



AGENDA

- **Program Updates & Reminders**
 - Tier Rate Reminder
 - Working with State Facilities (WSH/WLRC)
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 - Neuropsychological Evaluation Criteria
 - Medicaid Renewals
- **Training: *The Positive Behavior Support Planning Process for Case Managers* with Lacey Magnuson, BES**

TOPICS

Tier Rate Reminder

As previously communicated, case management tier rates will officially sunset on 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.

Working with WSH/WLRC

When a participant is admitted to the State Hospital (WSH) or the Wyoming Life Resource Center (WLRC), the case manager of record is expected to work with the facility's teams and assist with needed information. Once the participant is deemed stable and ready for discharge, you will be contacted by the HCBS liaison assigned to the facility. The HCBS liaison for the Wyoming State Hospital is Kate Delgado. For the Wyoming Life Resource Center, the HCBS liaison is Patrice Chesmore.

Should a representative of the state facility circumvent the process and reach out to you and ask you to start working on discharge processes, we ask that you immediately notify the assigned liaison. We are working to streamline our process as well as ensure that case managers are not asked to complete unnecessary steps. When a participant is ready for discharge, we will ask the case manager to work with the participant and their legally authorized representative to determine if there are providers who would like to provide waiver services to the participant. It is extremely important for that choice to be made by the participant and their guardian. State facilities are not authorized to override participant choice and should not be involved in the decision. Once a provider is chosen by the participant, the facility can assist with the transition and provide the needed information and documentation.

Electronic Signatures

When using electronic signature programs (or apps), please upload the electronic signature verification document that is created with the document that is being signed. The verification document is required in order for the electronic signature to be accepted.

The Division would like to remind all case managers that a valid electronic signature is one that has been created with an electronic signature device that the identified signatory is uniquely entitled to use for signing that document, and where the signatory is authorized to sign the document by virtue of their legal status or relationship to the entity on whose behalf the signature is executed.

ICAP Assessments

When submitting a request for an ICAP assessment, please be sure that you are uploading the signed ICAP Authorization form into the ICAP Request. Additionally, be sure all respondents are listed on the screen in EMWS as well as on the uploaded ICAP Authorization form. The only time the "Express" function should be used is when a participant is aging-up or transitioning from the Supports Waiver to the Comprehensive Waiver.

CLS Level 3-6

Per the Service Index, "Participants who are not receiving CLS Levels 3-6, and who are at significant risk due to extraordinary needs that cannot be met in their current living arrangement, may request 24-hr CLS if the participant meets the definition of an emergency, as outlined in Chapter 46, Section 14 of Wyoming Medicaid Rules."

This means that if a participant is not already receiving CLS Level 3-6, they must first meet the criteria for an ECC and be approved for that level of care by the ECC prior before adding those services to the IPC. If CLS 3-6 has been added to a plan, and through review, the BES determines that the service was not previously approved, it will be rolled back to the case manager to be removed.

ECC Services Added to Plans

Modifications done after ECC must include services approved by the ECC at the level of service (LOS) score per the Committee's decision. ECC will not grant funding at any requested level, but if approved, provides funding based on the participant's assessed level of service. Case managers must follow the ECC approved services. For example, CLS 4 cannot roll up to CLS 5.

EVV Information & Provider Resources

The Division would like to remind providers of the resources available on the [Current Providers](#) page of the Home and Community-Based Services website. When the website was refreshed last fall, we added additional information on the Electronic Visit Verification tab including links to CareBridges' training resources, registration and more. Recall that Electronic Visit Verification (EVV) is a federal requirement of the 21st Century Cures Act and is used to confirm service delivery information in real-time. It provides protection

against fraud and improper spending by validating service hours billed and using technology to electronically capture when and where HCBS services begin and end. The Wyoming Department of Health has partnered with CareBridge to fulfill the federal EVV requirement - free of charge to Wyoming providers. Please take a look at the tabs in the center of our [Current Providers](#) page for this and other helpful resources, including a link to the NASDDDS podcast for Direct Support Professionals.

