Provider Calls / Program Training 2021

Aging Division
Community Living Section

Hathaway Building
2300 Capitol Avenue, 4th Floor
Cheyenne, WY 82002
Main Office: (307) 777-7995
Toll Free: (800) 442-2766
Fax: (307) 777-5340

Email: wyaging@wyo.gov
Website: health.wyo.gov/aging
Social Media: facebook.com/agingdivision
Objectives

- **Review Program Changes for FFY2022**
  - New AGNES Document
  - COVID Codes ending 9/30/2021
  - Fiscal Reporting Changes
- **Review Program Specific Changes**
  - Policy changes
  - Enrollment forms
- **Provide an update on ERAP - Housing Stability Services**
- **Senior iPad Program**
Updates From Jeff

- Discuss changes coming to the Title III programs in October 2021
  - AGNES, Fiscal Reporting, A&D
- ERAP-HSS Still taking applications for sub-recipients. Many clients waiting for services. Please call Mark Kelly
- New iPad Website - We are still taking applications
AGNES - A Final Update
10/01/2021

Aging Division
Community Living Section

Aging Needs Evaluation Summary (AGNES) - One Form
This form may not be altered. Revised 10/1/2021.
Use of Information: The information you provide on the AGNES form will be disclosed to the Wyoming Department of Health (WDH), Aging Division, Community Living Section. The WDH will only use or disclose the information as permitted by the Health Insurance Portability and Accountability Act (HIPAA). For more detailed information on how the WDH may use or disclose your health information, please see the WDH Notice of Privacy Practices found online at https://health.wyo.gov/admin/privacy/ or you may request a copy from the WDH Aging Division by calling 1 (800) 442-2766. If you feel you have been treated inappropriately, received services that have not been of the quality expected, or you have not been provided services as stated in the service plan, you may contact the Wyoming State Long Term Care Ombudsman at 1 (800) 856-4398 or the WDH Aging Division, Community Living Section at 1 (800) 442-2766.

Signature __________________________ Date __________________________

*This page is for WDH, Aging Division Title III-B, C1, C2, D, E and WYHS eligible participants.

Use of Information: The information you provide on the AGNES form will be disclosed to the Wyoming Department of Health (WDH), Aging Division, Community Living Section. The WDH will only use or disclose the information as permitted by the Health Insurance Portability and Accountability Act (HIPAA). For more detailed information on how the WDH may use or disclose your health information, please see the WDH Notice of Privacy Practices found online at https://health.wyo.gov/admin/privacy/ or you may request a copy from the WDH Aging Division by calling 1 (800) 442-2766. If you feel you have been treated inappropriately, received services that have not been of the quality expected, or you have not been provided services as stated in the service plan, you may contact the Wyoming State Long Term Care Ombudsman at 1 (800) 856-4398 or the WDH Aging Division, Community Living Section at 1 (800) 442-2766.

Signature __________________________ Date __________________________

Office use only: What programs will the participant be enrolled in?
☐ Title III-B ☐ Title III-C1 ☐ Title III-C2 ☐ Title III-D ☐ Title III-E ☐ WyHS

*This page is for WDH, Aging Division Title III-B, C1, C2, D, E and WYHS eligible participants.

We’ve added an office admin box at the bottom of the page for marking program entry, to make it easier for A&D Users.
<table>
<thead>
<tr>
<th>County of Residence: (Remove this question)</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Phone Number: (     )</td>
<td>Secondary Phone Number: (     ) (ASK Providers)</td>
</tr>
<tr>
<td>What is your preferred language?</td>
<td>Race (check one)</td>
</tr>
<tr>
<td>☐ English  ☐ Spanish  ☐ Other</td>
<td>☐ White  ☐ American Indian/Alaskan</td>
</tr>
<tr>
<td>List:_________________</td>
<td>☐ Asian or Asian American</td>
</tr>
<tr>
<td></td>
<td>☐ Black/ African American</td>
</tr>
<tr>
<td></td>
<td>☐ Other  ☐ Native Hawaiian/ Pacific Islander</td>
</tr>
<tr>
<td>Are you married?</td>
<td>Do you live alone?</td>
</tr>
<tr>
<td>☐ Yes  ☐ No  ☐ Widowed  ☐ Other</td>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>Are you eligible for Medicaid? (Ask Providers)</td>
<td>Do you live in a rural area?</td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>Are you a veteran?</td>
<td>Are you the spouse or dependent of a veteran?</td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td>☐ Yes  ☐ No</td>
</tr>
</tbody>
</table>

