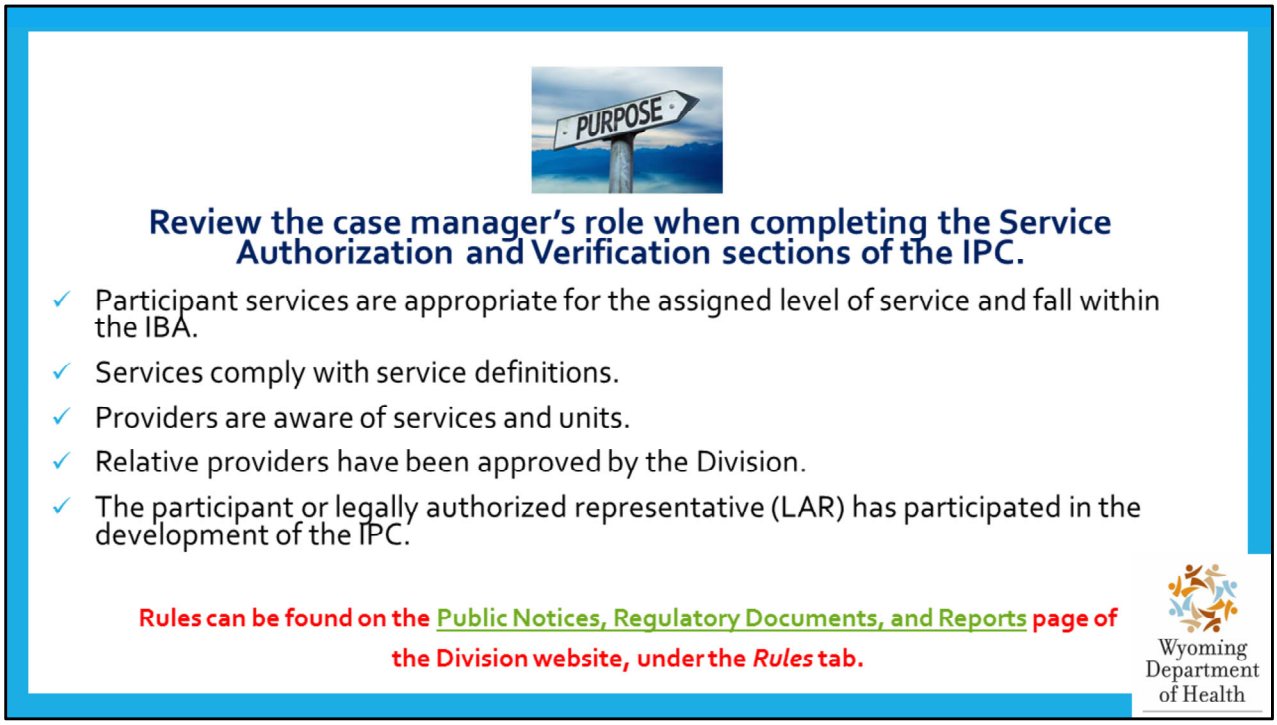
The Participant Support Unit is continuing to provide trainings covering the Plan Mod Links Section of the Electronic Medicaid Waiver System (EMWS) during Case Manager Support Calls. These links are located to the left of the individualized plan of care (IPC). Today's training will be focusing on the Service Authorization and Verification screens. Just a reminder to please hold your questions until the end of the presentation. Please submit your questions in the chat box and they will be answered at the end of the presentation.



The purpose of today's training is to review the case manager's role when completing the Service Authorization and Verification sections of the IPC. It is important these sections are developed accurately and completely in compliance with Wyoming Medicaid Rule.

The sections ensure:

1. Participants are receiving appropriate services that fall within their individual budget amount and Division service definitions.
2. All providers on the plan are aware of the services and units being provided.
3. Relative providers have been approved by the Division.
4. The participant or legally authorized representative (LAR) has participated in the development of the IPC.

Wyoming Medicaid Rules can be found on the Public Notices, Regulatory Documents, and Reports page of the Division website, under the *Rules* tab.

Additional direction on completing information found on the Service Authorization and Verification screens can be found in the IPC Guide, which is located on the Providers and Case Managers page of the Division website, under the *Case Manager and Provider Reference Materials* toggle.

Individual Budget Amount

Stay within the individual budget amount (IBA) when determining services and units on the IPC.

