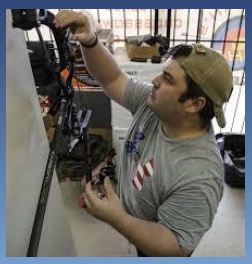
Wyoming Department of Health

Application Guide for the *Supports Waiver*



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Developmental Disabilities Section
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https://health.wyo.gov/healthcarefin/dd/
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Introduction: Home and Community Based Waiver Programs

The goal of the home and community based waiver program is to support an individual with disabilities in his or her own community as an alternative to institutional or nursing facility care. Waiver programs remove certain restrictions of the Medicaid state plan to allow Wyoming to fund additional services not covered by another source.

This application guide provides the information, forms, and processes necessary to assist you in applying for the Supports Waiver.

Supports Waiver Mission

The Supports Waiver provides supportive services to eligible persons of all ages with an intellectual or developmental disability, or an acquired brain injury, so they can actively participate in the community with friends and family, be competitively employed, and live as safely and independently as possible according to their own choices and preferences.

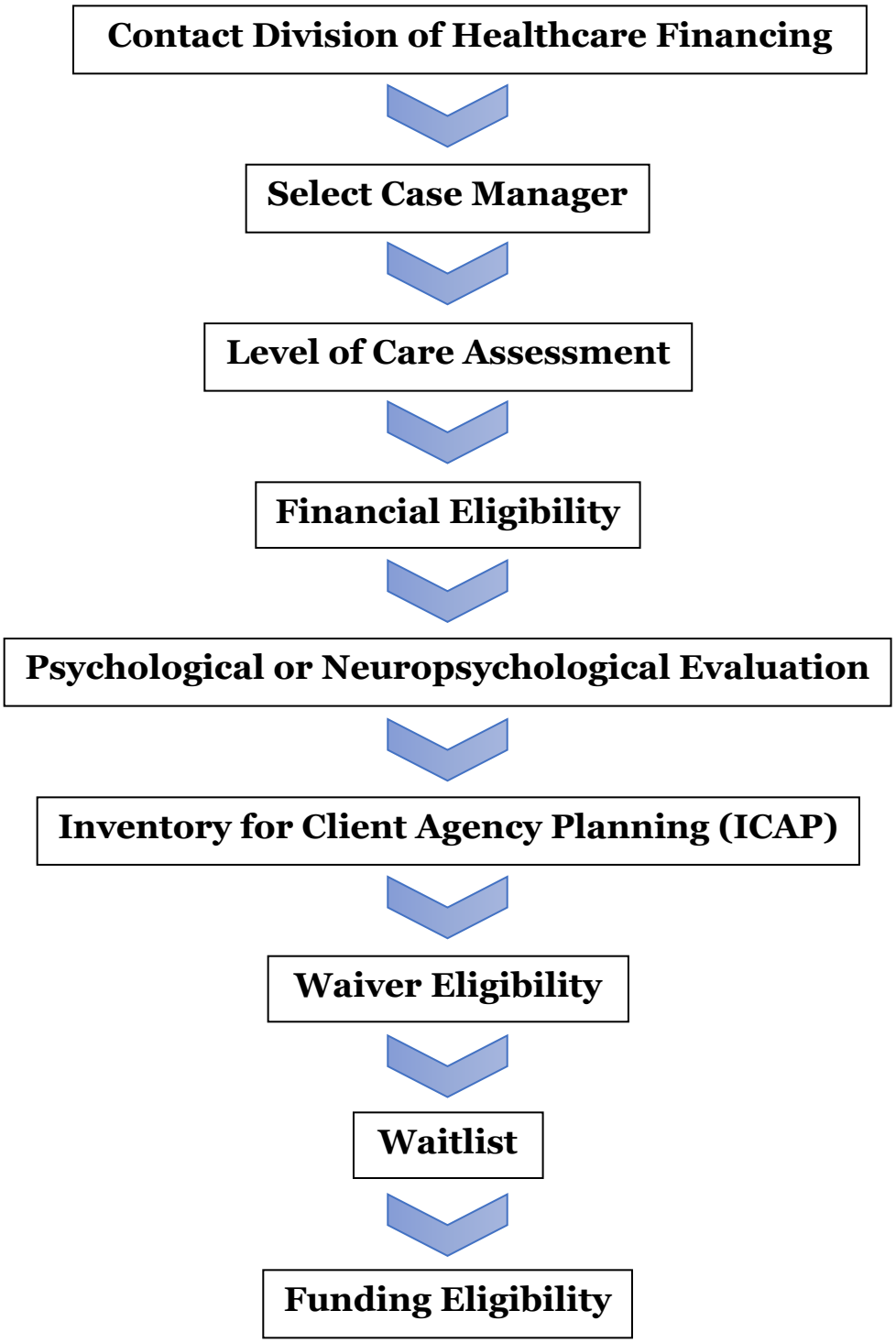
	SUPPORTS WAIVER APPLICATION PROCESS TASKS TO COMPLETE	Date Complete
☐	Contact Division - Participant Support Specialist and set appointment to discuss the application process. Date_____ Time_____ ❑ By Phone	
☐	Receive Supports Waiver Application Guide from Division.	
☐	Complete and submit the Supports Waiver Application (Submit form to Division)	
☐	Interview and select case manager	
☐	☐ Sign the Case Management Selection Form. ☐ *Case manager* signs and submits the Case Management Selection Form.	
☐	Your *case manager* will help you with the following: ☐ Complete the level of care assessment (LT-104 form) for ID/DD; or ☐ Assist with coordinating the level of care assessment (LT-101) for ABI. ☐ Complete financial eligibility paperwork and submit to the Long Term Care Unit to determine financial eligibility. ☐ Gather court order for legally authorized representative, if applicable.	
☐	*Your case manager* helps you schedule your psychological or neuropsychological evaluation. Date of appointment:_____ Name of licensed psychologist:_____	
☐	*Your case manager* submits your completed evaluation.	
☐	*Your case manager* uploads the ICAP checklist into the Electronic Medicaid Waiver System.	
☐	Wyoming Institute for Disabilities contacts you for an interview to complete your ICAP assessment. Date of Interview:_____	
☐	Wyoming Institute for Disabilities completes your ICAP.	
☐	Division notifies you that you are eligible, on the wait list, or you have been denied eligibility.	