Are these areas in red relevant to you? Do you use them?
County of Residence - Secondary Phone Number - Are you eligible for Medicaid?
### Updated AGNES Form (3)

**Gender, Race, Marital Status, ADL/IADL**

| Date of Birth: | Age: | Gender (check one): □ Female □ Male □ Other  
*Optional* Gender Identity for ‘Other’: □ Non-Binary □ Non-Disclose □ Transgender-Female □ Transgender-Male □ Other |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>/ / /</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>What is your preferred language?</th>
<th>Race (check one)</th>
<th>Marital Status? (check one)</th>
<th>Do you live alone?</th>
<th>Are you working?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ English □ Spanish □ Other List:________________________</td>
<td>□ White, non-Hispanic □ White-Hispanic □ American Indian/Native Alaskan □ Asian or Asian American □ Black/African American □ Native Hawaiian/Pacific Islander □ Other</td>
<td>□ Single □ Married □ Widowed □ Other</td>
<td>□ Yes □ No</td>
<td>□ Full Time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate client’s Bowel/Bladder CONTINENCE.</th>
<th>Rate the client’s ability to perform LAUNDRY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Independent</td>
<td>0 No setup or physical help/ Independent</td>
</tr>
<tr>
<td>1 Requires assistance sometimes</td>
<td>1 Supervision/cueing required</td>
</tr>
<tr>
<td>2 Totally dependent</td>
<td>2 Totally dependent</td>
</tr>
</tbody>
</table>

### Some additional Changes!

**Gender - Race - Marital Status - ADL/IADL**
A&D - Update 10/01/2021

Aging Division
Community Living Section
Changes

- October 1, 2021 will be the start date for Wyoming to accommodate changes in the new federal reporting tool, OAAPS
- No longer using COVID-19 Codes for any program (Title III-B and Title III-C)
- Delivered meals for C1 participants is no longer an option
  - Receiving C1 meals via congregate or take out; or
  - Receiving C2 meals via home delivery
- Nutrition will add “Take out meals” as a service
  - May or may not be a permanent change - Awaiting guidance from ACL
- C2 Driver vs. Non-driver Volunteer meal are being combined (C2 Volunteer Meal)
- Document services as they are.
- Rearranging service categories for Title III-B.
  - We’ll provide new listing in P&P documents.
  - Training will be provided.
Fiscal Reporting - Update 10/01/2021

Aging Division
Community Living Section
Fiscal Reporting in FFY 2022.

- Changes
  - Department of Health is moving to an internal, online payment system.
    - This does not change how provider will submit invoice to CLS
  - No longer asking you (the provider) to report the separation of Federal and State funds on your monthly invoice.
    - The exact payout of Federal and State funds will now be done by CLS when processing these payments.
    - Providers will still be able to see the exact amount of Federal and State funds when utilizing the WyOpen website. [http://www.wyopen.gov/](http://www.wyopen.gov/)
  - You should be prepared to request your total award reimbursement each month, and not separate Federal and State funds when requesting reimbursement.
  - Quarterly reporting will now be done by CLS Program Managers.
    - Providers still need to provide quarterly P&L statements.
    - Providers will only sign the 4th quarter reports as an affirmation of total expenses for the year.
### Fiscal Reporting in FFY 2022

