribing medical professional, nurse, dietician, or speech therapist to assist the participant with safe eating. Protocols for a feeding tube, or a meal plan created by a therapist to address a risk of aspirations are examples of a mealtime protocol.
- Dietary protocols address formal nutritional guidelines from those identified above or can be informal guidelines that the team has outlined such as the participant does not like pasta.
- Upload protocol(s), *if applicable*.
- Explain the assistance needed for grocery shopping, meal planning, and cooking.

Examples of mealtime support:

- I can prepare my own meals and eat independently.
- I need assistance planning meals and grocery shopping. My goal is to cook at home with staff assistance four times weekly.
- I need assistance in making healthy food and drink choices, and I need assistance to eat safely. Please follow my protocol.

8. Mobility

All settings in which services are provided should be fully accessible to the participant. Accommodations to allow for participation in activities should be detailed in this section. Protocols for positioning and transfers are uploaded or entered directly into this section.

Examples of mobility support:

- I am at risk of falling when I first stand up. Staff should remind me to ask for assistance before standing. I will hold a staff's arm when getting up and hold on to staff or furniture during the first few steps I take.
- I can walk independently, but often need support on icy and uneven surfaces. Please offer me your arm to hold for support.
- I can walk with assistance or _____assistive equipment. (specify type of equipment)
- I use a wheelchair _____. (specify part or all of the time)

9. Physical Conditions

Accommodations to enable the participant to access the community should be detailed in this section.

- Document specific support and safety precautions and describe any special equipment or environmental supports needed. This could include safety risks in the home.
- Include occupational or physical therapy goals.

10. Self-Advocacy

Examples of self-advocacy:

- I can make my desires and concerns known to people who can fix them.
- Although I can make known my desires and concerns to the people I know well, I do need assistance advocating for myself by _____.

- Staff will teach me advocacy skills so I can learn to how to advocate for myself. My case manager will help me understand my rights and help me exercise those rights as much as possible.

11. Self-Care – Personal Hygiene and Bathing

Examples of self-care:

- I can use the restroom independently, but need reminders to take a shower and assistance with my laundry.
- I need someone to wait outside the bathroom door while I shower in case I fall or need assistance.
- I need verbal prompts _____ (specify how often) to use the restroom.
- I need _____ (specify instructions) assistance with peri-care or during menses.
- I require medical equipment _____ (document type) supports in the bathroom.
- I can complete personal hygiene tasks independently.
- I use checklists or other reminders for _____ (document specifics).

12. Supervision

- **Assistance during times of more intensive needs:** Describe the support needed during critical care times.

Examples of support needed during emergencies:

- I can evacuate independently.
- I can evacuate independently but I need verbal prompts. (Describe)
- During critical care times or crises, this is how my support needs and supervision should change and how the extra assistance should be accessed: ____.
- **Staffing patterns for habilitation services:** Describe the staffing support for the participant.
Examples of habilitation supports:
 - On a typical day, my usual support is ____.
 - I can have less support when ____ (in my room, watching TV, doing sedentary activities, etc.). I need closer support when ____ (as documented in my Positive Behavior Support Plan, during personal care, mealtime, community outings, etc.).
- **Supervision while sleeping:** Describe the supports the participant needs while sleeping, if receiving waiver services.
Examples of supervision while sleeping:
 - Due to my seizure disorder, I need a safety check every two hours.
 - I need to be within hearing distance while sleeping.
 - During sleeping hours, I need to be repositioned every ____ hours.
- **How to assist the person:** Summarize supports needed in the different settings for all waiver services.
Example:
 - My level of support may change in different environments. I may require more supervision in the community and less supervision while at home.

13. Transportation

Participants should have transportation options that result in the ability to access the community whenever they please. Specific details of how the participant can use transportation should be detailed in this section. Include who may be providing the transportation, and detail if transportation is accessible, affordable, and available upon request. Any health and safety concerns during transport should be addressed.

Examples of transportation:

- I do not need assistance with transportation.
- I use public transportation.
- I need transportation assistance to _____ activities. (specify the activities)
- I sit in the front seat of the van because _____.

14. Vulnerability

Examples of special safety precautions:

- I am at risk because _____ and I need _____ support to decrease the likelihood of this occurring.
- I am at risk because I don't communicate verbally, and therefore could be easily taken advantage of as I cannot voice to you why I am uncomfortable.
- I am at risk because I use a wheelchair and am unable to leave situations that make me uncomfortable.

