



AGENDA

- **Program Updates & Reminders**
 - Employment First State
 - Relative Provider Disclosures
 - Multiple Community Living Service Providers
 - Aging Up Evaluations
 - Receiving Psych Reports
 - SABI Waiver Applications
 - Legibility of Waiver Applications
 - Representative Payee Documentation
 - Court Appointed Conservators
 - LTC Notification of Updated Contact Information
 - Placing Cases on Hold
 - Canceling Closures in EMWS
 - Quality Improvement Reviews
 - Change of Case Manager and CMMRs
 - New BES Caseloads
- **Training on Wyoming 211 with Olivia Schon, Deputy Director**

TOPICS

Employment First State

It is important to remember that Wyoming is an employment first state. Employment services encompass things like self-employment, entrepreneurial activities, career planning and exploration, job discovery, shadowing and follow-along. Case managers need to have regular, documented conversations about employment services. It is important to assist anyone who wants to work with achieving their employment goals – even if it may take longer to get there. It is never acceptable to tell a participant that they cannot work or are not ready to work. Planning can be done in small, incremental steps if needed, and employment should always be promoted if a participant desires to work.

Relative Provider Disclosures

Case managers must submit a Relative Disclosure and Acknowledgement form if a relative, defined as a biological, step, or adoptive parent, is planning to provide services for a participant. These forms can be downloaded directly from EMWS in the *Verification* section of the plan.

Services that can be provided by a relative are listed on the [Relative Provider Clarification Chart](#) (also found on the Workflow Tools tab of the [HCBS Document Library](#)). If a participant is under the age of 18 and will be receiving personal care services, please ensure that they have had an ICAP assessment performed within the past 5 years and have an Adaptive Behavior Quotient of .35 or below.

Please submit forms to Alice Esquibel at alice.esquibel@wyo.gov. Alice will not review or approve a form unless all other signatures have been obtained.

Multiple Community Living Service Providers

Although uncommon, a participant or their legally authorized representative will occasionally choose to have more than one CLS provider listed on a participant's IPC. The HCBS Section has allowed this practice as long as the participant has one primary address and isn't required to move locations in order to receive CLS.

When the services are basic 15 minute units, the billing is fairly straightforward; however, if the service is billed at a daily rate, claims can be more complex. For example, if Provider A delivers the service from midnight to 8:30am, and Provider B delivers the service from 3:30pm to midnight, both providers have delivered the service for the required 8 hours. Since this is a daily service, the service can only be claimed by one provider for this day. The case manager and CLS providers must work together to determine which provider will submit claims for days on which more than one provider delivers a service.

The HCBS Section has continued to allow this practice so that participants have as much choice as possible in the providers they select. However, teams are expected to work together to determine a solution that works for all providers and the participant so that this option can continue.

Aging Up Evaluations

When a participant ages up from the Supports Child or Comprehensive Child to the Adult Waiver, please use the current psychological evaluation, and with Comprehensive Waiver cases, the current ICAP evaluation, for eligibility purposes. The *Submit Psychological Evaluation* task is automatically generated by EMWS as part of the eligibility process after financial eligibility is confirmed. The assigned Benefits and Eligibility Specialist will cancel this task. Please do not schedule a new psychological evaluation unless the assigned BES has notified you that an updated evaluation is needed prior to the participant aging up.

Receiving Psych Reports

When receiving a psych report, please be sure to update the diagnosis to reflect what has been identified in the report.

SABI Waiver Applications

When submitting a Supports Waiver application for an individual with an acquired brain injury, please be sure to check the box indicating the applicant has an injury. The date and age the injury occurred must also be clearly written on the application. Acquired brain injuries must be diagnosed, and the applicant must have medical documentation to support the diagnosis. Those with acquired brain injuries occurring prior to the age of 21 must apply for the Supports Waiver under the Intellectual or Developmental Disability criteria. If the applicant has a diagnosed acquired brain injury and is over 64 years of age they must apply for the Supports Waiver under the Intellectual or Developmental Disability criteria as well. The correct waiver application must be submitted as the required assessments are different. If you are unsure which waiver an individual should apply for, please work with the assigned BES.

Legibility of Waiver Applications

When working with an applicant to submit an application, please be sure the information on the application is legible. This includes, but is not limited to, the spelling of the name, the date of birth and social security number.

Representative Payee Documentation

Representative Payee documents uploaded in EMWS must have the document date visible. A copy of an envelope addressed to the payee that does not include a visible date will not be accepted. Updated documentation to show the payeeship is still in place must be provided to the Division at least every five years.

Court Appointed Conservators

A Conservator has more authority over a ward's finances and property than a representative payee and must be noted in the IPC in the same manner as an appointed representative payee. Specifically, when a participant has a court appointed conservator, it must be noted in EMWS on the *Rights* page as a restriction in the "*Keep and Spend Money*" section, and again in the *Circle of Supports* section as the "*Representative Payee*" (there is no specific Conservator option). All relevant documentation should be uploaded and noted in the *Needs and Risks* section under "*Financial Property*".

LTC Notification of Updated Contact Information

When a participant moves, please update their physical *and* mailing address in EMWS and notify the Long-Term Care Unit so the participant's WES file is updated accordingly. This is critical so that Division correspondence is delivered to the correct location.

Placing Cases on Hold

When a participant cannot receive Waiver services for an extended period of time, the case manager should notify the assigned County BES so that they can place the case on hold. If the participant is out of services longer than 30 days, closure of the case must be initiated. The case can be reopened if the participant returns to receive Waiver services within 90 days.

Canceling Closures in EMWS

When a closure is initiated by the Long-Term Care (LTC) Unit due to an applicant not completing financial eligibility or a current waiver participant has not submitted all of the required documentation for a financial renewal, cancelling the closure process in EMWS will *not* prevent the case from closing on the effective date or extend the closure date set by the LTC Unit. For example, if a closure effective date for an active participant is January 31st, and the case manager cancels the closure in EMWS on January 29th, the plan and all prior authorizations will end on January 31st. The financial eligibility process must be completed by the LTC Unit and the individual (whether applicant or current participant) must be found financially eligible prior to a cancellation being initiated. The Long-Term Care Unit will notify the BES if a closure should be canceled due to financial eligibility being completed. Again, please remember any closure initiated in EMWS by the Long-Term Care Unit cannot be canceled by a case manager or prevent the case from closing on the effective date.

Quality Improvement Reviews

When you receive a QIR revision notification in EMWS, please be sure to open and read the letter from the BES which explains the corrections needed. Please do not acknowledge the QIR until the requested corrections are complete.

Change of Case Manager and CMMRs

When there is a transition of case managers pending, the outgoing case manager must ensure that the modification and all relevant documents including the Case Manager Selection Form and Transition Checklist, are completed and uploaded to the case in accordance with Division rules. Additionally, the outgoing case manager must be sure that all Case Management Monthly Reviews (CMMR) are completed and submitted on the last day of the month prior to the change. If the CMMRs are not complete, the change will still occur and the outgoing case manager will need to coordinate with the new case manager to complete the outstanding CMMRs. The Division will not re-associate cases to allow the previous case manager to complete the reviews.

New BES Caseloads

The BES County Assignments list was updated and a number of changes took effect January 1st. To avoid making multiple contacts, please be sure to review the document and contact the correct, newly assigned BES for the participant's location. The list was emailed on December 26th and can also be found on the [Contact Staff](#) page of the HCBS website.

WRAP UP

The next DD Case Manager Support Call is scheduled for

March 10, 2025