



Commonly Used Terms - DD Waiver

Advocate – A person, chosen by the participant or legal guardian, who supports and represents the rights and interests of the participant in order to ensure the participant’s full legal rights and access to services. The advocate can be a friend, a relative, or any other interested person. An advocate has no legal authority to make decisions on behalf of a participant.

Adult – A person who is twenty-one years of age or older.

Acquired Brain Injury (ABI)

- I. Any combination of focal and diffuse central nervous system dysfunction, both immediate and/or delayed, at the brain stem level and above.
- II. These dysfunctions are acquired through the interaction of any external forces and the body, oxygen deprivation, infection, toxicity, surgery, and vascular disorders not associated with gaining.
- III. It is an injury to the brain that has occurred since birth.
- IV. It may have been caused by an external physical force or by a metabolic disorder(s).
- V. These dysfunctions are not developmental or degenerative

Applicant – An individual who has applied for DD Waiver services

Case Manager (CM) – A service provider who helps an eligible person for the waiver to identify, select, obtain coordinate and use both paid services and natural supports, which enhance independence, productivity and integration consistent with his or her capacity and preference.

Child – For the purpose of the Comprehensive or Supports Waivers, a person under 21 years of age. Participants between the ages of 18 and 21 are considered to be an adult in the State of Wyoming, and shall sign their own documents unless they have a legal guardian.

Circle of Support – Specific persons an individual can contact for help or is a natural support. These may include family members. Friends, neighbors, advocates, providers, landlord, community members or agencies, or local emergency agencies.

Claim – A request by a provider for Medicaid payment for covered services provided to a participant.

Conflict of Interest

- I. Specific to the plan of care, a conflict of interest is a situation in which a case manager has competing or conflicting interests or loyalties.
- II. A conflict of interest may exist for other reasons between members of the IPC team and the participant, such as a guardian who is related to providers on a person’s plan. NOTE: Providers shall be aware and stay in compliance with the Divisions rules for maintaining and adhering to conflict of interest policy requirements.

Department of Family Services Registry – Pursuant to W.S. § 35-20-115, The Central Registry of the Department of Family Services that includes substantiated reports of abuse, neglect, exploitation, or abandonment of vulnerable adults and children.

Developmental Disability (DD) – As defined in federal law (42 U.S.C. § 15002 (8)), a severe, chronic disability of an individual that:

- I. Is attributed to a mental or physical impairment or combination of mental and physical impairments.
- II. Is manifested before the individual attains age 22.
- III. Is likely to continue indefinitely, and
- IV. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - a. Self-care
 - b. Receptive and expressive language
 - c. Learning
 - d. Mobility
 - e. Self-direction
 - f. Capacity for independent living, and
 - g. Economic self-sufficiency

Direct Supervision – Direct supervision means the supervisor shall be working the same shift, schedule, and proximity of the volunteer, individual under the age of 18, or new employee pending the results of the Department of Family Services Registry screening.

Direct Support Professional (DSP) – Person who works directly with people with developmental or intellectual disabilities or acquired brain injuries to provide waiver services and assist individuals to become integrated into their community.

Division – Division of Healthcare Financing

Drug used as a restraint – Any drug that:

- I. Is administered to manage a participant’s behavior in a way that reduces the safety risk to the participant or others, and
- II. Has the temporary effect of restricting the participant’s freedom of movement, and
- III. Is not a standard treatment for the participant’s medical or psychiatric condition.

Drugs used as a restraint shall not be approved in a participant’s plan of care.

Employer of Record (EOR) – In self-directed services, the individual responsible for hiring, training, and managing employees, and for and monitoring and working within the participant’s individual budget amount. The EOR had the budgetary authority to negotiate and set wages and payment terms for all self-directed services.

Extraordinary Care Committee (ECC) – A committee that has the authority to approve or deny individual plans of care, emergency funding, and funding due to a material change in circumstance or other condition justifying an increase in funding. Membership of the ECC shall include a representative of the Division, a representative of the State Medicaid Program, and a representative of the Department’s Fiscal Office.

Functional Behavioral Analysis (FBA) – An analysis used to ascertain the purpose or reasons for behaviors demonstrated by a participant.

Functionally Necessary – A waiver service that is:

- I. Required due to the diagnosis or condition of the participant, and
- II. Recognized as a prevailing standard or current practice among the provider's peer group, or

- III. Intended to make a reasonable accommodation for functional limitations of a participant, to increase a participant's independence, or both.
- IV. Provided in the most efficient manner and/or setting consistent with appropriate care required by the participant's condition.
- V. For the purposes stated, utilization is not experimental or investigational and is generally accepted by the medical community.

Guardian – A person lawfully appointed as guardian to act on the behalf of the participant or applicant.

Individual Budget Amount (IBA) – The budget assigned to each waiver participant that is used to purchase waiver services.