Medical

INSTRUCTIONS

Case managers are responsible for educating the participant and team on the importance of receiving regular medical care. Case managers are responsible for documenting who is responsible for medical appointments, the results of medical appointments, appointment refusals, and strategies to encourage the participant to receive medical treatment.

Medical Professional Tab

- List any medical professionals with whom the participant works, including the primary physician, dentist, and optometrist in this section. Medical professionals included in the **Contacts** screen will automatically populate to the **Medical** screen. To add a medical professional, select "Add", or add to the **Contacts** screen under Waiver Links. Either link can be used to add or modify this section.
- Include the last appointment date and any recommendations. If the participant has not seen the medical professional in more than a year, state the reason why.

Diagnoses Tab

- Diagnoses are automatically populated from the ICAP and psychological or neuropsychological assessments. Additionally, any medical diagnoses should be added. All diagnoses should be current.

Medications Tab

- When providers are responsible for assisting with medications, select “Yes” from the drop down box, and upload the completed [Medication Consent form](#) under the *Medications* tab.
- Add all medications the participant is taking in this section
- Keep the medication list as current as possible.
- Case managers can choose to upload the Medication Assistance Record (MAR), if applicable instead of manually entering each medication and dose. A new MAR must be submitted with each supplemental request or modification to the IPC.

Medical Regimen

- Upload specific medical protocols to include feeding tube, PRN, meal time, seizure, positioning, Vagus Nerve Stimulator, and medication assistance (i.e. participant needs to take medications in applesauce; medications need to be locked-up in the home, etc.).
- Providers that assist with medications must have a valid Medication Assistance Training (MAT) certificate. A [Medication Consent form](#) must be completed if medications are not self-administered.
- Case managers may obtain a release of information form to authorize the discussion of medical issues with the participant’s physician. The case management organization is responsible for developing a release form and keeping this form in their own files. Case managers do not upload a copy to the Division, but do have it on hand if requested for review by a PVS.
- Provide information on who is responsible for scheduling, transporting, and supporting participants during their medical appointments in the *Assistance needed at medical appointments* box.

Known Allergies Tab

- Select all known allergies. Once an allergy is selected, a drop down box will populate for the case manager to document serious reactions or other important notes. If a protocol is more appropriate, it should be uploaded into the *Medical Regimen* section.

Specialized Equipment

INSTRUCTIONS

- Enter all of the equipment that the participant is using (i.e. wheelchairs, walkers, shower chairs, glasses, and hearing aids).
- Enter all equipment purchased with waiver funds within the last IPC year, even if no longer used.

NOTE: The Weston Center located at the Wyoming Life Resource Center can accept donated items. Equipment at the Center is available for any Wyoming citizen to borrow.

Behavioral Supports

INSTRUCTIONS

EMWS automatically populates ICAP targeted behaviors that are identified as “moderate”, “serious”, or “critical” to this screen.

- Previous targeted behaviors that are not reflected in the current ICAP are to be removed by clicking the red **X**, but targeted behaviors from the current ICAP should remain.
- There will be a prompt to “Include a Positive Behavior Support Plan (PBSP)”. The team should complete a PBSP based on a Functional Behavior Assessment (FBA). The FBA should be used to help guide the team in developing the PBSP.
- The PBSP form that includes a FBA is in the Forms and Documents Library page of the Division website under the Forms tab. This form aligns with Chapter 45, Section 17 of Wyoming Medicaid Rules.
- If a participant uses a PRN medication that has been prescribed by a licensed medical professional to help manage stress, anxiety, or behaviors, they should have a PRN protocol, which can be presented as part of the PBSP. The protocol must be included as a formal component of the individualized plan of care.
- In the *Positive Behavior Support Plans* section, select “Add”, complete the checklist, and upload the completed PBSP form which includes a FBA and summary of the behavioral data collected over the past plan year as it relates to the targeted behaviors.
 - If the team no longer considers an ICAP targeted behavior to be moderate or above and the ICAP was completed more than one year prior, select the pencil icon next to the behavior and select “No behavior plan needed”. In the screen that populates, document why the team has determined that a PBSP is no longer needed.
- The PBSP manual is available on the Forms and Documents Library page of the Division website under Reference/Tools tab. This manual is a reference tool for case managers and providers to use when a team is working with a participant who is demonstrating an increase in challenging behaviors, or is experiencing a behavioral crisis. It provides a systematic process to guide teams in developing positive behavior support plans, and serves to reduce aversive or restrictive procedures that are used to manage challenging behaviors.

NOTE: Refer to the [Positive Behavior Supports Plan Manual](#) for detailed information on positive behavioral supports and developing a PBSP.

