



Enrollment Process Overview



Today's Agenda

1. Referrals
2. Sending Out Packets
3. Once Packet Is Received
4. Background Steps
5. Once Packet Is Complete
6. Issuing Good-to-Go Dates
7. Activations
8. Waiver Changes & Reactivations
9. ACES\$ Secure File Upload



Referral Date: New Participant: ☐ Employer Change: ☐ Restart: ☐ Employee Packet Request Only: ☐

Participant Information

Legal Name:
Date of Birth: Social Security Number:
Physical Address: City, State, Zip:
Mailing Address: City, State, Zip:
Phone: Gender: Waiver: CCW: ☐ DD/Comp: ☐ DD/Supports: ☐
Email: Medicaid #:

Employer Information

Employer different than Participant? ☐ *Yes ☐ No ☐ *If Yes, please complete the following information:
Does this person serve as the Authorized Representative? ☐ Yes ☐ No
Legal Name: Relationship to Participant:
Complete Address: SSN:
Phone:
Email:

Employee Information

1. Legal Name: Relationship to Participant:
Complete Address: POA or AR of Participant? ☐ Yes ☐ No
Phone:
Email:
2. Legal Name: Relationship to Participant:
Complete Address: POA or AR of Participant? ☐ Yes ☐ No
Phone:
Email:

Case Manager Information

Case Manager Name: Agency:
Email: Phone:
Comments:

Form Submission

Fax: 1 (877) 226-8836 Email: To securely email, please send a request to - secureWY@mycil.org

202 E. 18th Street Cheyenne, WY 82001 Participant Care: 1 (844) 500-3815 Email: supportWY@mycil.org

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Referrals

When are referrals needed?

What is a complete referral?

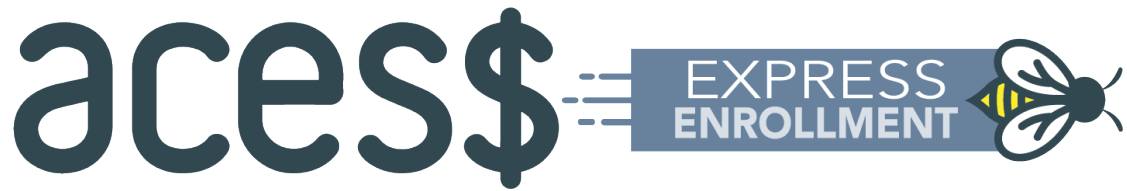
Contacting a referral

Packets received before a referral

Sending Out Packets

- **Prefilled Paper Packets**

- What is included in the mailing/secure email
- Must use most current versions
- Information and Instructions Packets



- **ACES\$ Express Enrollments Powered by Docubee**

- What is included in the email
- How to access
- Expected Flow
- Resources:
 - www.mycil.org/WYenroll
 - <https://health.wyo.gov/healthcarefin/hcbs/participants/participant-direction/>



18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☐ No

If "Yes," write previous EIN here

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questi

Employer's Business or Organization Address, City or Town, State, ZIP Code

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Employee Instructions: Please answer the questions below.