#### Prior Invoice FFY 2021

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Month</th>
<th>Year</th>
<th>Current Month Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
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<tr>
<td>Program Income</td>
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<td></td>
</tr>
<tr>
<td>WSSB (used as Match)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Cash - Match</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-kind - Match:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-kind - Match Total</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Other, ic CSGB (Non-Matching):</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Income Received by Provider</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Federal:
- Program Income
- WSSB (used as Match)
- Local Cash - Match
- In-kind - Match
- In-kind - Match Total
- Other, ic CSGB (Non-Matching)

State:
- Program Income
- WSSB (used as Match)
- Local Cash - Match
- In-kind - Match
- In-kind - Match Total
- Other, ic CSGB (Non-Matching)

Total Income Received by Provider:
- $0.00

#### New Invoice FFY 2022

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Month</th>
<th>Year</th>
<th>Current Month Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Program Income</td>
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</tr>
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<td>WSSB (used as Match)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Cash - Match</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-kind - Match:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-kind - Match Total</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
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<td></td>
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<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Federal:
- Program Income
- WSSB (used as Match)
- Local Cash - Match
- In-kind - Match
- In-kind - Match Total
- Other, ic CSGB (Non-Matching)

State:
- Program Income
- WSSB (used as Match)
- Local Cash - Match
- In-kind - Match
- In-kind - Match Total
- Other, ic CSGB (Non-Matching)

Total Income Received by Provider:
- $0.00

### Title III-B Support Services: FFY 2021

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Month</th>
<th>Year</th>
<th>Current Month Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
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<td></td>
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<td></td>
<td></td>
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</table>

Federal:
- Program Income
- WSSB (used as Match)
- Local Cash - Match
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- In-kind - Match Total
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State:
- Program Income
- WSSB (used as Match)
- Local Cash - Match
- In-kind - Match
- In-kind - Match Total
- Other, ic CSGB (Non-Matching)

Total Income Received by Provider:
- $0.00

### Title III-B Program Expenditures: FFY 2021

<table>
<thead>
<tr>
<th>Program Expenditures</th>
<th>Federal</th>
<th>State</th>
<th>Program Income</th>
<th>Local Match</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel/Employee Benefits &amp; Taxes</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Consumable Supplies</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Monthly Invoice Payment Will Be Paid As Follows:
- $0.00

Federal:
- Program Income
- WSSB (used as Match)
- Local Cash - Match
- In-kind - Match
- In-kind - Match Total
- Other, ic CSGB (Non-Matching)

State:
- Program Income
- WSSB (used as Match)
- Local Cash - Match
- In-kind - Match
- In-kind - Match Total
- Other, ic CSGB (Non-Matching)

Total Income Received by Provider:
- $0.00

Program Income must match from Income to Expenditure:
- WSSB & Local Cash (Must match, at minimum, the lower section local match expenditures): $0.00

#### Title III-B Support Services: FFY 2022

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Month</th>
<th>Year</th>
<th>Current Month Income</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Federal:
- Program Income
- WSSB (used as Match)
- Local Cash - Match
- In-kind - Match
- In-kind - Match Total
- Other, ic CSGB (Non-Matching)

State:
- Program Income
- WSSB (used as Match)
- Local Cash - Match
- In-kind - Match
- In-kind - Match Total
- Other, ic CSGB (Non-Matching)

Total Income Received by Provider:
- $0.00

Program Income must match from Income to Expenditure:
- WSSB & Local Cash (Must match, at minimum, the lower section local match expenditures): $0.00

### Title III-B Program Expenditures: FFY 2022

<table>
<thead>
<tr>
<th>Program Expenditures</th>
<th>Award Reimbursement Amount</th>
<th>Program Income</th>
<th>Local Match</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel/Employee Benefits &amp; Taxes</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Consumable Supplies</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Total Reimbursement Amount:
- $0.00
Schedule of Events

These changes will occur at the beginning of the new fiscal year (October, 1 2021)

- CLS will schedule fiscal reporting training beginning the week of October 18th.
  - Watch for emails and zoom links.
  - Multiple dates and times will be available - Try to attend at least one session
Title III-C

Kaitlyn Johnson
Program Manager
(307) 777-5048
kaitlyn.johnson@wyo.gov
Title III-C Program Updates