Service Authorization

INSTRUCTIONS

- All waiver services must be prior-authorized by the Division.
- Add the participant’s desired services and units to the **Services Authorization** screen. The requested units for each service should cover the entire plan year.

- For services delivered in the traditional way, only certified providers can be chosen from the drop down menu under the *Services* tab. If a provider is not in the drop down menu, they are not certified to provide the service. Contact the provider if this is believed to be an error.
- If a participant is self-directing services, add the service under the *Self-Directed Services* tab.
- Mark the box that certifies that all service caps and definitions have been followed.

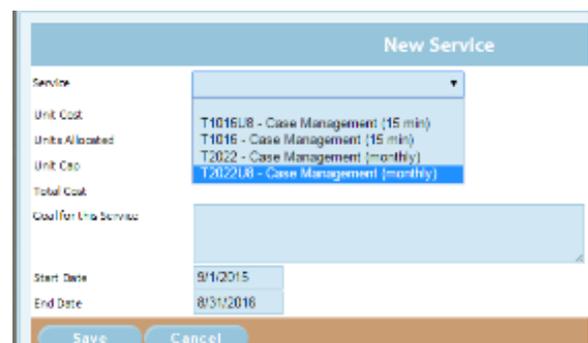
IBA Section

1. Use the current individual budget amount (IBA) to determine services and utilization on the IPC. The requested services and units must stay within the allotted IBA amount. If the request exceeds the IBA, the amount will be displayed in parenthesis (\$420.00). **“Plan is over the IBA”** will also appear at the top of the **Plan Status** screen. If the request exceeds the IBA, the team will need to meet to adjust the services to fit within the assigned IBA.
 - If the team determines that a participant needs an IBA adjustment, refer to the Supplemental Request section in the guide.
 - If a child will age up during the plan year, the IBA will be prorated. Calculate units to reflect the correct number of days in service through the end of the month of their 21st birthday.
2. A history of the participant’s IBAs can be found by selecting the **Individual Budget Amount** screen under Waiver Links.
3. If the IBA is believed to be inaccurate, contact the PSS.

Case Management Section

To add case management:

1. Select the service provider from the drop down menu.
2. Enter units allocated.
3. Enter “Not Applicable” in the *Goal for this Service* box.



Services Section

For traditional services:

1. Enter the requested services and units, assuring all information is accurate and complete.
2. Upload supporting documentation required for the following services: Crisis Intervention, Dietician Services, Occupational Therapy, Physical Therapy, Skilled Nursing, Speech, Language and Hearing Services, Specialized Equipment, Supported Employment, and Behavioral Support Services.
3. List the goal for each habilitation service during the IPC year. Goals should align with the participant’s desired accomplishments for the IPC year, which are also documented on the **Individual Preferences** screen.
4. For non-habilitation services in which a specific objective is not required, the case manager may enter “Not Applicable” in the *Goal for this Service* box.

NOTE: In the team meeting, the participant should identify a long-term goal for the future. A goal is a brief, clear statement of an outcome the participant wants to achieve. The goal should not indicate how to do something but rather what the results will look like.

Examples:

- I will be able to prepare my own meals.
- By the end of the year, I will be able to ride my bike independently.

Self-Directed Services Section

1. If the participant has completed the self-direction enrollment process, add the self-directed services in the *Self-Directed Services* tab on the **Service Authorization** screen.
2. Enter and **save** the budget amount allocated to self-direction through the fiscal intermediary.
3. The self-directed budget will be submitted to the fiscal intermediary. The case manager is responsible for allocating the budget within the approved services.

Verification

INSTRUCTIONS

The Participant and Legally Authorized Representative Verification Form

- The *Participant and Legally Authorized Representative Verification form* (often referred to as the Verification form) can be downloaded under the Participant/Guardian Verification tab in the **Verification** screen.
- The LAR and/or participant will complete and sign the form.
- The case manager must answer the questions on the Verification screen. Answers must coincide with the responses provided by the participant and legally authorized representative on the Verification form.
- Upload the completed form to the *Participant/Guardian Verification* tab.

Relative Disclosure

- The case manager must verify when a participant’s relative (defined as a biological, adoptive, or step parent) is providing services on the IPC by selecting “Yes” in the box provided and uploading the *Relative Disclosure form*. Once “Yes” is selected, this form can be downloaded.
- The *Relative Disclosure form* must be signed by the Provider Support Specialist (PVS) prior to uploading it into EMWS. Obtaining this signature may take up to seven business days.
- A new *Relative Disclosure form* must be completed if the relative provider changes the services being provided, or the waiver type changes. This form must be uploaded annually with the IPC.

