



## HOME AND COMMUNITY- BASED SERVICES

WYOMING MEDICAID  
DIVISION OF HEALTHCARE FINANCING

# Application Guide for the *Supports Waiver Program*



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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. Please review Chapter 46 of the Department of Health's Medicaid Rules for more information on eligibility requirements. Chapter 46 can be found on the Public Notices, Regulatory Documents, and Reports page of the Division website (<https://health.wyo.gov/healthcarefin/hcbs/hcbs-public-notice/>), under the *Rules* tab.

### 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
<input type="checkbox"/>	Contact Division – Benefits and Eligibility Specialist and set appointment to discuss the application process. Date _____ Time _____ <input type="checkbox"/> By Phone	
<input type="checkbox"/>	Receive Supports Waiver Application Guide from Division.	
<input type="checkbox"/>	Interview and select a case manager	
<input type="checkbox"/>	Complete the Supports Waiver Application and Case Management Selection Forms <b>Case manager signs and submits the forms.</b>	
<input type="checkbox"/>	Your <i>case manager</i> will help you with the following:  <input type="checkbox"/> Complete the level of care assessment (LT-104 form) if you have a diagnosis of a developmental or intellectual disability(DD/ID); or <input type="checkbox"/> Assist you with coordinating the level of care assessment (LT-101) through Public Health if you have a diagnosis of an acquired brain injury (ABI). <input type="checkbox"/> Complete financial eligibility paperwork and submit to the Long Term Care Unit to determine financial eligibility. <input type="checkbox"/> Gather court order for legally authorized representative, if applicable.	
<input type="checkbox"/>	Your <i>case manager</i> helps you schedule your psychological or neuropsychological evaluation. Date of appointment: _____ Name of licensed psychologist: _____	
<input type="checkbox"/>	Your <i>case manager</i> submits your completed evaluation.	
<input type="checkbox"/>	Division notifies you that you are eligible, on the waitlist, or you have been denied eligibility. This determination cannot be made until all steps are completed, and may take several months.	

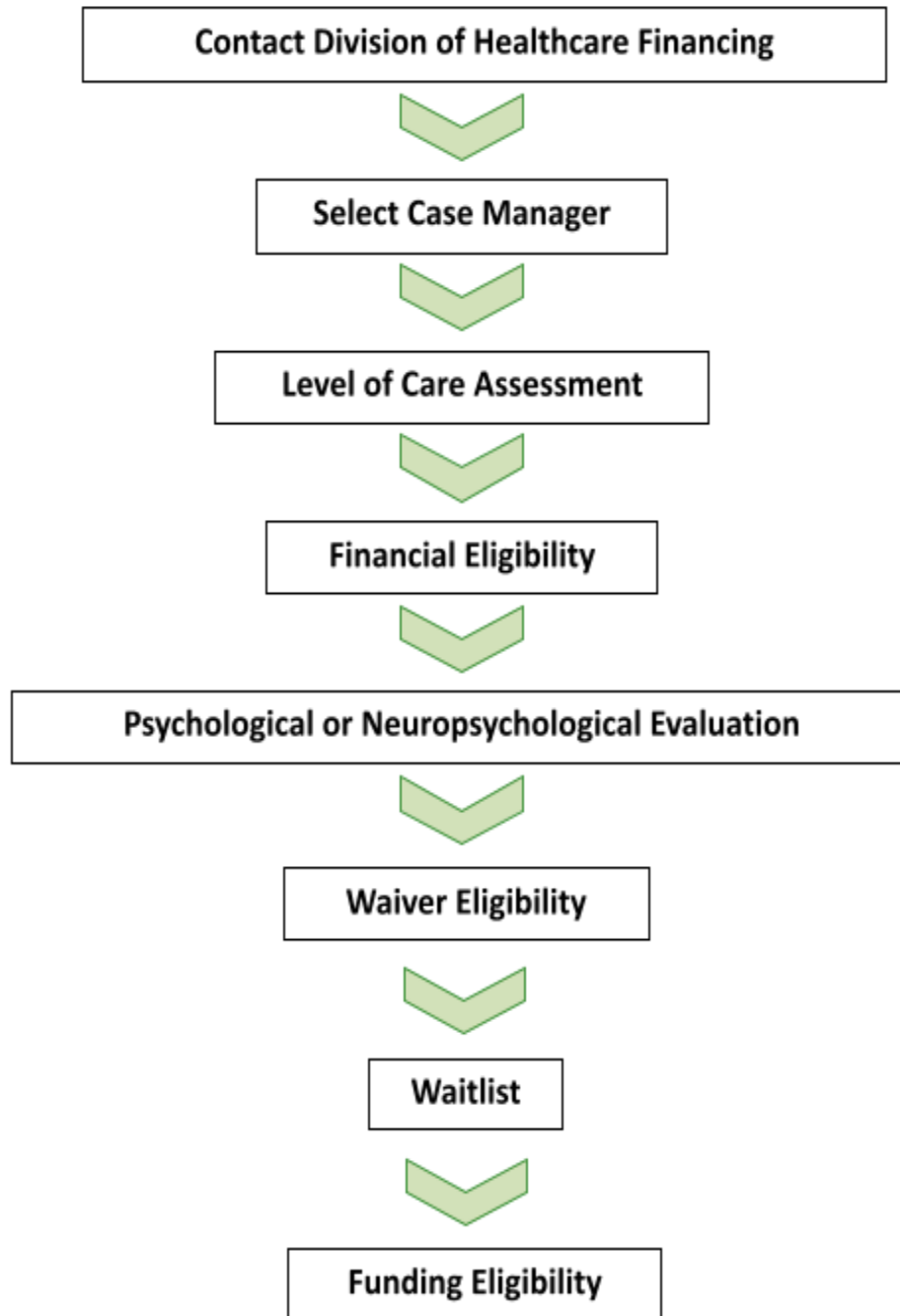
## Supports Waiver: Eligibility Requirements