- ✓ If the request exceeds the IBA, the team will need to meet to adjust the services to fit within the assigned IBA.
- ✓ If a child will turn 21 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.

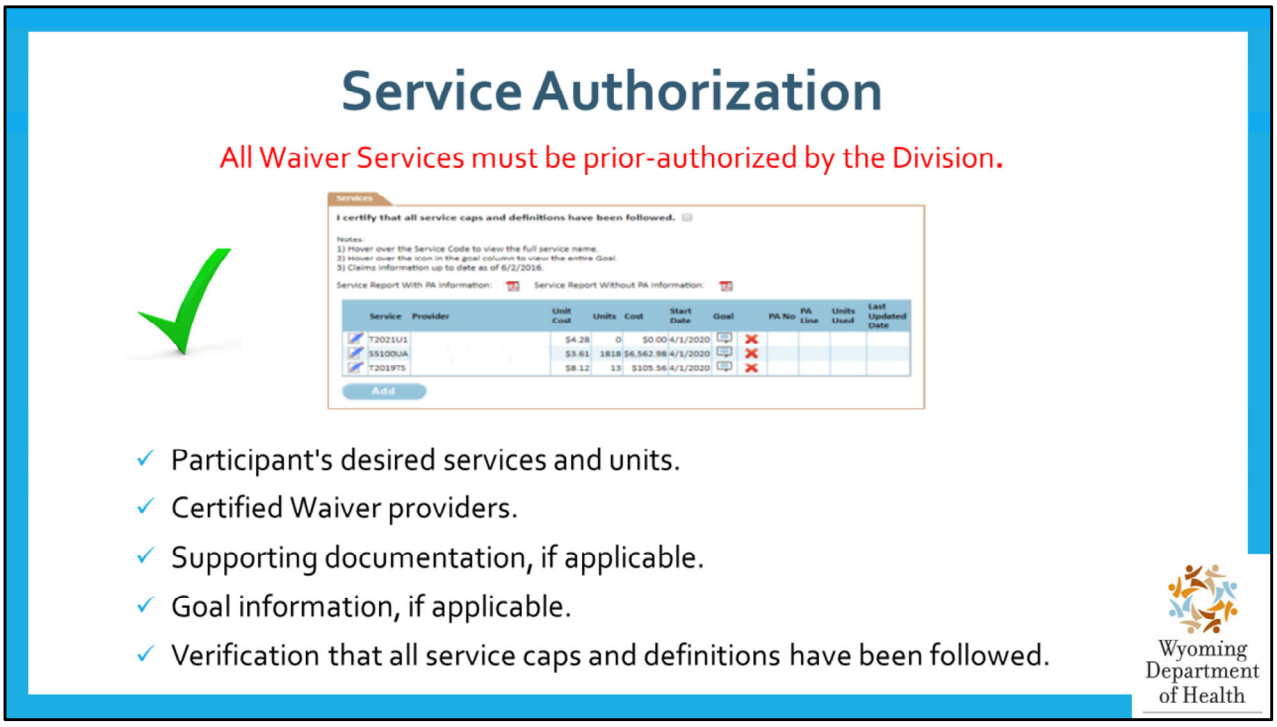
Wyoming Department of Health

The *IBA* tab is found on the Service Authorization screen. Teams must stay within the participant's individual budget amount (IBA) when determining services and units on the IPC. The number of units for each service must stay within the service cap limits. Please refer to the most recent version of the Comprehensive and Supports Waiver Service Index for service cap information.

If the request exceeds the IBA, the amount will be displayed in parenthesis. "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 a child will turn 21 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.

A history of the participant's IBAs can be found by selecting the Individual Budget Amount screen under Waiver Links. If the IBA is believed to be inaccurate, contact the assigned PSS.



The participants waiver services are added under the *Services* tab of the Service Authorization screen. As a reminder, all waiver services must be prior-authorized by the Division. Providers must have a prior authorization (PA) number in order to bill for services. Providers should not provide services without an active PA number.

Remember, the requested units for each service should cover the entire plan year. Please refer to the most recent version of the Comprehensive and Supports Waiver Service Index for additional information on service caps.

To add a service or provider, click the add button. For traditional services, only certified waiver providers can be chosen from the drop down menu under the Services tab. If a provider is not showing in the drop down menu, they are not certified to provide the service. Contact the provider if this is believed to be an error. The provider should contact their assigned Provider Support Specialist for assistance.