Verification

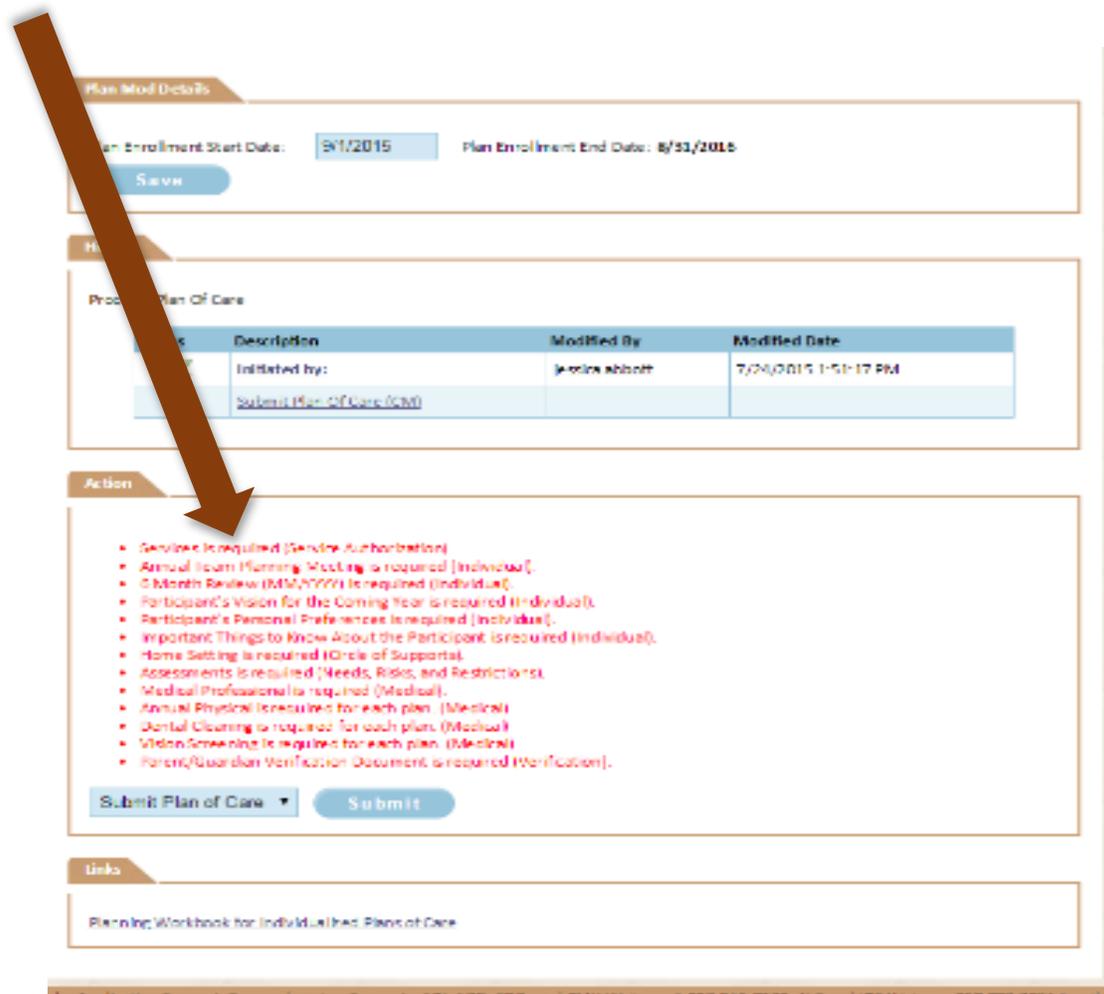
Team Signature and Verification

- After the IPC is fully developed, all team members are required to read, sign, and date the *Team Signature and Verification form* (often referred to as the Team Sign form) and upload it under the *Team Signature and Verification* tab. This form is located in EMWS in the **Verification** link.
- If a team member's signature is unable to be obtained due to an extraordinary situation, the case manager can work with the assigned PSS on a timeline for submitting the signature.
- Providers who fail to sign the *Team Signature and Verification form* will not be authorized to provide services on the IPC.
- If changes are made in the review process, all team members must be notified and sign a new or revised *Team Signature and Verification form*.

Finalize IPC

After all the steps for developing the IPC are completed, the case manager must check the box certifying that all documents are current and signed. The IPC is then ready to be submitted for review. Go to the **Plan Status** screen and select "Submit." If the IPC is missing required items, a description of the missing information will populate, and the case manager will not be able to submit the IPC until all items are included.