Individual Plan of Care (IPC) – A written plan of care for a participant that describes the type and frequency of services to be provided to the participant regardless of the funding source and that identifies the provider or provider types that furnish the described services. The IPC shall reflect the services and actual units that providers are agreeing to provide over the plan year.

Individual Plan of Care (IPC) Team – A group of persons who are knowledgeable about the person and are qualified, collectively, to assist in developing an individual plan of care for that person. Membership of the team shall include the participant, the guardian if applicable, the case manager, providers on the person's individual plan of care, an advocate if applicable, and any other person chosen by the participant.

Intermediate Care Facility for persons with Intellectual Disabilities (ICF/ID) – An intermediate care facility for people with mental retardation as defined in 42 U.S.C. 1396d(d).

Inventory for Client and Agency Planning (ICAP) – An instrument used by the Division to help determine the participant's Level of Service score, available from Riverside Publishing, its successor, or designee.

Legally Authorized Representative – A person lawfully appointed to act on the behalf of the participant or applicant.

Level of Service score – An assigned number calculated by the Division used to indicate assessed need. This score is based on results from the Inventory for Client and Agency Planning (ICAP) assessment.

Licensed Medical Professional – Medical professional licensed to practice in the State of Wyoming and authorized to prescribe medication.

LT-104 – Assessment tool completed by the case manager that outlines the qualifying diagnosis and services needed for an individual.

Mechanical Restraint – Any device attached or adjacent to a participant's body that he or she cannot easily move or remove that restricts freedom of movement or normal access to the body.

Medicaid – Program that provides medical assistance and services pursuant to Title XIX of the Social Security Act and/or the Wyoming Medical Assistance and Services Act. Medicaid includes any successor or replacement program enacted by Congress and/or the Wyoming Legislature. Medicaid in Wyoming is a program under the Office of Healthcare Financing within the Wyoming Department of Health.

Medicaid Fraud Control Unit (MFCU) – The Medicaid Fraud Control Unit of the Wyoming Attorney General's Office, its agent, designee, or successor.

Medical Records – All documents, in whatever form, in the possession of or subject to the control of a provider, which describe the participant's diagnosis, condition, or treatment, including, but not limited to, the individual plan of care.

Modification to Individual Plan of Care – A change to an individual plan of care including the addition, substitution, or deletion of providers, covered services, or both.

Neuropsychological Assessment – A performance-based method to assess cognitive functioning. This method is used to examine the cognitive consequences of brain damage, brain disease, and severe mental illness.

Objectives – A specific, measurable, attainable, relevant, time-specific, and trackable skill that must be attained in order to accomplish a particular goal.

Participant – An individual who has been determined eligible for covered services on the Comprehensive or Supports Waiver.

Participant Specific Training – Training on a participant’s specific health, safety, behavioral, equipment, supervision and support needs of a participant that are described in the person's individual plan of care.

Partnership Access Line (PAL) – Supports primary care providers (doctors, nurse practitioners and physician assistants) with questions about mental health care such as diagnostic clarification, education adjustment, medication review, or treatment planning.

Person-Centered Planning – A process, directed by a participant, that identifies the participant’s strengths, capacities, preferences, needs, the services needed to meet the needs, and providers available to provide services. Person-centered planning allows a participant to exercise choice and control over the process of developing and implementing the individual plan of care.

Physical Restraint – The application of physical force or physical presence without the use of any device, for the purposes of restraining the free movement of the body of the participant. The term personal restraint does not include briefly holding, without undue force, a participant in order to calm or comfort him or her, or holding a participant’s hand to safely escort him or her from one area to another.

Positive Behavior Support Plan (PBSP) – A plan that assists the participant in developing positive behaviors to replace or reduce a challenging or dangerous behavior.

Prior Authorization (PA) – Gives a provider permission to provide services and bill for those services.

Provider Operated Setting – Settings that are owned, rented, leased, co-leased, controlled, or operated by the provider. This includes settings in which the provider has a direct or indirect financial relationship with the owner of the property.

Psychological Assessment – A process of testing that uses a combination of techniques to help arrive at some hypotheses about a person and their behavior, personality and capabilities.

Rate – Dollar amount paid for a service

Relative – A participant’s biological, step, or adoptive parent.

Self-Directed Services – Service delivery process in which an employer of record is responsible for recruiting, hiring, scheduling, training, evaluating, and supervising employees.

Targeted Case Management – Service that allows case managers to get paid for their time spent working with a new applicant or eligible applicant on the waiting list.

Traditional Services – Service delivery process in which providers determine who will be hired, where staff will work, how much they will be paid, and how the services will be delivered overall.

Transition Process – Process of changing from one provider of services to another from one home and community based service to another, or from one residential location to another.

Waiting List – A list of persons who are eligible for covered services and who have submitted a completed application, but the services are unavailable because of limits imposed by funding for or on the waiver.