Supports Waiver: Eligibility Requirements

To be eligible for the Supports Waiver, you must meet the following criteria:

1. Be a legal United States citizen;
2. Be a Wyoming resident as determined by Medicaid;
3. Meet the level of care criteria;
    a. LT-104 form for an intellectual or developmental disability
    b. LT-101 for an acquired brain injury
4. Meet financial eligibility, as determined by the Medicaid Long Term Care Unit;
5. Meet one (1) of the following clinical eligibility diagnoses, as determined through an up to date psychological or neuropsychological evaluation:
    a. A diagnosis of an intellectual disability;
    b. A developmental disability or a related condition; or
    c. An acquired brain injury (ABI), as defined by Chapter 1 of the Department of Health's Medicaid Rules.
        i. You must be between the ages of 21 and 64
6. Once clinical eligibility is met, qualify on the Inventory for Client and Agency Planning (ICAP) assessment, as administered by the Wyoming Institute for Disabilities (WIND).

Supports Waiver: Eligibility Process Steps SNAPSHOT



Step 1: Contact the Division of Healthcare Financing

To request information about waiver services, please contact the Participant Support Specialist (PSS) for your county.

Division of Healthcare Financing (Division) Contact Information

Phone Number:	307-777-7115
Email Address:	wdh-hcf-dd-suggestions@wyo.gov
Website Address:	https://health.wyo.gov/healthcarefin/dd

Wyoming 2-1-1

If you need services and supports during the application process, or while you are on the waitlist for the Supports Waiver, please dial 2-1-1 from your mobile phone. Wyoming 2-1-1 is a free, confidential, health and human services information and referral system supported by many different agencies. More information on Wyoming 2-1-1 can be found at https://211wyoming.communityos.org/cms/.

Step 2: Work with a Participant Support Specialist

You may work with your designated PSS to help you navigate the application process. Please expect to discuss the following:

1. A review and detailed explanation of the application process.
2. A list of enrolled case managers who serve your county.
3. Suggested questions for interviewing a potential case manager.
4. Information on community-based or institutional services.
5. The general length of time it takes to determine your eligibility.
    a. Please be aware it may take several months.
6. Any questions you may have.

Step 2 is optional and helps you address any questions you may have related to the application process or Supports Waiver program. If you feel comfortable completing the process and do not have any questions related to the Supports Waiver, please proceed to Step 3.

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Step 3: Schedule Case Manager Interviews

The PSS will provide you with a list of case managers who serve your county. You have the right to choose your case manager from the list. It is important to choose a case manager who will best meet your needs.

Once you have the list of case managers who serve your county, you will need to schedule interviews for a case manager. Below, find a list of questions you may want to consider asking case managers during your interviews:

1. Is your current caseload manageable so that you can take on a new participant? If so, how quickly can you start?
2. Please describe your experience working with persons with disabilities.
3. Are you available to meet with me outside of normal business hours?
4. Communication and confidentiality are important to me. Can you provide examples of how you typically address these concerns?
5. Are you committed to helping me access other services I need while waiting for waiver approval? (i.e. social security application, etc.)

Step 4: Interview Case Managers

Consider using the below table to track case managers you would like to interview:

Case Manager Name	Phone Number	Date Contacted for Interview	Date of Interview

Consider using the following note sheet to write down your thoughts during case managers interviews:

Note Sheets When You're Conducting Interviews

Step 5: Complete Application and Case Management Selection Form

Once you have selected a case manager, please complete the Supports Waiver Application and Case Management Selection Form, located in the back of this guide.