- Nutrition Analysis Program (ESHA)
  - Hopeful to have access by January 1, 2022 to all providers

- Title III-C2 Policy Update
  - You can find the new policies [here](#)
  - Homebound eligibility

- Emergency Meal Agreement FFY2022

- HDC5 Agreement

- A&D changes
Title III-D

Betty Sones
Program Manager
(307) 777-6321
betty.sones@wyo.gov
### FFY 2022 Title III-D Program

Starting October 1st, 2021, current and active Title III-D providers must complete the FFY 2022 enrollment form before providing services and to be qualified for continuous reimbursement.

There are separate enrollment and reimbursement forms for each of the following Title III-D Programs for FFY 2022:

- Matter of Balance
- Taichi for Arthritis, and
- Bingocize

These forms are posted on the Aging Division website for your convenience. [https://health.wyo.gov/aging/communityliving/older-americans-act-programs/dphp/](https://health.wyo.gov/aging/communityliving/older-americans-act-programs/dphp/)
III-D Program Trends

Title III-D Program Reimbursement Form

- An A&D report for Title III-D activities, for the reporting periods, must accompanying the Reimbursement Form to CLS for payment.
- Providers who have questions regarding how to create a III-D Program roster for A&D data entry should contact Jeanne Scheneman or Mark Kelly for assistance.
- Reimbursement for classes/sessions overlapping from one fiscal year to another will be paid in a prorated amounts.

** Licensing Requirement - After completion of each of the Title III-D program classes/sessions, the Evidence-Based Program required reports must be submitted to Jeff Grant at the Injury Prevention Program to: Jeff.Grant@wyo.gov.**
III-D Program Enrollment & Reporting Forms

TITLE III-D DISEASE PREVENTION AND HEALTH PROMOTION
FALL PREVENTION: BINGOCIZE PROGRAMS ENROLLMENT FORM – AGREEMENT FFY2022

The Wyoming Department of Health (WDH) Aging Division (AD), Community Living Section (CLS), in meeting the Department of Health and Human Services 45 CFR Part 75, and Administration for Community Living, Older Americans Act Title III-D, CFDA# 93.043, Disease Prevention and Health Promotion, Evidence-Based Program requirements, collaborates with WDH, Injury Prevention Program to offer subsidies for Senior Center(s) to participate in the BingoCize Program.

The BingoCize program is an evidence-based program incorporates game with health education and exercises to promote active life style for adults aged 60 and older. Subsidies are available for Title III-D Evidence-based Programs of up to $600.00 for each instructor’s off-site training and expenses (up to 2 instructors per center per year) not to exceed Federal reimbursement rate. A stipend of $1,200.00 for the implementation of the ten weeks (twice per week) classes/sessions. A maximum of four (4) reimbursements for BingoCize per year.

**Senior Center:** [ ]

**Bingocize** incorporates fun and educational activities with regular bingo games. The 10 week, twice per week classes/sessions promote active and healthy life style games led by trained instructors for 60 and older participants.

Provider must complete the enrollment forms and agreements with Injury Prevention Program and CLS before providing any BingoCize services to qualify for reimbursement.

Providers enrolled in Title III-D BingoCize Program must start program implementation (classes) within three months of enrollment date. If a provider signs the agreement to participate in III-D and does not deliver service, provider may not be considered for future application.

To participate in the BingoCize Program, Senior Centers shall complete the following:

1. Submit BingoCize Program enrollment form to AD, CLS via regular mail, before starting III-D Program services.
2. Submit all BingoCize Program agreements and required reports to the Injury Prevention Program, and CLS reimbursement form as required.
3. Provide certified trainers to host the required classes/sessions. Recruit participants (10 to 15 participants is recommended), and Provide meeting space for the ten weeks (two times per week) classes/sessions of BingoCize.
4. Enter client information into A & D for services/classes provided in the prior month, within 15 days of the month.
5. Submit Program Invoice for payment/reimbursement within 15 days after completion of Instructor’s Training or the required sessions of BingoCize classes, following service provision.