NOTE: When the status is "Reviewed Plan of Care", it is not possible to make changes to the IPC. Changes can be made when the status says "Submit Plan of Care."



Once reviewed, the IPC, including the PBSP and protocols, must be distributed to team members. Protocols do not automatically print when you select “Print IPC”. These will need to be printed separately.

Modifications to an IPC

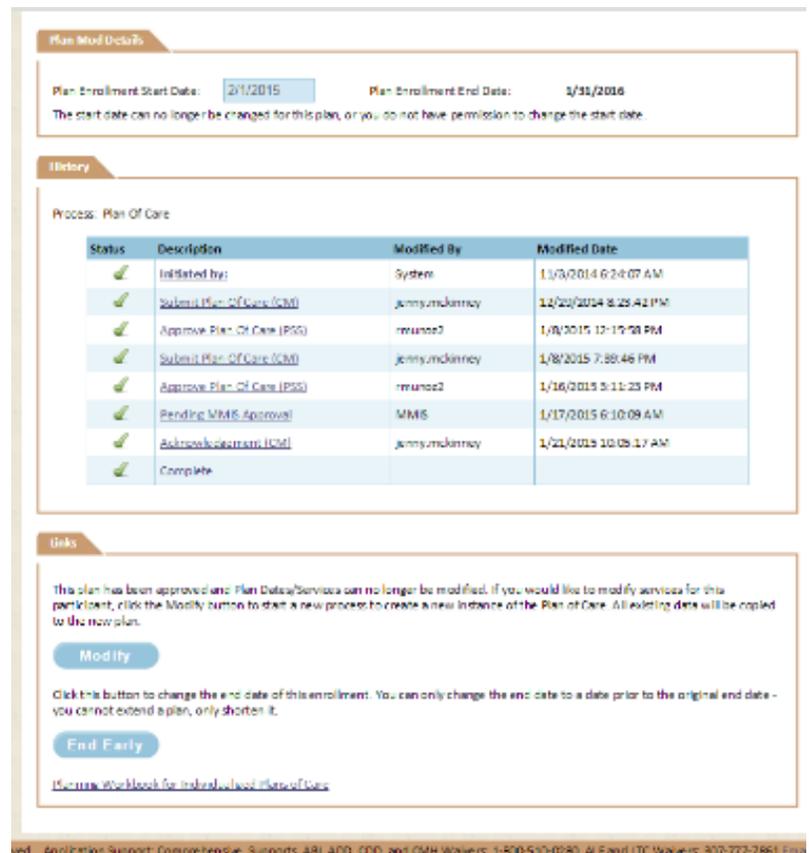
Modifications can only be made to the most current completed IPC. For example, if the status of the IPC is *Pending MMIS Approval*, it cannot be modified. Modifications to a complete current plan are required to be submitted when there is a change in traditionally provided services, service rates, service units, providers, self-direction dollars, rights restrictions, or the PBSP.

INSTRUCTIONS

A modification is initiated by the case manager by clicking the *Modify* button on the **Plan Status** screen.

- An explanation of the modification should be detailed in the box provided on the Plan Status screen. A modification should not be submitted unless a reason is noted.

- **Modification Effective Date:** Note the date the modification is effective on the **Plan Status** screen. This date must be at least seven calendar days after the submission date of the modification. The modification effective date must be at least one day after the IPC start date or the last plan modification.
 - **Example:** If a modification is submitted on March 16, the modification effective date would be March 23.
- Make changes to the services and upload any required documents, per the service definition, on the **Service Authorization** screen. Upload a signed copy of the [Team Signature Verification form](#) in the **Verification** screen.
 - Signatures from all providers affected by the change must be obtained.
 - In extraordinary situations, the case manager should work with the PSS if signatures on the Team Signature and Verification forms cannot be obtained from the necessary parties.
- Services added to the IPC on the **Service Authorization** screen must have the same start date listed as the modification effective date.
- The Division has seven days from the date that the modification has been submitted to process a modification. The PSS has the ability to change the modification date if the submitted information is incomplete.
 - If an exception to this timeline is necessary, submit a request on the **Notes** screen under Waiver Links, and notify the assigned PSS via email or phone call, that an exception is needed.
- If the modification is needed to change the case manager, residential placement, or provider, upload the appropriate [Transition Checklist](#) into the **Document Library** screen. Transition checklists can be found on the Division website on the [Forms and Reference Library](#) page, under the *Forms* toggle.
- Once a modification is submitted and reviewed, the modification to an existing plan and corresponding modification start date will be listed on the **Plan Enrollments** screen located under Waiver Links.