1. Supports Waiver Application
    a. Please complete all information and sign the form.
2. Case Management Selection Form
    a. This form identifies the case manager you have selected.
    b. With help from your case manager, complete all information on the form.
    c. You and your case manager need to sign the form.

Your case manager is responsible for submitting the completed forms to the PSS.

After these forms are submitted, the PSS will begin the waiver application process.

Supports Waiver: Case Manager Obligations

Your case manager will complete the following tasks to help you through the waiver application process:

1. Complete information on the level of care assessment (LT-104 form) within thirty (30) calendar days of being selected as your case manager if you have an intellectual or developmental disability. Ensure that the LT 101 is completed by the Public Health Nurse if you are an applicant with an acquired brain injury.
2. Assist you with acquiring and completing the financial eligibility process, which is administered through the Medicaid Long Term Care Unit. Financial eligibility paperwork must be completed and submitted within forty-five (45) calendar days of approval of your level of care assessment.
3. Help you schedule the required evaluation.
    a. If you have an intellectual or developmental disability, you will need a psychological evaluation
    b. If you have an ABI, you will need a neuropsychological evaluation.
4. Complete the ICAP checklist.
5. Assist you in accessing other services while you complete the waiver eligibility process and wait for funded services.

Supports Waiver Application Process

If you meet criteria under each step and are considered eligible, please proceed to the next step in the process.

If you do not meet criteria for any step, the application process stops and a denial letter will be sent to you.

Your case manager will assist you in completing the level of care assessment (LT-104 form) if you have an intellectual or developmental disability. If you have an acquired brain injury a local Public Health Nurse will contact you to complete the LT-101.

Your case manager will assist with acquiring and completing paperwork to determine your financial eligibility. Financial eligibility paperwork will be submitted to the Medicaid Long Term Care Unit (1-855-203-2936).

ID/DD Track

If you are applying for the Supports Waiver and you do not have an ABI:

Your case manager will help you schedule a psychological evaluation. The evaluation will be submitted to the Division, which will determine clinical eligibility.

ABI Track

If you are applying for the Supports Waiver and have an ABI:

If you meet criteria, your case manager will help you schedule a neuropsychological evaluation.

Wyoming Institute for Disabilities (WIND) will contact you to complete the ICAP assessment. Your case manager will work with you to choose people who are able to answer the assessment questions. WIND will submit the completed assessment to the Division, which will determine clinical eligibility.

If you meet all eligibility requirements, you will move to the Supports Waiver waitlist until funding is available.

Step 6: Complete Level of Care Assessment and Related Forms

If you have an intellectual or developmental disability, your case manager will complete and submit the level of care assessment (LT-104 form) within thirty (30) calendar days of being selected as your case manager. The LT-104 form will be reviewed by the Division to determine if you meet the prescreening criteria for the waiver.

If you have an acquired brain injury, a Public Health Nurse will contact you to complete the level of care assessment (LT-101 form) within thirty (30) calendar days of the case management selection form being submitted.

If you have a legally authorized representative, you will need to provide the corresponding court order, signed by a judge, so the case manager can submit the court order to Division. The court order proves that your legally authorized representative can help you choose providers, services, etc.

Within forty-five (45) calendar days of meeting the prescreening criteria for the waiver, your case manager will work with you to complete and submit the required Medicaid financial eligibility paperwork. This paperwork is used to determine if you are financially eligible for the waiver.

1. If you do not meet the level of care criteria or financial eligibility, your application will stop being processed and a denial letter will be sent to you.

2. If you do meet the level of care criteria and financial eligibility, please proceed to Step 7.

The Long Term Care Unit can be reached at 1-855-203-2936.

Step 7: Schedule Your Evaluation

After you have met financial eligibility and level of care criteria, your case manager will help you schedule either a psychological or neuropsychological evaluation, which will be used to determine your waiver eligibility.

If you have an intellectual or developmental disability, you will need to schedule a psychological evaluation. This evaluation must be administered by a Medicaid enrolled psychiatrist, neurologist, or clinical psychologist who is licensed in Wyoming.

If you have an ABI, you will need to schedule a neuropsychological evaluation to confirm you meet the definition and functional criteria. This evaluation must be administered by a Medicaid enrolled psychiatrist, neurologist, or clinical psychologist who is licensed in Wyoming.

The following pages list the exact criteria your clinician must use when determining your clinically eligibility. Please feel free to give the appropriate checklist to your clinician.