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 institutional level of care criteria:
  - a. For an intermediate care facility for individuals with an intellectual or developmental disability (ICF/IDD), as determined by the LT-104 assessment; or
  - b. For a nursing facility, as determined by the LT-101 assessment;
4. Meet financial eligibility, as determined by the Medicaid Long Term Care Unit; and
5. Meet one (1) of the following clinical eligibility diagnoses, as determined through an up-to-date psychological or neuropsychological evaluation:
  - a. 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

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## Supports Waiver: Eligibility Process Steps SNAPSHOT



## Step 1: Contact the Division of Healthcare Financing

To request information about waiver services, please contact the Benefits and Eligibility Specialist (BES) for your county.

### Division of Healthcare Financing (Division) Contact Information

Phone Number: 307-777-7513  
Email Address: [wdh-hcf-dd-suggestions@wyo.gov](mailto:wdh-hcf-dd-suggestions@wyo.gov)  
Website Address: <https://health.wyo.gov/healthcarefin/hcbs>

### 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 Benefits and Eligibility Specialist

You may work with your designated BES 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. Notification that the process may take several months, depending on how long it takes to complete all required steps.
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.



## Step 3: Schedule Case Manager Interviews

The BES 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 **and** agrees to serve as your case manager.

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 table below 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 manager interviews:

# Note Sheets When You're Conducting Interviews

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## 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 BES. You are responsible for providing your case manager with your contact information if it changes.

After these forms are submitted, the BES 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. Your case manager will develop a Targeted Case Management (TCM) plan of care, which will be used to identify the support you will need from your case manager while you are completing the eligibility process and, if determined eligible, identify the support you will need from your case manager while you are waiting for a funding opportunity. A TCM plan of care is required for all individuals.
2. If you have an intellectual or developmental disability, your case manager will complete assessment that shows you are eligible for an ICF/IDD (LT-104 level of care assessment) within thirty (30) calendar days of being selected as your case manager. If you have an ABI, your case manager will ensure that the assessment that shows that you are eligible for a nursing facility (LT-101 level of care assessment) is completed by the Public Health Nurse.
3. Your case manager will assist you with acquiring necessary paperwork 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.
4. Your case manager will 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.
5. Your case manager will assist you in accessing other services while you complete the waiver eligibility process.

## 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 the 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.

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.

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 clinical 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 clinical eligibility. Please feel free to give the appropriate checklist to your clinician.