Enter the requested services and units, assuring all information is accurate and complete. Be sure that all service start dates and providers are listed correctly. This section can be edited by clicking the pencil and paper icon to the left of the service code. To delete a provider or service entered in error, click on the red “x”.

Upload all 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.

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. 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.

Mark the box that certifies that all service caps and definitions have been followed.

Self Direction

- ✓ If a participant is self-directing services, add the service under the Self-Directed Services tab.
- ✓ Enter the allocated budget for the self-directed services.

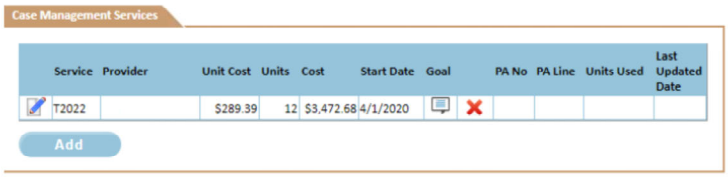
CHOICES

Wyoming Department of Health

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. Enter and save the budget amount allocated to self-direction.

Case Management Section

- ✓ Select the case manager.
- ✓ Enter units allocated.
- ✓ Enter "Not Applicable" in the Goal for this Service box.



Wyoming Department of Health

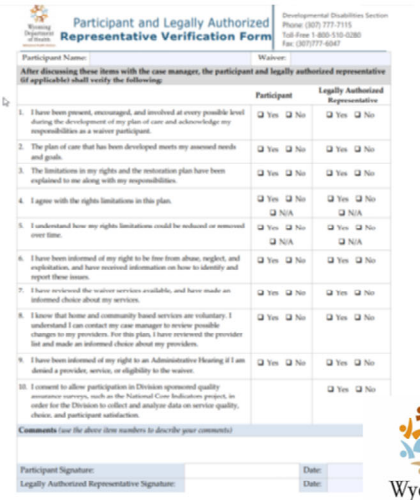
The *Case Management Services* tab is also found on the Service Authorization screen. Select the case manager from the from the down menu.

Enter the number of units being requested. This can be the monthly unit or the fifteen minute unit or a combination of both. Please refer to the most recent version of the Comprehensive and Supports Waiver Service Index for information on case management service caps.

Case management is not considered a habilitative service so a participant goal is not required for the service.

Verification

- ✓ Download thee Participant and Legally Authorized Representative Verification form.
- ✓ The participant and LAR will complete and sign the form.



Participant and Legally Authorized Representative Verification Form

Developmental Disabilities Section
Phone: (307) 777-7115
Toll-Free 1-800-510-0280
Fax: (307)777-6047

Participant Name: Waiver:

After discussing these items with the case manager, the participant and legally authorized representative (if applicable) shall verify the following:

	Participant	Legally Authorized Representative
1. I have been present, encouraged, and involved at every possible level during the development of my plan of care and acknowledge my responsibilities as a waiver participant.	❑ Yes ❑ No	❑ Yes ❑ No
2. The plan of care that has been developed meets my assessed needs and goals.	❑ Yes ❑ No	❑ Yes ❑ No
3. The limitations in my rights and the restoration plan have been explained to me along with my responsibilities.	❑ Yes ❑ No	❑ Yes ❑ No
4. I agree with the rights limitations in this plan.	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A
5. I understand how my rights limitations could be reduced or removed over time.	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A
6. I have been informed of my right to be free from abuse, neglect, and exploitation, and have received information on how to identify and report these issues.	❑ Yes ❑ No	❑ Yes ❑ No
7. I have reviewed the waiver services available, and have made an informed choice about my services.	❑ Yes ❑ No	❑ Yes ❑ No
8. I know that home and community based services are voluntary. I understand I can contact my case manager to review possible changes to my providers. For this plan, I have reviewed the provider list and made an informed choice about my providers.	❑ Yes ❑ No	❑ Yes ❑ No
9. I have been informed of my right to an Administrative Hearing if I am denied a provider, service, or eligibility to the waiver.	❑ Yes ❑ No	❑ Yes ❑ No
10. I consent to allow participation in Division sponsored quality assurance surveys, such as the National Core Indicators project, in order for the Division to collect and analyze data on service quality, choice, and participant satisfaction.		❑ Yes ❑ No

Comments (use the above item numbers to describe your comments)

Participant Signature: Date:
Legally Authorized Representative Signature: Date:

Wyoming Department of Health

The Division must assure that participants have choice in the services they receive and the providers that deliver the services. This assurance is a requirement of the State's agreement with the federal government. The Division uses the Participant and Legally Authorized Representative Verification form to demonstrate that the participant or LAR had choice in these areas.