Wyoming Department of Health

Criteria for Psychological Evaluations

A person is determined eligible for the Supports or Comprehensive Waiver when eligibility criteria are met. Specifically, the criteria related to the diagnosis of an intellectual disability or a developmental disability due to a related condition is described in detail. This document shall serve as a reference to clinicians of Division expectations when completing these evaluations and provide information related to the evaluation process, the use of assessment instruments, interpretation of results, the formulation of diagnoses, and compilation of the assessment report.

Examiner Qualifications:

Psychological evaluations are conducted by a Medicaid enrolled psychiatrist, neurologist, or clinical psychologist who is licensed in Wyoming and is free of conflicts with other providers chosen by the participant. The psychological testing is provided and administered on a face-to-face basis and conducted by a clinician licensed to practice independently and trained to administer the appropriate assessment instruments.

Approved Psychological Tests:

An individual may qualify for the Supports and Comprehensive waivers with a diagnosis of an intellectual disability or a developmental disability due to a related condition. This eligibility determination relies heavily on the use of objective, standardized assessment instruments. In this section, the Division approved instruments are described in detail.

Only valid, reliable, and appropriate instruments are used in the evaluation process. The choice of testing instruments is based on the unique clinical presentation of the individual and the specific referral question. The most current versions of tests supported by scientific research and for which appropriate normative information is available are used. The following instruments have been approved for use when evaluating eligibility. The most current versions of these instruments must be used. Projective tests, such as the Rorschach shall not be used.

Assessment Instruments approved by Division:

INTELLIGENCE (one of the following & most recent version)

- Kaufman Assessment Battery for Children (KABC)
- Wechsler Pre-School and Primary Scale of Intelligence (WPPSI)
- Wechsler Intelligence Scale for Children (WISC)
- Wechsler Adult Intelligence Scale (WAIS)
- Sanford-Binet Intelligence Scale (SB)
- Test of Nonverbal Intelligence (TONI)

FUNCTIONAL/ADAPTIVE (one of the following & most recent version)

- Adaptive Behavior Assessment System

- Vineland Adaptive Behavior Scales

AUTISM SPECTRUM DISORDERS (one of the following & most recent version)

- Asperger Syndrome Diagnostic Scale (ASDS)
- Autism Diagnostic Observation Schedule (ADOS)
- Autism Diagnostic Interview (ADI)
- Childhood Autism Rating Scale (CARS)
- Gilliam Rating Scales
- Autism Spectrum Rating Scale
- Social Responsiveness Scale (SRS)

Psychological Report

In order to ensure clinicians are paid for services in a timely manner, clinicians should submit the completed report to the division within 30 days of completion. The Division must receive the completed evaluation report prior to authorizing payment.

The following diagnoses are not considered qualifying diagnosis for the purposes of determining clinical eligibility for an individual: provisional; Borderline Intellectual Functioning; "by report"; or a "Rule Out". The clinician must render an opinion in writing specifically answering the referral question for clinical eligibility by confirming or denying a diagnosis of an intellectual disability (formerly referred to as Mental Retardation), IQ of 70 or below and adaptive behavior scores. The evaluation should reflect adaptive behavior scores as determined through standard measurement of adaptive behavior. For a developmental disability diagnosis due to a related condition, the evaluation must include severity of the chronic disability and the severity of the impairments in functional limitations.

Diagnoses must be based on the most current Diagnostic and Statistical Manual. All applicable qualifiers, such as severity levels for Autism Spectrum Disorder, must be included in the diagnoses. The Division will make a final determination as to clinical eligibility based on the evidence contained within the psychological report.

Payment process

Once the case manager uploads the assessment report into the Electronic Medicaid Waiver System (EMWS), a new task will populate that requires the case manager to upload the invoice for the assessment. 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, the case manager should notify the clinician that he/she may now bill for the date provided, using the T2024 billing code.

Wyoming Department of Health

Criteria for Neuropsychological Evaluations

A person with a diagnosis of an Acquired Brain Injury (ABI) is determined eligible for the Supports or Comprehensive Waiver when eligibility criteria as defined in rule are met. This document shall serve as a guide to clinicians completing these evaluations and provide information related to the evaluation process, the use of assessment instruments, interpretation of results, the formulation of diagnoses, and compilation of the assessment report.

Examiner Qualifications:

Neuropsychological evaluations are conducted by a Medicaid enrolled psychiatrist, neurologist, or clinical psychologist who is licensed in Wyoming and is free of conflicts with other providers chosen by the participant. The Neuropsychological testing is provided and administered on a face-to-face basis and conducted by a clinician licensed to practice independently and trained to administer the appropriate assessment instruments.

Approved Neuropsychological Tests:

Only valid, reliable, and appropriate instruments are used in the evaluation process. The choice of testing instruments is based on the unique clinical presentation of the individual and the specific referral question. The most current versions of tests supported by scientific research and for which appropriate normative information is available are used. The following instruments have been approved for use when evaluating eligibility. The most current versions of these instruments must be used.