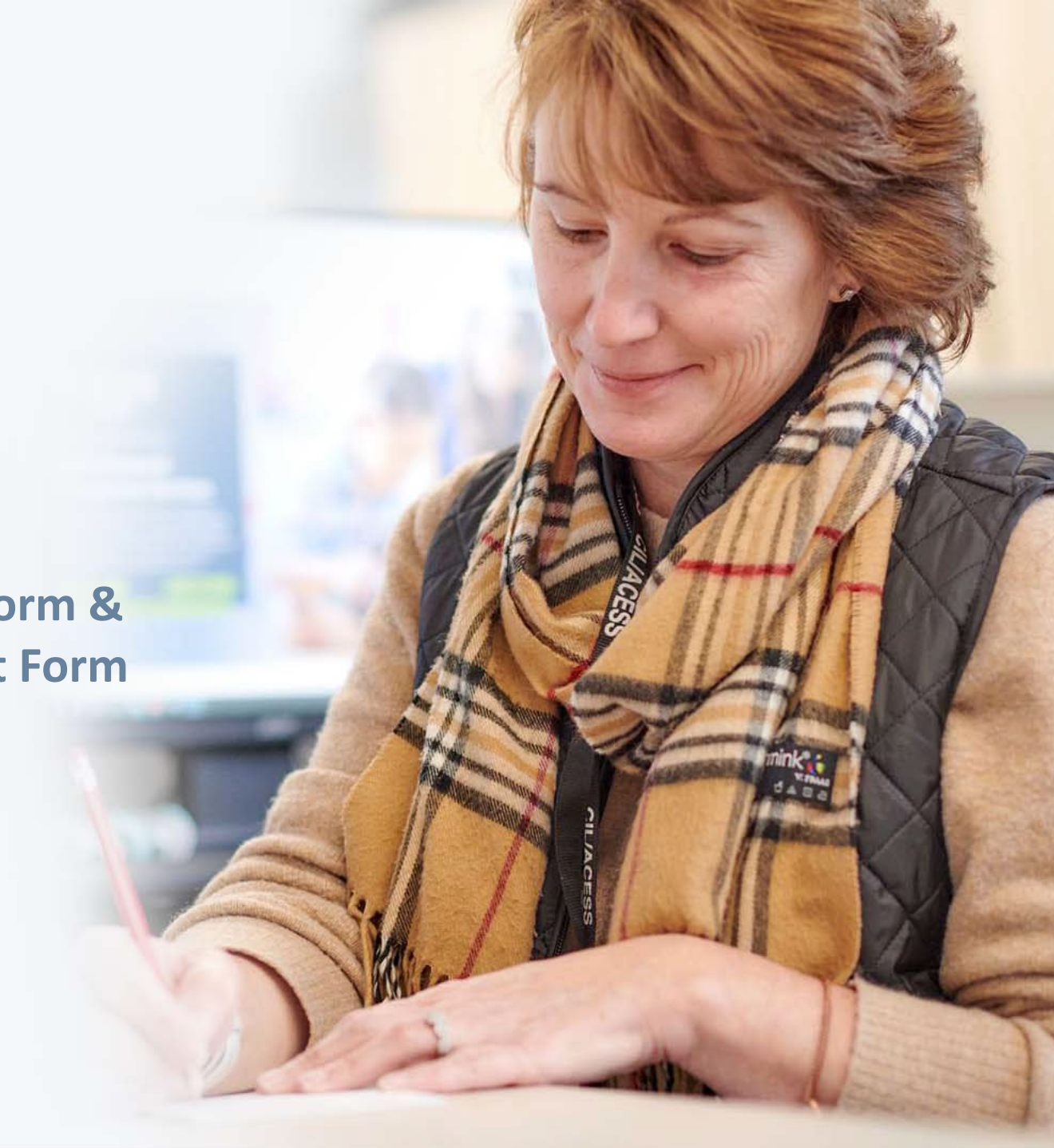
1. Are you related by blood, marriage or adoption to the Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you the Child of the Employer and are you <u>less</u> than 21 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you the Child of the Employer and are you 21 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you the spouse of the Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you the parent of the Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to question 5, please check any of the following that apply.	
<input type="checkbox"/> Yes, I also provide care for my grandchild or step-grandchild in my child's home.	
<input type="checkbox"/> Yes, my grandchild or step-grandchild is under age 18, or has a physical or mental condition that requires personal care of an adult for at least four continuous weeks during the calendar quarter in which services are performed.	
<input type="checkbox"/> Yes, my child (son or daughter) is widowed or divorced and not remarried, or living with a spouse who has a mental or physical condition which prohibits the spouse from caring for my grandchild for at least four continuous weeks during the calendar quarter in which services are performed.	
6. Is the Employer your aunt, uncle, sibling, grandparent, grandchild, or other relative not specifically listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Once Packet Is Received

- Review
- Backgrounds
- Who is contacted
- Most frequent corrections needed

Background steps

- **What checks are necessary**
 - OIG and NSO
 - DFS Central Registry Screening
 - Online SS based Criminal check
- **Employer Screening Acceptance (ESA) Form & Employee/Candidate Screening Consent Form**
- **Screening Results – Employer Notification Form**
- **What happens when a background Fails**





Once Packet Is Complete

- What defines a complete packet: Employer vs. Employee
- When can a packet move forward for a Good-to-Go Date
- Final QC

Issuing Good-to-Go dates

- Who is contacted + What is mailed
- Good-to-go emails for EMWS
- Good-to-go date before all backgrounds are received
- Good-to-go date before Notification Form is sent/received





Activations

When can employee begin



EIN denials

Waiver Changes

- What documents are needed
- ACES\$ needs to be notified

Reactivations

- What are these
- When are documents needed

** Wage Revision





ACCESS\$ Secure File Upload

- What is this
- How does this work
- Who can use it
- Available now!

<https://go.mycil.org/WYFileUpload>

Thank you!

We can be independent when we do it together.