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 participant will complete and sign the form. Even if the participant has an LAR, it is important that the participant answer the questions on the form, if they are able to.

- ✓ Answer the questions on the Verification screen.
- ✓ Verify the answers reflect the answers of the participant and LAR.
- ✓ Upload the completed form to the Participant/Guardian Verification tab.

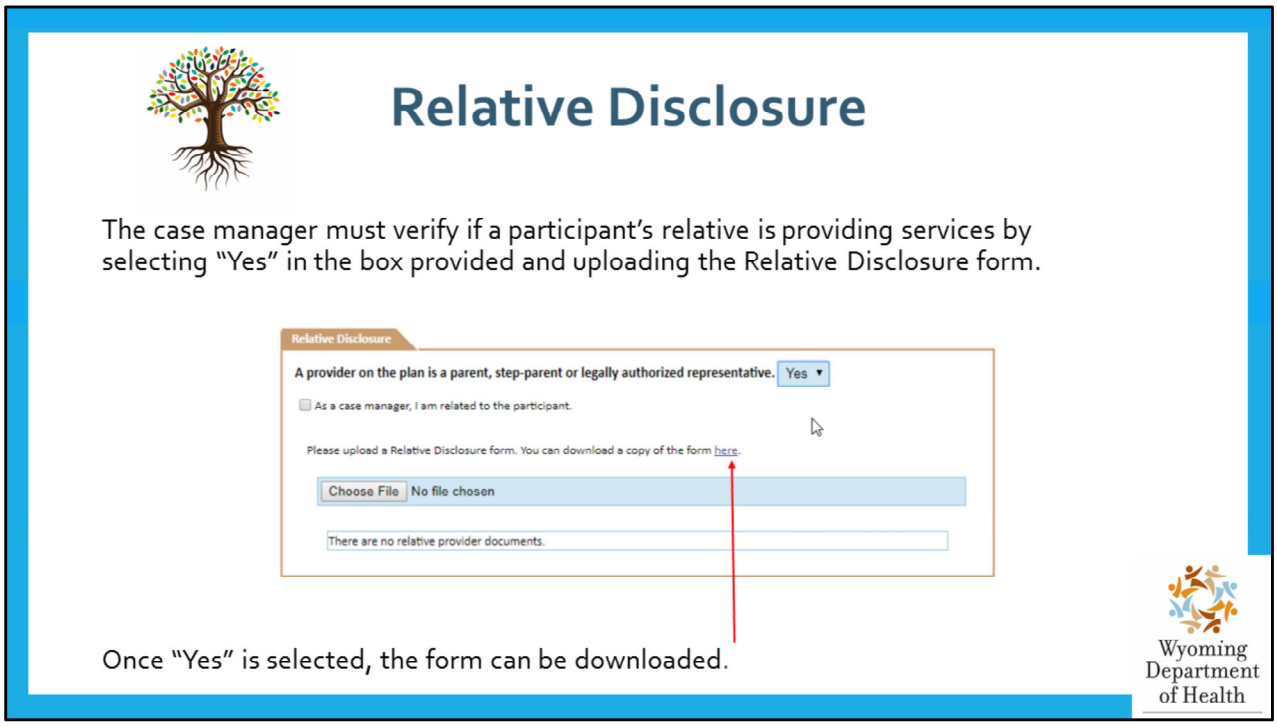
Download blank form for signature here.

Upload signed form here.