The Neuropsychological evaluation for waiver eligibility must include the following assessment instruments:

Diagnostic criteria for an ABI as defined in Chapter 46 of the Department of Health's Medicaid Rules is confirmed and must meet one of the following three criteria:

- A score of 42 or more on the Mayo Portland Adaptability Inventory (MPAI); or
- A score of 40 or less on the most current version of the California Verbal Learning Test Trials 1-5 T; or
- A score of 4 or more on the Supervision Rating Scale.

NeuroPsychological Report

In order to ensure clinicians are paid for services in a timely manner, clinician should submit the completed report to the division within 30 days of completion. The Division must receive the completed evaluation report prior to authorizing payment.

The report must contain the following:

- Reason for referral – to aid in the determination of eligibility for the Wyoming Supports or Comprehensive Waiver
- Background information
- Verifies through a medical record review a diagnosis of an acquired brain injury within the report.
- Mental status – Neuro-behavioral examination
- Diagnostic impression
- Recommendations
- Summary
- Summary of raw data

Payment Process

Once a case manager uploads the assessment report into the Electronic Medicaid Waiver System (EMWS), a new task will populate that requires the case manager to upload the invoice for the assessment. 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, the case manager should notify the clinician that he/she may now bill for the date provided, using the T2024 billing code.

Step 8: Inventory for Client and Agency Planning

The Inventory for Client and Agency Planning (ICAP) is an assessment used to identify your functioning level and determine your eligibility.

Your case manager will help you choose people who are able to answer the assessment questions, and complete the checklist that is submitted to the Wyoming Institute of Disabilities (WIND) via EMWS. WIND will contact you to schedule an interview, and complete your ICAP assessment.

For more information on the ICAP, please visit the Division website, which is listed on Page 7.

Step 9: Receive Eligibility Letter - Approval

If you are determined financially and clinically eligible for the Supports Waiver, the Division will send you written notification. If funding is not available, you will be placed on a waiting list. Being placed on the waiting list means that you are eligible, but you need to wait until there is funding available for you to begin receiving services.

When funding does become available, the Division will send you written notification. Until you receive funding, your case manager will assist you in receiving non-waiver services, providing any crisis intervention and stabilization, and linking you to other available resources.

If you are interested in learning more about potential services offered once funding is available, please visit the Division website, which is listed on Page 6.

Step 10: Receive Funding Eligibility Letter

Once funding is available, you will receive a letter from the Division that includes your Individual Budget Amount (IBA) and the date you will be able to begin services. Your IBA is the amount of money you have to purchase waiver services. Your case manager will work with you and your plan of care team to develop your IPC.

Supports Waiver: Eligibility Letter - Denial

If you are determined to be clinically or financially ineligible for Supports Waiver services, you will receive a denial of eligibility letter from the Division. If you disagree with the decision, a request for a reconsideration must be submitted to the case manager by you or your LAR. A reconsideration is a request for the Division to look at your documentation again to determine if the decision was correct.

A request for reconsideration may be submitted to the Division and needs to include documentation that supports at least one (1) of the following conditions:

1. Information presented was misrepresented;
2. Information was not represented to the fullest extent needed;
3. There was a misapplication of standards or policy; or
4. The criteria was misunderstood.

A request for reconsideration must be submitted within thirty (30) calendar days from the date of your denial letter.

You may also request a fair hearing. A fair hearing gives you the chance to tell the hearing officer why you think a decision about your case is wrong. Information on how to request a fair hearing will be included in your denial letter.

Supports Waiver: Roles and Responsibilities

You and Your Legally Authorized Representative

- Assist in providing evidence of the need for services and supports, including participant in assessments and ICAP.
- Assist in providing information to help your case manager complete the level of care assessment.
- Assist in collecting necessary documentation, including school records, medical records, and social security information.
- Assure all of your providers are given necessary medical, emergency, contact information, along with training.
- Choose providers and services.
- Keep informed of waiver changes through the website or educational opportunities provided by the Division.
- If self-directing waiver services, follow the requirements and responsibilities. This includes providing your case manager with monthly documentation of progress on objectives.
- Participate in the program planning process, including the development and review of your IPC.
    - Coordinate with your case manager to schedule IPC meetings at least twenty (20) days in advance of the meeting date.
- Review your IPC and make sure it reflects the services and supports required and agreed upon.
- Each year, submit forms and information to the Long Term Care Unit to complete an annual financial eligibility review.
- Learn about rights and restrictions and be active in any discussion about possible rights restrictions.
- Ask any questions about direct responsibilities, if information or directions are not understood.