The PSS can change the modification effective start date or start date of the service line(s) if the modification is not reviewed by the suggested IPC start date.

CHAPTER 3 – SUPPLEMENTAL REQUESTS

Overview

In order to submit a supplemental request for an Extraordinary Care Committee (ECC) review or reconsideration, the case manager will select the **Supplemental Requests** screen under Waiver Links. The specific type of supplemental request can be selected from this screen.

Extraordinary Care Committee (ECC)

INSTRUCTIONS

The Extraordinary Care Committee (ECC) has the authority to approve, modify, deny, or provide consultation on a submitted request. The ECC will carefully consider any request that meets the criteria established in Chapter 46 Section 15 of Wyoming Medicaid Rules.

A participant's IBA shall not change unless there is a significant change in service need due to the onset of a behavioral or medical condition, or injury, or if the team can demonstrate that a participant's Level of Service Score does not reflect the participant's assessed need. A request to adjust a participant's IBA requires supporting evidence.

An IBA is based on assessed needs of each participant. Due to changes in the assessed needs, changes in circumstances, or due to other emergency situations, the Division may change the IBA either permanently or temporarily, to address the changes in need or circumstances.

Case managers have the following responsibilities when making a request to the ECC:

1. Identify how the request meets criteria as outlined in Chapter 46, Section 15.
2. Gather all pertinent information for the request from providers, psychologists, family members, medical professionals, or other contributors.
3. Provide evidence of the emergency situation from a professional(s) or agency.
4. Initiate the review of the request by uploading the completed [ECC Checklist](#), the [ECC Request form](#), [Out of Home Placement form](#) (if requesting community living services), and other documents listed on the ECC Checklist. Work closely with the PSS to assure that all of the required documents are ready for submission.
 - If the ECC request is part of an annual plan of care submission, submit the request 60 calendar days prior to the plan start date.
5. Work with the PSS until the request is complete and scheduled for review, or until it is determined that the request does not meet ECC criteria. This can be tracked through the ECC process flow in EMWS. Check the

The screenshot shows the 'ECC Request' form in the EMWS system. The form is titled 'ECC Request' and includes sections for 'Comments', 'Status Comment History', 'Individual Budget Amount Adjustment Request Document', 'ECC Request Checklist', and 'Other Documents'. Each section has a 'Choose File' button and a 'No file chosen' message. The 'Comments' section has a text area with a blue background. The 'Status Comment History' section shows 'No Records Found'. The 'Individual Budget Amount Adjustment Request Document' section has a 'Please upload the Individual Budget Amount Adjustment Request Document.' prompt. The 'ECC Request Checklist' section has a 'Please upload the ECC checklist document.' prompt. The 'Other Documents' section has a 'Please upload the ECC checklist document.' prompt. The 'Waiver Links' sidebar on the left lists various options like Case, Waiver, Participant, Services, Associated Users, Plan Enrollments, Local ICF Services, Letter History, Document Library, Assessment History, Supplemental Requests, Processes, Transferred Case Management, and Notes. The 'ECC Request' section has a 'Submit ECC Request' button and a 'Complete' button.

EMWS Task List tab frequently to see if the request has been rolled back due to missing or incomplete information.

The ECC has ten business days to review the request and make a decision. The Participant Support Unit Manager (PSUM) or designee will issue a written decision to the participant or LAR within 20 business days. The case manager must acknowledge the decision in EMWS.

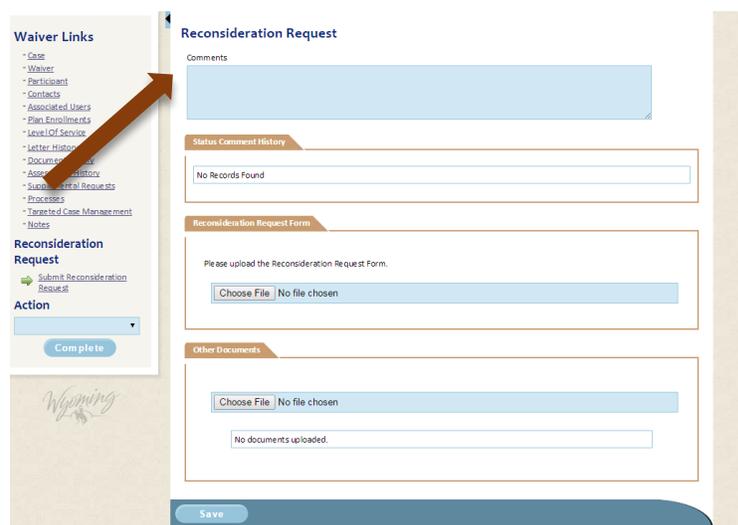
Reconsideration Request

INSTRUCTIONS

When a participant or LAR requests a reconsideration based upon an adverse action notification, the case manager will:

1. Select *Reconsideration Request* under the **Supplemental Requests** screen, and upload the supporting documentation (i.e., letter from participant and/or LAR, letter from physician or other professional; medical documentation; behavioral tracking that includes frequency, duration, and severity; progress notes; etc.).
2. Submit the task.
3. Check the EMWS Task List tab frequently to see if the request has been rolled back due to missing or incomplete information. Upload any additional information that is requested, and resubmit.

