



AGENDA

- **Program Updates & Reminders**
 - Waiver Applications and Case Manager Selection Forms
 - Allotted Budget for Case Management
 - QIR Plan Corrections
 - Financial Renewal Task Timing
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 - Providing Services to Participants on Vacation
 - ACES\$ Updates for Participant Direction
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 - DD Waiver Amendment Update
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- **Training: ACES\$ Enrollment Process for Participant Direction -**
with Paige Crawford, Wyoming Program Director, ACES\$

TOPICS

Waiver Applications and Case Manager Selection Forms

The online waiver application has been enhanced with new features. It will now allow applicants to download the Case Management Selection form directly from the portal and also includes the option to upload after the form is completed.

When submitting applications and Case Manager Selection forms case managers should ensure that they are adhering to the DD EMWS File Naming Conventions guidance as posted in the HCBS Document Library. This means that each document submitted must be a stand alone, individual file and not grouped together in the EMWS Document Library. Failing to adhere to EMWS Naming Conventions will likely delay processing time as applications are returned to the case manager for correction.

Allotted Budget for Case Management

Individual Budget Amounts (IBA) include a portion that is allotted specifically for case management services. This portion of the IBA shall only be used for case management services. Whether the case manager chooses to utilize the monthly case management unit, the 15 minute case management unit, or a combination of both, plans should include **12 full months of case management units**. This amount is approximately \$4100, again depending on the units chosen, and should be allotted to case management services only - regardless of the units a case manager ultimately bills for. Please do not distribute the monies for case management services to other services included in the plan.

QIR Plan Corrections

When adjusting a plan of care following a Quality Improvement Review (QIR), it's important to note that modifications can only be initiated once the plan's status shows "Complete" and after clearing BMS. The timeframe is different for initial plans and renewal plans.

In most instances BMS clearance will not occur until three days before the end of the month prior to the plan start date. Renewals and plan modifications, however, will typically clear BMS within 24 hours. Please monitor the plan's status in BMS for it to show as "Complete" before proceeding with changes. The BES team is aware of this timeframe and will collaborate with case managers.

Financial Renewal Task Timing

Please remember to follow up on financial renewal tasks as they appear. If you complete the paperwork too early, the Long Term Care unit cannot process it until the task is due. Please do not request renewal paperwork in advance. Once the task appears, please contact the participant or their legally authorized representative to confirm receipt of the paperwork and offer any necessary assistance. Thank you all for your time and effort working through financial renewals.

Psych vs Neuropsych Evaluations

When scheduling a psych or neuropsych assessment for a participant, please be attentive to their diagnosis. If a participant has an acquired brain injury that occurred *before their 21st birthday* (considered the developmental stage), a psychological assessment is used. Neuropsychological assessments are only obtained if the participant is on the SABI or CABI Waiver.

Providing Services to Participants on Vacation

As discussed in detail during the recent provider support call, please carefully consider Community Living Services (CLS) and Personal Care Services (PCS) if provided during client vacations to ensure compliance with service definitions, federal and state requirements, and budget constraints. Every situation is different, and we encourage you to reach out to the area BES with questions.

ACES\$ Update for Participant Direction

Our Financial Management Service (FMS), ACES\$, is making several enhancements to support Employers with maintaining compliance, meeting program requirements and preventing service lapses.

First, case managers will be copied on notifications sent to Employers 45 days before an employee's CPR or first aid certification expires.

ACES\$ will also send annual OIG check notifications to Employers with instructions on viewing their OIG status via the US Department of Health and Human Services, Office of Inspector General (OIG), List of Excluded Individuals/Entities. Verifying their status annually on the OIG website is a federal waiver requirement. If a listing is found, it is the PD Employer's responsibility to notify ACES\$ and HCBS for additional guidance and information.

Next, to increase compliance with federal EVV requirements, the Division has coordinated with ACES\$ to tighten the exception policy and reduce the number of EVV exceptions (manual edits to EVV entries) being monitored each month. Participant Direction Employers receive notifications letting them know if they are out of compliance with the exception limits. At the point where a PD Employer receives a fourth consecutive violation that requires retraining on the proper use of EVV, case managers will now also be copied on the notification.