You and Your Legally Authorized Representative, Continued

- Provide information to the courts at least two (2) times a year, or as required by the courts, if you are a legally authorized representative.
- Notify the PSS and your case manager of changes in your residence, phone, legally authorized representative, representative payee, custody, etc.
- Be available for monthly or quarterly home visits with your case manager, and cancel in an appropriate amount of time so as not to disrupt service.
- Inform your case manager and providers of any concerns or questions, and give them an opportunity to address any concerns or questions with you.
- Inform your case manager of any requested changes in services and follow the Division transition process when changing your service providers or moving to another location in the state.
    - Please schedule your transition meeting two (2) weeks in advance and allow one (1) week for modifications to be approved by the Division before the services are changed or the move takes place.
- Provide your case manager and providers with information on incidents, medication concerns, behavioral concerns, and other important information in a timely manner.
- Participate in assessments, as needed, for your continued waiver eligibility determination.

Supports Waiver: Roles and Responsibilities

Your Case Manager

- Coordinates your assessment and reassessment to verify need of waiver services.
- Initiates the process to evaluate and re-evaluate your level of care criteria (LT-104 form) for ID/DD. Ensures that the LT-101 is completed annually by the Public Health Nurse if you are an applicant with an acquired brain injury
- Assists you, and the people who support you, in developing your IPC to include your needs, interests, and goals.
- Reviews your IPC with you and your team in a manner that is easy to understand.
- Assists you and your providers in developing a personalized schedule for you.
- Gives copies of your IPC to your providers, following privacy and confidentiality laws and regulations.
- Monitors services and billing by your providers.
- Provides second-line monitoring of your medication regimes as outlined in your IPC.
- Observes your services in various settings to verify if your IPC is being implemented, schedules are accurate, progress is being made, and your choices are being met on a quarterly basis.
- Provides a twenty (20) day notice for your IPC team meetings, semi-annually and annually.
- Submits your IPC to the PSS thirty (30) days prior to your IPC start date.
- Assists you in determining which services are priorities for you.
- Supports your choices and preferences, unless doing so is illegal or clearly not in your best interest.

Supports Waiver: Roles and Responsibilities
Your Case Manager Continued

- Provides you and your legally authorized representative with informed choice regarding your current service providers and other case managers.
- Completes a home visit either monthly or quarterly, depending on your service.
- Educates you and your legally authorized representative on self-direction opportunities and assist you in understanding the responsibilities of this choice.
- Monitors any restrictions and restraints you may receive, as outlined in your Positive Behavior Support Plan, and completes trend analysis.
- Shares current specific information about you; i.e. change in medications, behavioral changes, etc.
- Knows current Division rules and policies.
- If you are self-directing services, works with the financial management services agent and you or your legally authorized representative to complete paperwork, review services, and answer questions.
- Continues to assist you in accessing non-waiver services and linking you to other available resources.

Supports Waiver: Roles and Responsibilities

Your Provider

- Participates in your team meetings and provides pertinent information to help them make the right decisions about your services and supports.
- Follows your IPC and notifies your case manager when there are questions or concerns with your IPC.
- Works with your plan of care team to determine if changes are needed for services on your IPC, including changes to medication, behavior and mealtime plans, or any other significant impacts to services.
- Follows medication assistance guidelines, if these are in your IPC.
- Does not provide services to you until a copy of your IPC is received, and staff have been fully trained. This includes the service verification form and all appropriate signatures.
- Keeps accurate records of units, including the number of units used in your IPC, and notifies your case manager if unit usage is changing.
- Budgets your units to last for your entire plan year.
- Provides you, your legally authorized representative, and your case manager with information concerning you in a timely manner on:
    - Internal and critical incidents,
    - Restraints and restrictions,
    - Medication and behavioral concerns,
    - Billing documentation, and
    - Other important information.
- Notifies Division Provider Support Staff of any changes in their address, phone, or email immediately to alleviate any chance of deactivation or disruption of payment.
- Develops a schedule and objectives for you, with your team's input.
- Provides a copy of monthly documentation to your case manager by the tenth (10th) business day of each month.

Supports Waiver: Roles and Responsibilities

Your Provider Continued

- Allows your case manager and Division staff to monitor your waiver services.
- Follows the Division's transition procedure to facilitate transitions prior to accepting you into their services or agreeing to serve you.
- Participates in current Division updates and training pertinent to providing you services.
- Respects your rights and cultural differences, and assures all staff understand and respect your rights.
- Knows and follows all federal and state home and community based rules and standards.

Definitions: Commonly Used Waiver Program Terms

Advocate: A person, chosen by you or your legally authorized representative, who supports and represents your interests in order to ensure your full legal rights and access to services. An advocate can be a friend, a relative, or any other interested person. An advocate has no legal authority to make decisions on your behalf.

Acquired Brain Injury (ABI) – Chapter 1 WY Medicaid Rules: Any of the following:

A. Combination of focal and diffuse central nervous system dysfunction, both immediate and delayed, at the brain stem level and above;
B. Acquired through the interaction of any external forces and the body, oxygen deprivation, infection, toxicity, surgery, and vascular disorders not associated with aging;
C. Occurred by an injury to the brain since birth;
D. Caused by an external physical force or by metabolic disorder(s); and
E. (E) Includes traumatic brain injuries, such as open or closed head injuries, and non-traumatic brain injuries, such as those caused by strokes, tumors, infectious disease, hypoxic injuries, metabolic disorders, and toxic products taken into the body through inhalation or ingestion.