Once a reconsideration decision is made, the PSUM will upload a reconsideration decision letter into EMWS. A task will populate for the case manager to acknowledge the final decision.



CHAPTER 4 – FORMS AND HELPFUL TOOLS

IPC Required Forms

Guardianship Orders

- Typically, parents are the legally authorized representative (LAR) of children under 18 years of age, and can make decisions regarding services. In these circumstances, a guardianship order is not required.
 - If a court order is in place that identifies another legal representative for the child, upload the current guardianship order, signed by the court, to the **Contacts** screen under Waiver Links.
 - If a child does not live with the parents and guardianship orders are not available, submit other legal documentation.
- When a child turns 18 years of age, they are legally an adult, and are responsible for signing all IPC documents unless there is a court order that appoints someone as a LAR.
 - If there is a court appointed LAR, upload the current guardianship order, signed by the court, to the **Contacts** screen.
 - The Division cannot accept guardianship orders that state “minor child” if the participant is 18 or older, unless they meet the following criteria: “A guardianship, initiated while the ward is a minor, does not lapse at the age of majority under Wyo. Stat. Ann. 3-3-1101, if it is based on incompetency as defined in Wyo. Stat. Ann. 3-1-101(a)(ix) or (xii).”
 - The case manager is responsible for having the participant sign IPC forms until the signed guardianship order can be corrected.
 - If there is not a court appointed LAR, *do not* identify the parents as guardian or LAR on the **Contacts** screen.
 - If there is a limited guardianship in place, assure that the dates are current and the document is uploaded to the **Contacts** screen.

ICAP Authorization and Information Form

Complete the ICAP Authorization and Information form, which requires the participant or LAR (if applicable) signature authorizing permission for the ICAP vendor to interview respondents for the ICAP assessment. Complete the respondent information, and upload the form on the *ICAP* section under the **Assessment** screen. Select the “Action” button to submit the ICAP request. This document can be found on the Division website, [Forms and Reference Library page](#), under the *Forms* toggle.

Medication Consent Form

This form is completed and signed by the participant or LAR (if applicable) authorizing providers to assist the participant with medications. If a provider assists the participant with medications, select the **Medical** screen and upload the Medication Consent form in the *Medications* section. This document can be found on the Division website, [Forms and Reference Library page](#), under the *Forms* toggle.

Participant and Legally Authorized Representative Verification Form (Verification form)

The participant and LAR (if applicable) must answer the questions on the Participant and Legally Authorized Representative Verification form (often referred to as the Verification form) annually. Once signed, the case manager will answer the questions on the **Verification** screen, which must coincide with the answers provided on the Verification form, and upload the form under the *Participant/Guardian Verification* tab on the **Verification** screen. The blank form can be downloaded from EMWS under the *Participant/Guardian Verification* tab.

Team Signature Verification Form (Team Sign form)

Before an IPC or modification to an IPC can be submitted, all team members are required to review and sign the Team Signature Verification form (often referred to as the Team Sign form). The team member's signature documents that they were involved in the planning meeting and agree to the service(s) and units requested. Once the form is signed by all team members, upload the form under the *Team Signature and Verification* tab on the **Verification** screen. A blank form can be downloaded from EMWS under the *Team Signature and Verification* tab.

IPC Additional Forms/Worksheets/Samples

All documents uploaded into EMWS should be named using the [File Naming Convention](#).

Criteria for Neuropsychological Evaluation

This document outlines clinician qualifications, approved testing instruments, and diagnostic criteria that must be met to establish clinical eligibility for participants with an ABI. This document is found on the Division website, [Providers and Case Managers page](#), under the *Case Manager and Provider Reference Materials* toggle.

Criteria for DD Psychological Evaluation

This document outlines clinician qualifications, approved testing instruments, and diagnostic criteria that must be met to establish clinical eligibility for participants with a developmental or intellectual disability. This document is found on the Division website, [Providers and Case Managers page](#), under the *Case Manager and Provider Reference Materials* toggle.