# 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 Preschool 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)
- Bayley Scales of Infant and Toddler Development (BSID)

### **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 Autism Rating Scales
- Autism Spectrum Rating Scale
- Social Responsiveness Scale (SRS)
- Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R)

## 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. In some instances, the Division will accept a Wyoming Medicaid-enrolled psychologist or neuropsychologist referencing information and scores from a recent evaluation completed within the past 12 months by a psychologist or neuropsychologist who is not a Medicaid-enrolled provider. The Wyoming Medicaid enrolled provider MUST sign off on the report.

The following diagnoses are not considered qualifying diagnoses 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, IQ 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 in each of the following areas: Capacity for Independent Living, Economic Self Sufficiency, Learning, Mobility, Receptive and Expressive Language, Self Direction and Self-care.

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 a complete 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 Benefits and Eligibility Specialist (BES) will create the billing span, and send a task back to the case manager via EMWS. The billing span date will be the date the assessment occurred. If the assessment occurred over multiple dates, the billing span date will be the date the evaluation was started. When the task that includes the billing date is received, the case manager should notify the clinician that they may now bill for the date provided, using the T2024 billing code.

# Criteria for NeuroPsychological Evaluations



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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, the 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 a complete 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 Benefits and Eligibility Specialist (BES) will create the billing span, and send a task back to the case manager via EMWS. The billing span date will be the date the assessment occurred. If the assessment occurred over multiple dates, the billing span date will be the date the evaluation was started. When the task that includes the billing date is received, the case manager should notify the clinician that they may now bill for the date provided, using the T2024 billing code.

## Step 8: 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 is required to assist you in accessing 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 review the Comprehensive and Supports Waiver Service Index, which is located on the Services Definitions and Rates page of the Division website at <https://health.wyo.gov/healthcarefin/hcbs/servicesandrates/>.

## Step 9: Receive Funding Notification 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.

Once you receive your funding letter:

1. You will need to work with your case manager to complete any additional or outstanding Division requests prior to your IPC start date (i.e., updated psychological evaluation, questions on financial eligibility, etc.). Your funding letter will include timelines by which these activities must be completed.
2. Your case manager will meet with you and your legally authorized representative (if applicable) to discuss your support needs and preferences regarding your waiver services.
3. Your case manager will share the most current Comprehensive and Supports Waiver Service Index and help you identify services to meet your support needs.

4. You and your legally authorized representative will select your identified services.
5. You and your legally authorized representative are expected to contact and interview providers. The provider list can be found by visiting the [health.wyo.gov/healthcarefin/hcbs](https://health.wyo.gov/healthcarefin/hcbs). Select the DD Provider and Case Manager Search button located on the home page. You and your legally authorized representative will notify your case manager of the providers you have chosen. If you need help with this process, contact your case manager.
6. Your case manager will schedule an initial plan of care team meeting. Team members include you, your legally authorized representative, your case manager, your selected providers, and anyone else you would like to attend, including family members, friends, and other people who are important to you.
7. At your plan of care meeting, you and your team will discuss things that are important to you, such as your goals for the future and your support and supervision needs. As a reminder, all services need to be provided within the individual budget amount identified in the funding letter, and services must be sufficient to last the entire plan year.
8. Your case manager will write your IPC and submit it to the Division for review. Your case manager will provide you and your LAR with a copy of your IPC after it has been reviewed.
9. Your case manager will be expected to train your providers on your IPC and supply each with a copy of the IPC.
10. Based upon your IPC start date, you may now begin receiving waiver services. You will also be eligible for Wyoming Medicaid if you were not previously eligible for that program.
11. You or your legally authorized representative may change your services and providers throughout the plan year if your needs change or your provider is unable to deliver services when and how you need them. Your case manager will schedule a team meeting, modify the IPC, and submit the modification for review.

## Supports Waiver: Letter of Ineligibility

If the Division determines that you are not eligible for Supports Waiver services, you will receive a denial letter from the Division. If you disagree with the decision, you may request a reconsideration of the decision. 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.

You or your LAR must submit the request to your case manager, and your case manager must submit the request to the Division, 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

- Provide evidence of the need for services and supports, including information for assessments.
- Provide information to help your case manager complete the level of care assessment.
- Collect 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 calendar (20) days in advance of the meeting date.
- Review your IPC and make sure it reflects the services and supports you require and have agreed to.
- 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 questions if information or directions are unclear.
- 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 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 understand that cancellations may affect your waiver services.