<table>
<thead>
<tr>
<th>1st Sessions</th>
<th>2nd Sessions</th>
<th>Total Amount to Be Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>Class 1</td>
<td>$ [ ]</td>
</tr>
<tr>
<td>Class 2</td>
<td>Class 2</td>
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<tr>
<td>Class 10</td>
<td>Class 10</td>
<td>$ [ ]</td>
</tr>
</tbody>
</table>

**TOTAL AMOUNT TO BE PAID:** $ [ ]

All invoices must be submitted for reimbursement within 15 days after the completion of the BingoCize classes/sessions. Classes/sessions carried over from one fiscal year to another fiscal year will be reimbursed on a prorated basis.

**Final FFY 2022 invoice, for services ending 9/30/2022, must be submitted no later than 10/15/2022.**

**Director Name:** (Print): [ ]
CLS Special Programs - Update

Aging Division
Community Living Section
Wyoming Home Modifications Action Coalition

Mission Statement
To promote home safety, independence and quality of life of Wyoming residents through increased access to Home Modifications.

(Aging Division, UW, WyCOA, Habitat for Humanity & WIL)

Quarterly Webinar with updates, training, latest guidelines and developments in Home Modifications from the agencies listed above - Open to all organizations including nursing and OT professionals, contractors and senior centers for project management. Also open to interested members of the general public.

Tuesday January 4th - 9am to 10:30am - Zoom Conference Call

To be added to the mailing list and get an invite to the webinar, please email mark.kelly1@wyo.gov
ERAP - Housing Stability Services (ERAP-HSS)

Mark Kelly
Program Manager
(307) 777-7988
mark.kelly1@wyo.gov
Housing Stability Services

- The Aging Division will also participate in a portion of this program aimed at providing Housing Stability Services to qualifying individuals. Support services can include:
  - Home Modifications, Trailer/Mobile Home Repairs, Homemaking Services, Personal Care - Skilled Nursing Services, Non-Medical Transportation, PERS, IT Hardware, Independent Living Skills & Hoarding Services.

- We will be working to establish providers in our current network to assist with these cases. All qualifying services you enlist for will be reimbursed through ERAP, quickly and with no risk to the sub-recipient.
  - Can mirror your already existing services
  - Fee per service invoicing, no grant match
  - Schedule of fees available on the website
  - ERAP social media graphics available for Facebook, etc
  - Centralized gatekeeper referral process
  - No A&D entry - All separate paper documents
ERAP - HSS: Applications Open

- Applications are now open to become a subrecipient to provide services to clients. Please fill in the google form and read our policy documents:
  - Applications are now open
    https://health.wyo.gov/aging/communityliving/emergency-rental-assistance-program-erap-hss/

- Clients have to first successfully apply via the DFS website, then they can apply via the CLS website for ERAP-HSS. First direct new clients to claim through ERAP (the DFS website) then we can help through the CLS site.
  - https://dfs.wyo.gov/assistance-programs/home-utilities-energy-assistance/emergency-rental-assistance-program-erap/
Senior iPad Program

Aging Division
Community Living Section
Senior iPad Program (1)

- **New Website:**

- **Apply for EACH PERSON INDIVIDUALLY here:**
  https://forms.gle/v2HAUqSFgEcS2Bny7

- Provide a good paragraph to explain why they meet the criteria based on their level of need for his device based on these criteria; poverty, lives-alone, any health disparity or other concerns, geography… anything else. It does not have to be merely for social activities or telehealth.
Senior iPad Program (2)

• Mark Kelly will help you with the A&D portion and will schedule times with each provider’s A&D user for data entry training and roster creation support: mark.kelly1@wyo.gov

• iPads will be distributed on a first come first serve basis. Once capacity is reached, we will maintain a waiting list thereafter.

• Teltex offers online video trainings of their own a dedicated and safe telephone help line for iPad support. You do not need to be involved with day to day technical assistance.

• 888-515-8120 or info@teltex.com
Contact Us

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