Environmental Modification Request Worksheet

The Environmental Modification Request Worksheet is used to summarize a request for an environmental modification. Follow the steps for submitting a modification, and upload the Environmental Modification Request Worksheet into the **Document Library** screen under Waiver Links. This document can be found on the Division website, [Forms and Document Library page](#), under the *Forms* toggle.

Functional Behavior Assessment (FBA) and Positive Behavior Support Plan (PBSP) Template Sample

The participant's plan of care team should complete the Functional Behavior Assessment (FBA), which is used to identify the underlying causes of behavior. The Positive Behavior Support Plan (PBSP) is completed by using the information gathered from the FBA. The FBA should be updated at least annually.

The PBSP template is used to help the team develop a PBSP. Other PBSP versions are acceptable as long as the components of the PBSP align with Wyoming Medicaid Rules. Upload the FBA and PBSP on the **Behavioral Supports** screen.

This document, which includes the PBSP and FBA, can be found on the Division website, [Forms and Document Library page](#), under the *Forms* toggle.

IPC Planning Workbook

The IPC Planning Workbook is designed to encourage a person-centered planning approach when developing the IPC. This document can be found on the Division website, [Forms and Document Library page](#), under the *References/Tools* toggle.

IPC Worksheet - Blank

The Plan of Care Worksheet is a paper version of the electronic IPC, and can be used to assist in team in developing the IPC. This document can be found on the Division website, [Forms and Document Library page](#), under the *References/Tools* toggle.

Medication Assistance Record Form (MAR)

The Medication Assistance Record (MAR) is used to document medication usage. The MAR includes detailed information on the participant's scheduled and PRN medications, including strength, dosage, route, special instructions, and date and time that the medication assistance is needed. Upload the participant's MAR OR enter all medication information manually under the **Medical** screen. Medications must be updated, or a new MAR must be uploaded, with each supplemental request or modification to the IPC. This document can be found on the Division website, [Forms and Document Library page](#), under the *Examples/Templates* toggle.

Participant Specific Training Form

All providers must verify that they have been trained on the IPC and all protocols annually *and* when there have been revisions to the IPC. This verification must be kept in the provider's records and be available upon request by the Division. The case manager is responsible for ensuring this training has taken place, and can use the Participant Specific Training form to document this training. This document can be found on the Division website, [Forms and Document Library page](#), under the *Examples/Templates* toggle.

Relative Disclosure Form

The Relative Disclosure Form is used to identify relatives (defined as biological, step, or adoptive parents), LARs, or spouses who may be providing services to participants. A blank form can be downloaded from EMWS under the *Relative Disclosure* tab on the **Verifications** screen.

Self-Direction Referral Form

The Self-Direction Referral form serves as an application for self-directed services. This document can be found on the Division website, [Forms and Document Library page](#), under the *Forms* toggle.

Specialized Equipment Request Worksheet

The Specialized Equipment Request worksheet is used to assist teams in determining if an item will meet the criteria outlined in Chapter 44 of Wyoming Medicaid Rules. This document can be found on the Division website, [Forms and Document Library page](#), under the *Forms* toggle.

Team Meeting Checklist

The Team Meeting Checklist is used to organize and prepare for the annual IPC meeting and six month team meetings. This document can be found on the Division website, [Forms and Document Library page](#), under the *Forms* toggle.

Third Party Liability Form

The Third Party Liability form is required for services that could be paid for through a funding source other than the waiver. This form demonstrates that no other funding options are available, and must be signed by the appropriate agency. This document can be found on the Division website, [Forms and Document Library page](#), under the *Forms* toggle.

Transition Checklists

Transition Checklists are used to guide teams through the transition process. Complete and submit the appropriate Transition Checklist in the **Document Library**. Examples of transitions include a change in case manager, change in location, and a residential move within provider organizations. These documents can be found on the Division website, [Forms and Document Library page](#), under the *Forms* toggle.

Waiver Application & Waiver Application Guide – Supports Waiver

This guide provides the details for the Supports waiver eligibility and application process. This document is found on the Division website, [Participant Services and Eligibility page](#).

Wyoming Medicaid Rules

To review other Medicaid Chapters, visit <https://rules.wyo.gov/>.

1. Select *Current Rules*
2. Select *Health, Department of (048)*
3. Select *Medicaid (0037)*
4. Select the Chapter you wish to review

Commonly Used Terms

Click [HERE](#) to download a list of commonly used terms.

Commonly Used Acronyms

Click [HERE](#) to download a list of commonly used acronyms.