



AGENDA

- **Program Updates**
 - Role of the Legally Authorized Representative
 - Social Security Administration Notifications
 - Case Manager Moves
 - Participant-Directed Employee Timesheets
 - Home Visit and Service Observation Form
- **Monthly Training Session** - Reporting Abuse and Neglect ~ Presented by Lisa Bauman-Brown, Department of Family Services - [Slidedeck](#)

TOPICS

Role of the Legally Authorized Representative

Chapter 45, Section 4 of Wyoming Medicaid Rules addresses the rights of participants served. Subsection (c) specifically states “...If the Division disallows a limitation of a right in an individualized plan of care, this decision will apply to any provider offering services to the participant...”

The Home and Community-Based Services (HCBS) Section has received several complaints from providers about legally authorized representatives (LARs) of participants who are requiring providers to restrict participant rights outside of what is authorized in state and federal law, under the threat of the LAR moving the participant to a different provider. As a reminder, providers cannot restrict a participant’s rights unless the provisions established in Section 4 are met, even if an LAR requests the restriction or threatens to move a participant. It is also important to note that, even if the LAR does choose a different provider, all providers are prohibited by law from restricting a participant’s rights outside of the provisions of Chapter 45, Section 4.

Case managers should remind the LAR of the rules prohibiting the restriction of participant rights that falls outside of the provisions in Chapter 45. If you have questions regarding rights restrictions, please contact your local Benefits and Eligibility Specialist (BES) for further guidance on what is and is not allowable through state and federal Rule. IMS county assignments can be found on the [Contact and Important Links](#) page of the HCBS Section website.

Social Security Administration Notifications

Participants who receive Supplemental Security Income (SSI) must call Social Security and change their address if they are moving out of state. If Social Security isn’t informed of the change of address, the participant may have difficulty getting enrolled in Medicaid in their new state of residence. Please inform participants who are moving of this important step.

Case Manager Moves

When a case manager moves to a new case management agency, or becomes an independent provider, they must carefully coordinate with the area Benefits and Eligibility Specialist (BES). The current case management agency must provide choice to all of the participants on the case manager’s caseload, including other case managers and case management agencies. The case manager is responsible for submitting a new Case Management Selection Form and modifying each participant’s individualized

plan of care (IPC) to add a new case management line. Please notify the BES well in advance of a change so that the necessary system changes can be made prior to IPC modifications being submitted.

Participant-Directed Employee Timesheets

Case managers must remember that the employer of record is the only person who can approve employee timesheets for participant-directed employees. Case managers and employees cannot approve employee timesheets.

Home Visit and Service Observation Form

If a case manager provides a 15 minute Case Management unit and Community Living Services (CLS) is not on the participant's IPC, the Home Visit and Service Observation form does not need to be uploaded in the Electronic Medicaid Waiver System (EMWS) every month. The Home Visit and Service Observation form must be completed every month when the case manager is billing the monthly unit or when the 15 minute unit is used *and* CLS is on the plan.

When the case manager is billing the 15 minute Case Management unit, the Home Visit and Service Observation form should be uploaded at least quarterly, when the home visit takes place. The form should also be completed and uploaded when service observations take place, as outlined in the Comprehensive And Support Waiver Service Index.

WRAP UP

Next call is scheduled for January 9, 2023.