- 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.
- 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.



## Your Case Manager

- Coordinates your level of care assessment and reassessment to verify your need for waiver services.
- Initiates the process to evaluate and re-evaluate your level of care criteria (LT-104 assessment) for ID/DD. Ensures that the LT-101 assessment is completed annually by the Public Health Nurse if you have an acquired brain injury
- Assists you, and the people who support you, in developing your person-centered IPC, which includes 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.
- On a quarterly basis, observes your services in various settings to verify that your IPC is being implemented, schedules are accurate, progress is being made, and your choices are being honored.
- Provides a twenty (20) day notice for your semi-annual IPC team meetings.
- Submits your IPC to the BES 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.
- 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 participant-direction opportunities and assists 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 a trend analysis.

- Shares your information with the Division and your team; i.e. change in medications, behavioral changes, etc.
- Knows and follows current Division rules and policies.
- If you are using the participant-directed services delivery option, 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.

## Your Provider

- Participates in your team meetings and provides pertinent information to help you and your plan of care team 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 they receive a complete copy of your IPC, staff have been fully trained, and they have been authorized to provide services. This includes the service verification form and all appropriate signatures.
- Keeps accurate records of the number of service units you use, and notifies your case manager if your 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, including:
  - Internal and critical incidents;
  - Restraints and restrictions;
  - Medication and behavioral concerns;
  - Billing documentation; and
  - Other important information.
- Immediately notifies the Division of any changes in their address, phone, or email in order to alleviate any chance of deactivation or disruption of your services.
- 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 (10<sup>th</sup>) business day of each month.
- 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 people 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 individuals 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.

**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 Division of Healthcare Financing within the Wyoming Department of Health.

**Medical records:** All documents your provider has, which describe your diagnosis, condition, or treatment, including, but not limited to, your IPC.

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

**Objective:** A specific, measurable, attainable, relevant, time-specific, and trackable skill to achieve in order to accomplish a particular goal.

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

**Participant-direction:** Approach to service delivery that 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.

**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 people 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.

**Participant-direction:** Approach to service delivery that 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

# Medicaid Supports Waiver Application



**HOME AND  
COMMUNITY-  
BASED  
SERVICES**  
WYOMING MEDICAID  
DIVISION OF HEALTHCARE FINANCING

## Applicable Program - Submit this form to the [Benefits and Eligibility Specialist \(BES\)](#) in your area

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 have an acquired brain injury (ABI)  Yes  No Age the ABI occurred: \_\_\_\_\_

## 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: \_\_\_\_\_ Medicaid #: \_\_\_\_ - \_\_\_\_  
 City/County 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 that 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 complete 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: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Signatures

\_\_\_\_\_  
 Signature of Applicant or Legally Authorized Representative \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date  
 Signature of Witness \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (required if signature is marked with an "X") Date

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# Case Management Selection Form



**Applicant Information - Submit this form to the [Benefits and Eligibility Specialist \(BES\)](#) in your area**

Applicant: \_\_\_\_\_ Legally Authorized Representative: \_\_\_\_\_

**Acknowledgment 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 that 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 that 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 that I must choose a case manager who is not related to me or affiliated with any of my other services, so a conflict of interest will not exist.

\_\_\_\_ I understand that it is my responsibility to notify my case manager of any changes to my address or phone number. If, during the application process or while on the waiting list for services, my case manager is unable to contact me, I understand that my case may be closed.

**Case Manager Selection**

A list of certified case managers (<https://health.wyo.gov/healthcarefin/hcbs/>) who are 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, 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: \_\_\_\_\_ Email address: \_\_\_\_\_

If you are changing your case manager, who is your current case manager? \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Requested date change to new case manager: \_\_\_/\_\_\_/\_\_\_  
 Email address: \_\_\_\_\_

\_\_\_\_ My current case manager will have access to my case for up to seven calendar 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 that 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, in order to determine appropriate waiver services. I understand I may revoke this release of information in writing at any time.

**Signatures**

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

# Note Sheets for You

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