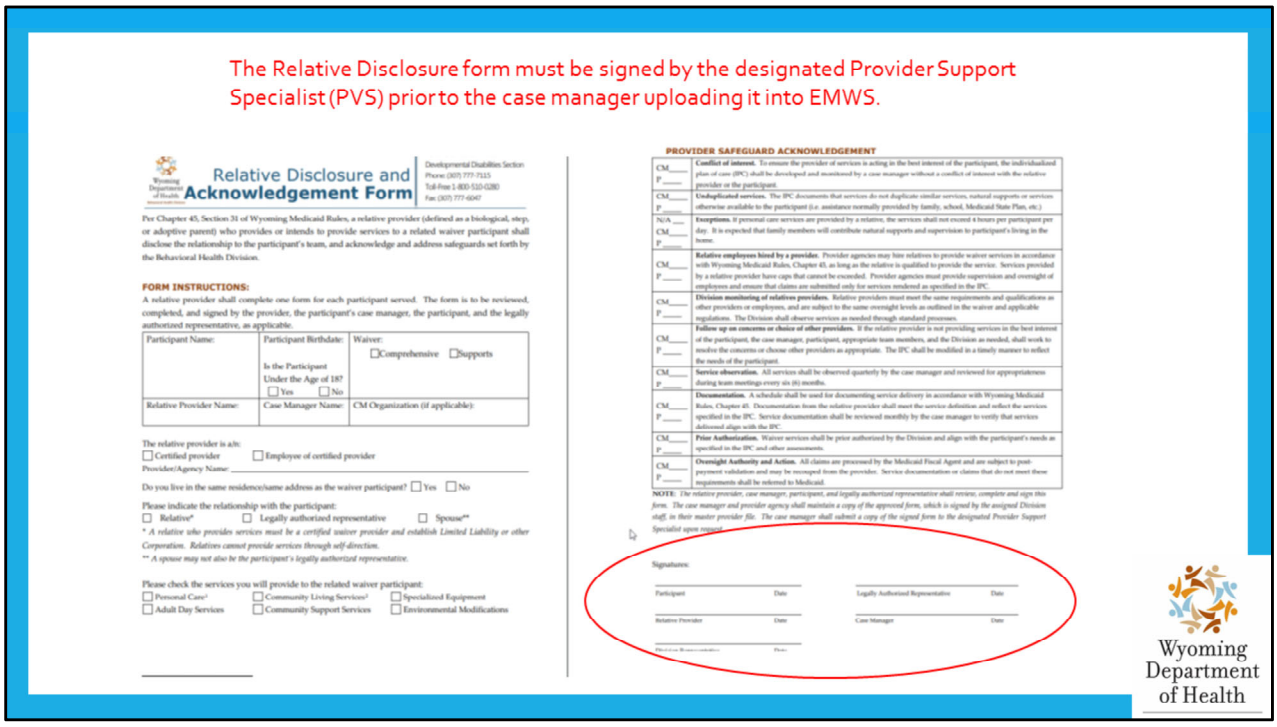
Wyoming Department of Health

The case manager must answer the questions on the Verification screen. Answers must coincide with the responses provided by the participant and LAR 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 is responsible for completing the form, which must include the signature of the relative, participant and case manager. The case manager is then responsible for sending the Relative Disclosure form to Bethany Zaczek (bethany.zaczek@wyo.gov) and Jessica Abbott (jessica.abbott2@wyo.gov) at the Division. Jessica or Bethany must sign the Relative Disclosure Form, authorizing the relative provider, before the case manager uploads it into EMWS. If you do not know who the authorized Division representative is, please contact your local Participant Support Specialist for assistance.

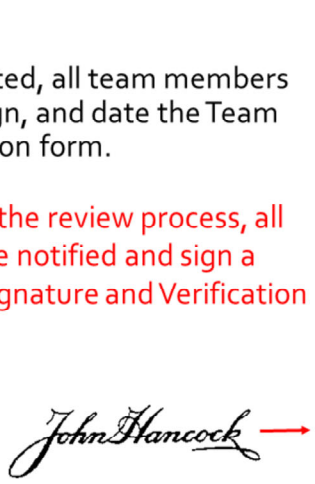
A new Relative Disclosure form must be completed if the relative provider changes the services being provided, the waiver type changes, or there is a change in the legally authorized representative.

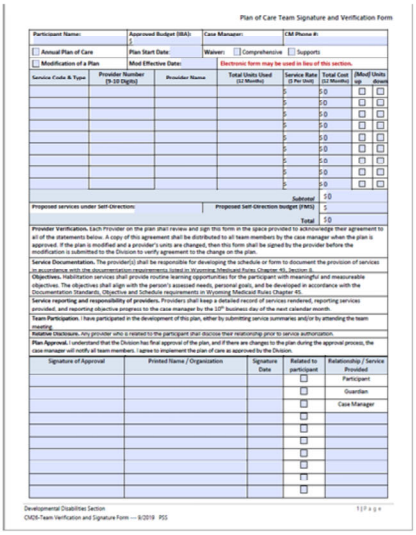
This form must be uploaded annually with the IPC.