Finally, ACES\$ is now enforcing DD Service Index limits for companion and individual habilitation training, with denials for over-limit shifts. Case managers must ensure Employers and participants are aware of and adhere to these limits. A process for agency authorization in over-limit instances for "soft limit" companion services is being established and will be communicated soon.

WYSERVES

The Division is pleased to currently be working with a vendor on the development of WYSERVES - the Wyoming System for Enhanced Resources, Verification, Enrollment, and Services. Thank you to all providers that recently participated in the WYSERVES Provider Survey. We had a fantastic response rate and we look forward to working with you all throughout the WYSERVES development process. WYSERVES will replace legacy systems like WHP/IMPROV and EMWS with a singular integrated system. The new system is a user-centered, cloud-based system designed to support day-to-day operations while improving participant outcomes. Please keep an eye on your inbox as the Division will be sending additional information on WYSERVES in the next 3-4 weeks. We will periodically send out the same survey as a tool to monitor progress and ensure that everyone is well-informed and prepared. Please visit the [WYSERVES](#) project webpage for more information.

DD Waiver Amendment Update

As you likely know, the Comprehensive and Supports Waiver amendments were submitted to the Centers for Medicare and Medicaid Services (CMS) on July 1st. A Summary of Public Comment and complete waiver amendment applications are available on the HCBS website. The language regarding additional conflict-free case management requirements was removed. Thank you to all those that participated in the public comment process. Following a 60-day review by CMS, we anticipate the amendment will be effective September 1st, 2025.

IBA Letters to Participants

As communicated by email earlier this month, participant's Individualized Budget Amounts (IBAs) will be adjusted as a result of changes to provider reimbursement rates. Letters notifying participants, or their Legally Authorized Representative (LAR), will be mailed via US Postal Service in mid-July to the address on file.

It's important for case managers to understand that purchasing power will remain intact, and budgets will still cover all services currently listed on each participant's Individualized Plan of Care (IPC) as of July 1, 2025. Modifications to adjust plans are expected to be effective September 1, 2025 in conjunction with the DD waiver amendment. For plan of care renewals effective on or after September 1, 2025, IBAs will reflect all service rate adjustments. Ongoing plans will be prorated based on units moved to the adjusted rate line for that plan year. Participants will be advised to collaborate with their case managers and plan of care teams to resolve any issues concerning their current plan or IPC renewal.

WRAP UP

The next DD Case Manager Support Call is scheduled for

September 8, 2025

QUESTIONS AND ANSWERS

Where can we find the policy that the \$4,100 has to be used for case management so that we can inform our providers?

Response: Chapter 45, Section 9(a) states case management is a mandatory service for all participants enrolled on the waivers. All plans must include monthly or 15-minute case management units to cover all 12 months of the plan. This is approximately \$4,100, depending on the units chosen.

The budget methodology is set to reflect each participant's assessed level of service if on the Comprehensive waiver and a set budget if on the Supports waiver. Within the budget methodology is a separate line set aside for case management services based on the most recent waiver cost rate study and the requirement that all participants receive case management as stated above. This is also stated in Chapter 46, Section 11(d)(i) which establishes (E), "*An amount for annual case management services;*" this established budget amount is only for case management and cannot be used to purchase other waiver services.

With the provider rate change that is scheduled to occur September 1st, 2025, will this also include changes to the case manager rate?

Response: As communicated on May 19, 2025, at the direction of the Wyoming Department of Health Director and the Governor, the Division will sustain funding for Case Management services, T2022 and T2016. Case Management and Community Living Services basic T2031 (CLS basic) were identified as being impacted the most as well as impacting a large number of individuals across the state. It is important to note that the current budget will only sustain rates for these two services until next fiscal year, **expiring June 30, 2026**. The remaining ARPA funded provider rates will return to legislatively appropriated funding level currently expected to be effective September 1, 2025. Please reference the [Rate Table](#) for more rate details.

Where does a person go to become a provider on their own, but not through ACES\$?

Response: The [Become a Service Provider](#) page on the HCBS website offers information and guidance on how to become a certified waiver service provider. Questions can be directed to wdh-hcbs-credentialing@wyo.gov.