



### AGENDA

- **Program Updates & Reminders**

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- Virtual Home Visits
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- Backup Case Managers
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- **Training**

- Sarah Leonard, Stakeholder Liaison, Division of Vocational Rehabilitation

### TOPICS

#### **Case Manager Expectations for Facilitating Transition Meetings**

Case Managers should refer to Chapter 45, Section 22 which outlines the Transition Process. Case Managers are expected to schedule transition meetings with the appropriate team members and facilitate the meeting. The Division requires the case manager to complete a Transition Checklist when facilitating the transition process.

The checklist, which can be found on the HCBS Document Library page of the Division website, under the DD Forms tab, lists the documentation, discussions, and actions that must be completed as part of the transition process. The case manager must complete the checklist in its entirety and upload it into EMWS.

Every transition requires a plan of care team meeting to ensure that necessary discussions have taken place and relevant information has been shared. The case manager must schedule the meeting at a time and location that is convenient for the participant, and must notify all current and new providers, the participant, the legally authorized representative, and the Division at least two weeks prior to the meeting. As the facilitator of the meeting, the case manager must invite cooperation and participation from *all* team members to ensure that the participant has the best chance at a successful transition. Before a new provider can begin delivering services, the case manager must ensure that the new provider has received participant-specific training - including training on health and safety concerns, needed supports, positive behavior supports, and the IPC.

#### **Virtual Home Visits**

Virtual visits previously allowed by the Public Health Emergency Flexibilities were rolled back beginning in March of 2023. At this time, virtual visits are not acceptable for required home visits or service observations. Case managers must conduct in-person semi-annual service observations of each non-habilitative service a participant receives, as well as quarterly service observations of each habilitation service received. Case managers must complete the Home Visit and Service Observation Form, have it signed by the provider, and upload it to EMWS according to the file naming conventions.

### **Certificate Tier Rate Ending**

As communicated in an email on Friday, February 28th, the case management certificate tier rate expires June 30, 2025. The regular case management rates will be effective beginning July 1, 2025. In anticipation of the end of this rate, the Electronic Medicaid Waiver System (EMWS) now has a stop in place that will not allow the case management tier rate (T2022UB) to be added to plans beginning July 1, 2025. When completing initial and renewal plans, or a modification in which there is a change in case management, the case management line must be split to use the tier rate through the end of June and the regular rate beginning July 1st.

Any plan that does not include one of the circumstances, as stated above, will be modified automatically by the EMWS programmers to update case management service lines. The EMWS programmers will also adjust Individual Budget Amounts (IBA) to reflect the termination of the tier rate. **Please do not complete modifications just to change the case management tier rate service line as this will cause issues when the modifications are completed by the system.**

The Division will send out further communication detailing the system modifications in the near future. Please reach out to the assigned [County Benefits and Eligibility Specialist \(BES\)](#) with any questions.

### **Backup Case Managers**

The case management agency designates a backup case manager for each participant served who will assume case management responsibilities in the event that the current case manager is unable to provide case management services. It is NOT acceptable for backup case managers (even within the same agency) to complete case manager monthly reviews. The acting case manager is responsible for completing these for each participant on his or her caseload. As outlined in the case management service definition: the acting case manager must review service utilization and documentation, ensure the amount, frequency, and duration of services is appropriate, and monitor and evaluate service plans and protocols. Allowing a backup case manager to complete the CMMR when they have not met with the participant or performed other case management functions, may be considered a falsification of the claim. As stated in the Wyoming Medicaid Agreement - "The provider explicitly understands that ... falsification of claims, statements, information or documents, or any concealment of material fact is a violation of state and federal laws."

### **Extraordinary Care Committee Requests & New ECC Checklist**

If you have questions as to whether an ECC request will meet criteria or if additional documentation is needed, please reach out to the Benefits and Eligibility Specialist assigned to the case for assistance. The Specialists are available to provide support and information regarding the submission of an ECC request as well as what may be needed to prepare a case to be submitted. It may be helpful to request a time to meet with the BES via Google Meets or a telephone call to review the request together once all documentation has been uploaded.

When preparing for a submission, be sure to use the new ECC Checklist available on the DD tab of the HCBS Document Library <https://health.wyo.gov/healthcarefin/hcbs/document-library/>. Please remember that in order for the Division to move a case forward, it must have all required components as per the checklist. Working with the assigned BES to ensure that all required documentation is present prior to submission will help prevent it from being rolled back for additional information.

### **ECC Checklist CMMRs**

When uploading documentation for an ECC request and following the new checklist, we want to clarify that all Case Manager Monthly Review forms must be completed and submitted in EMWS prior to submitting the request to the BES for review. Case managers should ensure that all CMMRs are up to date and submitted, but are **not** expected to upload CMMRs as part of the ECC request documentation.

### **EMWS DATA ENTRY REMINDERS**

Please remember following when working in EMWS:

**Electronic Signature Verification**

Please upload the electronic signature verification document that is created when using electronic signature programs with the document that is being electronically signed.

**Backup Case Manager Contact Information**

Please ensure that the backup case manager's contact information is listed on the Contacts screen.

**Address Changes and County Assignments**

When updating a participant's address in EMWS, please verify that the correct *county* for the new address is selected. Please notify the current BES if the county has changed so that the current BES can manually make the change in EMWS and assign the case to the correct BES for the new county.

**ACES\$ Documents for Participant Direction**

Please ensure that the Good-To-Go email (or document) from ACES\$ is uploaded to the EMWS Document Library for any participant who is receiving participant-directed services.

**CMMRs**

Please ensure that CMMRs are submitted in EMWS no later than the 10th business day of the month following case management services being provided.

**Questions & Answers Format**

Going forward, we will be modifying the Q&A portion of our support calls slightly. In order to give accurate and consistent information, we ask that you post any questions you may have in the chat box during the call. We will then respond with written answers to your questions in the support call notes. The support call notes are emailed and posted on our website typically within a few days following the call. We hope this new format will help avoid confusion and ensure continuity in the information we provide.

**WRAP UP**

The next DD Case Manager Support Call is scheduled for

***May 12, 2025***

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## QUESTIONS AND ANSWERS

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**What is the process if a participant wants their waiver provider to do job coaching through waiver services while going through DVR at the same time...usually we just need to get a 3rd party liability form signed, but is there criteria that meets being able to do that?**

**Response:**

Because Medicaid is always the payer of last resort, if DVR services can be utilized, participants must exhaust that option first. This is the case **unless** the participant's plan of care includes units for employment exploration (first 100 units), or they are already employed and have Supported Employment Follow Along (SEFA) units on their individualized plan of care.

Case managers must maintain documentation to demonstrate that DVR services have been exhausted or are not available in order to use waiver funds. The [DD Waiver Service Index \(effective April 2024\)](#) states, "Documentation that the service is **not** available under a program funded under section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation or Workforce Services) or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.) must be maintained in the case manager and provider file. Services cannot be provided during the same timeframes that a participant is receiving services through an Individualized Educational Plan (IEP)."

"A third party liability form may be required by DHCF **unless** the participant is using the first 100 units of this service to help access assistance from the Division of Vocational Rehabilitation (DVR), to complete a career planning assessment tool, or for indirect SEFA services."

Once a waiver participant has established stability in employment **and** units are available on their individualized plan of care, a Third Party Liability Form is signed allowing for utilization of waiver funding. DVR funding is used for job coach training and development if a job coach enrolls with Vocational Rehabilitation.