Team Signature and Verification

After the IPC is completed, all team members are required to read, sign, and date the Team Signature and Verification form.

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.





Wyoming Department of Health

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.

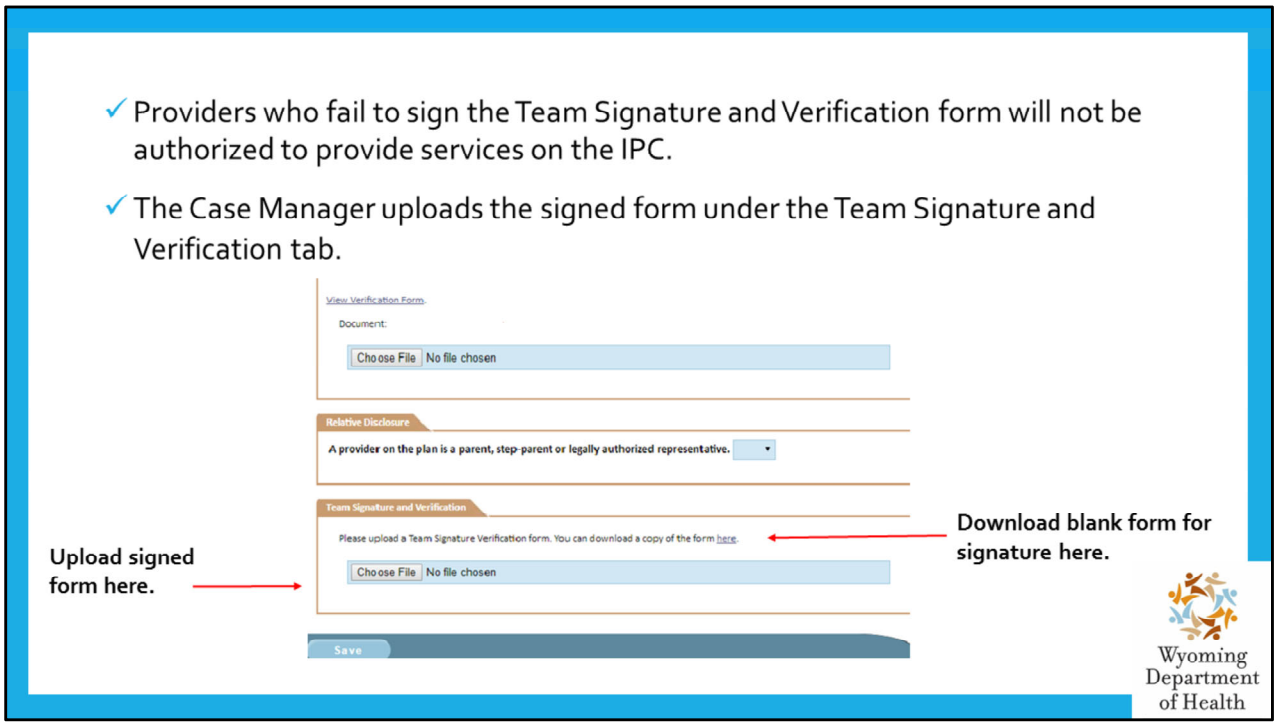
The signed form must then to be uploaded under the Team Signature and Verification tab on the Verification screen.

It is important that this form be completed in full, including the participant's name, plan of care dates, services, units, budget amount allocated and, if applicable, the modification effective date.

All modifications submitted in EMWS must have a new Team Signature and Verification page uploaded, even if there are no changes to the providers, services, or units.

It is acceptable to upload a printed copy of the Service Authorization page, which shows services and units initialed by team members, along with the required signed Team Signature and Verification page.