Acquired Brain Injury does not include congenital brain injuries or brain injuries induced by birth trauma and are not developmental or degenerative.

Case Manager: A service provider who helps you to identify, select, obtain, coordinate, and use both paid services and natural supports. Their goal is to enhance your independence, productivity, and integration consistent with your capacity and preferences.

Child: A person under 21 years of age. Individuals between the ages of 18 and 21 receiving services are considered adults in the State of Wyoming and shall sign their own documents, unless they have a legally authorized representative.

Circle of Support: Specific persons you can contact for help or support. These may include your family members, friends, neighbors, advocate, providers, landlord, community members or agencies, or local emergency agencies.

Department of Family Services (DFS): Connects people with time-limited resources that promote health, safety, and self-sufficiency so they can contribute to their communities.

Developmental Disability: A severe, chronic disability that:

A. Is attributable to a cognitive or physical impairment or combination of mental and physical impairments;
B. Is manifested before the individual attains age 22;
C. Is likely to continue indefinitely; and
D. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
    i. Self-care;
    ii. Receptive and expressive language;
    iii. Learning;
    iv. Mobility;
    v. Self-direction;
    vi. Capacity for independent living;
    vii. Economic self-sufficiency; and
E. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Electronic Medicaid Waiver System (EMWS): Electronic system for managing your waiver and case file.

Functionally necessary: A waiver service that is:

A. Required due to your diagnosis or condition, and
B. Recognized as a common or current practice among your provider's peer group, or
C. Intended to make a reasonable accommodation for any functional limitations you may have, to increase your independence.
D. Provided in the most efficient manner and setting consistent with the care you need.
E. Not experimental or investigational and is generally accepted by the medical community.

ICF/IDD: Intermediate Care Facility for persons with Intellectual or Developmental Disabilities.

Individual Budget Amount (IBA): Allocation of Medicaid waiver funds assigned to you to budget for services according to your assessed needs.

Individualized Plan of Care (IPC): Your written plan of care describing:

A. The type and frequency of services to be provided to you,
B. Regardless of funding source, and
C. Identifies the provider or provider types to furnish these services.

Intellectual Disability: Significantly sub-average general intellectual functioning with concurrent deficits in adaptive behavior manifested during the developmental period.

Inventory for Client and Agency Planning (ICAP): An instrument used by the Division to help determine your eligibility and to needs.

Legally Authorized Representative: A person lawfully appointed as guardian to act on your behalf.

Medicaid: Provides funding and regulates medical assistance and services. Medicaid in Wyoming is a program under the Office of Healthcare Financing within the Wyoming Department of Health.

Medical Records: All documents your provider has, which describes your diagnosis, condition, or treatment, including, but not limited to, your Individualized Plan of Care.

Neuropsychological or Psychological Evaluation: A process that evaluates a person's mental capabilities to determine eligibility for the waiver program.

Objectives: A specific, measurable, attainable, relevant, time specific, and trackable condition or skill to achieve in order to accomplish a particular goal.

Participant: An individual who has been determined eligible for covered waiver services.

Person-Centered Planning: A process, directed by you, identifying your strengths, abilities, preferences, needs and services to meet these needs, and providers available for these services. Person-centered planning allows you to exercise choice and control over the process of developing and implementing your IPC.

Plan of Care Team: A group of persons who are knowledgeable about you and are qualified, collectively, to assist in developing your IPC.

Membership of the team includes you, your legally authorized representative (if applicable), your case manager, providers on your IPC,

your advocate (if applicable), and any other person(s) chosen by you.

Provider: A person or entity certified by the Division to furnish you services and is currently enrolled as a Medicaid waiver provider.

Related Condition: A condition resulting in a severe, chronic developmental disability affecting an individual, which manifests before age 22 and is attributable to cerebral palsy, seizure disorder, or any condition other than mental illness that is closely related to an intellectual disability and requires similar services, as determined by a licensed psychologist or physician.

Representative Payee: A person or organization appointed by the Social Security Administration to manage state or federal benefits or entitlement program payments on your behalf, if you cannot manage or direct the management of your own money.

Self-Direction: Belief which emphasizes the ability of people with developmental disabilities and their families, to decide their own needs and make choices on what services would best meet those needs. You manage your own budget; hire, train, and negotiate wages for your employees; approve employee timecards; and fire employees.

Traditional Services: Provider-driven process in which the provider determines who to hire, where staff will work, how much they will be paid, and how the services will be delivered.

Waiting List: A list of eligible applicants for waiver program services who are waiting for available funding before their services can begin.