Psych & Neuro Psych Evals

The Division would like to remind case managers to be sure updated psychological and neuro psychological evaluations are being scheduled and completed as requested by the Division in order to avoid case closures. The BES will initiate closure of cases with lingering evaluation tasks — both active cases and those in the eligibility process. Evaluations are required to determine initial waiver eligibility, as well as *continued* waiver eligibility.

If the evaluation has been completed and you have not received the completed report from the psychologist in a timely manner, please email the psychologist and copy the assigned BES. Also, please be sure you are adding updated notes in EMWS regarding the status of psych and neuropsych evaluations. As some areas in the state are experiencing a backlog for these evaluations, case managers are strongly encouraged to consider assisting the participant or LAR in looking for other options. A searchable database of Medicaid enrolled providers can be found on Wyoming Medicaid's [Find A Provider](#) site.

Neuropsychological Evaluation Criteria

The Division has updated the [Criteria for Neuropsychological Evaluations](#) guidance document located on the [HCBS Document Library](#). Please be sure you are referring to the most current version of the document. The document has been updated to clarify that neuropsychological evaluations must include all three assessments (Mayo Portland Adaptability Inventory, California Verbal Learning Test, and the Supervision Rating Scale assessment) in addition to a review of medical records to confirm the diagnosis. To be eligible for the SABI or CABI, the participant or applicant must have a diagnosis of a brain injury **and** a qualifying score on at least one of the three completed assessments.

When scheduling an evaluation or assisting a participant or LAR with scheduling an evaluation, please be sure that the evaluating provider understands that it is a **neuropsychological** evaluation that is needed. A psychological evaluation is used to determine SA/CA Waiver eligibility only and cannot be used for SABI/CABI eligibility purposes. The required assessments are different. Please refer to the Criteria for Neuropsychological Evaluation guidance document for additional information on these assessments.

Medicaid Renewals

Please do NOT submit new Medicaid applications in place of the renewal forms for participants that are on Waiver services. If you are concerned, or have questions regarding the renewal date in EMWS, please reach out to the Medicaid Long Term Care (LTC) eligibility worker to confirm the renewal date.

WRAP UP

The next DD Case Manager Support Call is scheduled for
July 14, 2025

QUESTIONS AND ANSWERS

What will the CM rate actually be starting in July?

Response: As previously communicated in an email sent April 28th, with the exception of the case management certificate tier rate, provider rates will continue at their current levels until the Division receives further instruction on how to proceed. The case management certificate tier rate will expire on June 30, 2025. The current rate (without certificate tier) for Case Management T1016 is \$21.36 and Case Management T2022 (monthly) is \$341.67.

When will there be a fee schedule for 7/1 available on the website?

Response: Yes, current fee schedules are made available on our website and announced through email once posted. On July 1, 2025 the only change to the fee schedule will be the removal of the certificate tier rate, and we anticipate posting a revised fee schedule sometime the last week of June..

With the renewal plans starting 7/1 the current rate is still showing. Will the system update that rate automatically at some point?

Response: As stated in the updates, 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. For all other plans, modifications will automatically be completed by EMWS developers prior to July 1st.** 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.

I have not been receiving the renewal paperwork for the majority of my clients, nor have my clients. When I have reached out, I still don't hear back with any clarification or the required renewal paperwork. How do we know who the LT care worker is that is assigned to a case?

Response: Please contact the assigned [Benefits and Eligibility Specialist \(BES\)](#) to answer any case-specific questions or for any participant that has exceeded 45 days from submission. The BES can help obtain updated information from Long Term Care (LTC). **Please also remember, to maintain confidentiality, the Division will not address any question or comment regarding specific cases during support calls or on any public forum.**

The problem with the provider locator is that the list includes ALL clinical psychologists who accept Medicaid, it does not allow for refining the search for those who perform the evaluations for waiver services. Is there a way to remedy that?

Response: Unfortunately, the provider list is constantly changing, and there is currently no remedy available at this time. Psychologists are contractors with Wyoming Medicaid and are not waiver providers. Changes to how they are listed or what areas they specialize in, are not within our sphere of control.