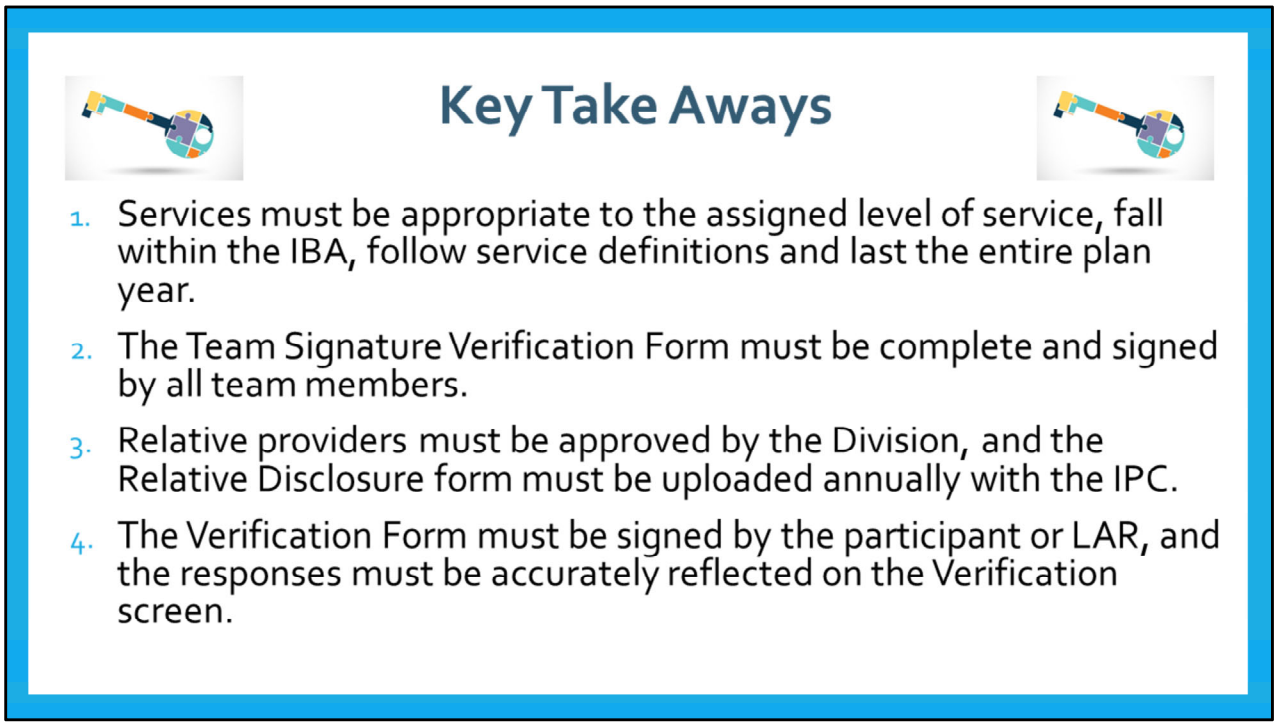
If changes are made to the services or units in the review process, all team members must be notified and sign a new or revised Team Signature and Verification form.



The Team Signature and Verification form is located in EMWS in the *Team Signature and Verification* tab.

Providers who fail to sign the Team Signature and Verification form will not be authorized to provide services for the participant. 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.

If a team member's signature cannot obtained due to an extraordinary situation, the case manager can work with the assigned PSS on a timeline for submitting the signature



Thank you for attending today's training. Before we conclude, we'd like to address some of the key points to remember from today's meeting.

1. All services must be appropriate to the assigned level of service, fall within the individual budget amount, follow the Division service definitions, and be sufficient to last the entire plan year.
2. The Team Signature Verification Form must be complete and signed by all team members. The most recent version of this form may be accessed by clicking on the blue link on the Verification screen in EMWS.
3. All relative providers must be approved by the Division. The Relative Disclosure form must be uploaded annually with the plan of care. Once "yes" has been selected, the most recent version of this form may be accessed by clicking on the blue link under the *Relative Disclosure* tab on the Verification screen.
4. The Verification Form must be signed by the participant or LAR, acknowledging they are aware of their rights and have participated in the development of the Individualized Plan of Care. The responses given by the participant and LAR must be accurately reflected on the *Participant/Guardian Verification* tab on the Verification screen. The most recent version of this form may be accessed by clicking on the blue link under the *Participant/Guardian Verification* tab.

This concludes the case management training on Individualized Plan of Care Service Authorization and Verification screens.

We encourage case managers to provide us with feedback, as well as any preferences on areas in the plan you would like covered. All recommendations or comments can be referred to Alex Brooks at cm.consultant@wyo.gov

We will take this time to answer any questions.