Supports Waiver: Forms and Sheets

The following pages include forms and sheets meant to assist you as you work through the Supports Waiver. Please find the following:

1. Medicaid Supports Waiver Application Form
2. Case Management Selection Form
3. Note Sheets for You

Wyoming Department of Health

Medicaid Supports Waiver Application

Applicable Program – Submit this form to a Developmental Disabilities Participant Support Specialist

I am currently on a Medicaid Waiver: ☐ Yes ☐ No Waiver Name: _____

If yes, your case manager's name:_____ Case manager's phone number: _____

I am interested in receiving information on institutional placement ☐ Yes ☐ No

I am interested in being placed on the waiting list for Comprehensive Waiver Services ☐ Yes ☐ No

I am between 21 and 64 years of age and have an Acquired Brain Injury (ABI) ☐ Yes ☐ No

Applicant Contact Information

Applicant Name:_____ Phone Number: _____

Physical Address:_____ Mailing Address: _____

City, State, Zip: _____ City, State, Zip:_____

County of Residence: _____ E-mail Address:_____

Social Security Number: _____ - ___ - _____ DOB:_____/_____/_____ Age:_____

☐ Male ☐ Female Ethnicity: _____ Preferred method of contact? ☐ Mail ☐ Phone ☐ E-mail

Medicaid #: ____ - _____ Community where I will receive services:_____

I am a qualifying dependent of an active military service member: ☐ Yes ☐ No

As the applicant's Legally Authorized Representative, I certify I intend to reside in Wyoming within eighteen (18) months after retiring or separating from military service. ☐ Yes ☐ No ☐ N/A

Legally Authorized Representative Contact Information

Please fill out the following section if the applicant is under 18 years of age or has a court-appointed Legally Authorized Representative (full or limited).

Name of Parent(s)/Legally Authorized Representative(s): _____

Physical Address: _____ Phone Number: _____

City, State, Zip: _____ E-mail Address: _____

Preferred method of contact? ☐ Mail ☐ Phone ☐ E-mail

Is this person a court-appointed Legally Authorized Representative (full or limited)? ☐ Yes ☐ No

Emergency Contact Information - *Please include emergency contact information.*

Name: _____ Relationship to Participant:_____

Mailing Address: _____ Phone Number: _____

City, State, Zip: _____ E-mail Address: _____

Preferred method of contact? ☐ Mail ☐ Phone ☐ E-mail

Signatures

_____

Signature of Applicant or Legally Authorized Representative Date ___/___/_____

Signature of Witness_____ Date ___/___/_____

(required if signature is marked with an "X")

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Wyoming Department of Health

Case Management Selection Form

Applicant Information - Submit this form to a Developmental Disabilities Participant Support Specialist

Applicant: _____ Legally Authorized Representative: _____

Acknowledgement of Choice of Providers and Case Manager Conflict of Interest Disclosure

Please initial each line to verify services available through this Waiver Program have been explained to you.

____ I understand I have the ability to make decisions regarding which services will be provided to me and which providers I will work with as a waiver participant.

____ I understand I have the right to request an informal dispute resolution or an administrative hearing if I am not given the choice of providers.

____ I understand I must choose a case manager not affiliated with any of my other services, so a conflict of interest will not exist.

Case Manager Selection

A list of certified case managers available in my region was provided to me and I have completed my case manager interviews. I have chosen the following individual to serve as my case manager, who will assist me in gathering the necessary information to determine my clinical eligibility and, if I am eligible for services, develop, and submit my Individualized Plan of Care.

Case Manager Name: _____ Organization: _____

Phone Number: _____

If you are changing your case manager, who is your current case manager: _____

Phone Number: _____ Effective Date of Change to new case manager: ___/___/_____

Backup case manager:_____ Organization: _____

____ My current case manager will have access to my case for up to 7 days after my new case manager begins, in order to complete required duties from the previous month of service. (Please initial if you understand and agree.)

Consent for Information Release

Please initial each line to verify you understand and agree to the following information:

____ I agree to participate in assessments and screenings to determine my clinical eligibility and need for waiver services.

____ I authorize the release of my information by my physician, hospital, community mental health center, other social service providers, school, health service providers, and family members to and among Wyoming state agencies, and their agents, as it relates to my medical condition and ability to determine appropriate waiver services. I understand I may revoke this release of information in writing at any time.

Signatures

_____ ___/___/_____ Applicant or Date Legally Authorized Representative Signature	_____ __/___/_____ Witness Signature Date *(required if signature is marked with an "X")*
_____ ___/___/_____ New or Current Case Manager Signature Date	_____ __/___/_____ New Selected Case Manager Signature Date

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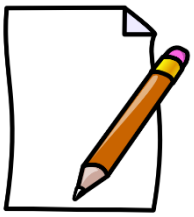
Note Sheets for You