



AGENDA

- **Program Updates & Reminders**
 - Relative Provider LLC
 - WYSERVES Introduction
 - Video Monitoring in Participant Bedrooms and Bathrooms
 - ARPA Rate Change
 - CMS Approval and Q&A Call
- **Training: The Positive Behavior Support Plan Development Process for Providers**
Andrea Highland, Credentialing Specialist

Relative Provider LLC

As outlined in the DD Waiver Service Index, relative providers are required to form a Limited Liability Company (LLC) or a corporation, be a certified provider or an employee of a certified provider to provide the services allowed. In recent months, the Division has noticed instances in which relative providers are doing business under a name other than their LLC/corporation and typically the name listed in the DD waiver system is their first and last name.

While the Division does not offer business and/or legal advice to providers, the purpose of creating an LLC/corporation as a relative provider is to protect your private/personal assets from business debts and lawsuits. An example of this would be a recovery of Medicaid funds by Program Integrity in the event of intentional, or unintentional, instances of fraud, waste or abuse.

If your Medicaid enrollment is under a name other than your LLC/corporation, you may want to consider changing it in the PRESM system to reflect the name of your LLC/corporation. This is entirely a business decision but if you choose, changes can be made by completing a Change of Circumstance (CoC). If you do decide to change your Medicaid enrollment name, please remember to update the change in the WHP Portal. More information can be found on the [Medicaid Provider Enrollment and Billing](#) page in the *Steps to Enroll* toggle.

WYSERVES Introduction

As previously communicated by email, the Division is inviting all providers to attend a virtual public meeting to introduce the new WYSERVES application. WYSERVES stands for the Wyoming System for Enhanced Resources, Verification, Enrollment, and Services. The virtual meeting will cover system expectations, anticipated training timelines, and how the Division plans to keep providers updated. The [Zoom meeting](#) is scheduled for August 29th at 11:00 AM. Please watch your email for meeting reminders or visit our [WYSERVES project](#) webpage for the meeting link. WYSERVES is currently in development and is anticipated to go live summer 2026.

WYSERVES will replace current legacy systems like WHP, IMPROV and EMWS with a singular, integrated, user-centered, cloud-based system designed to support daily operations and improve participant outcomes.

Video Monitoring in Participant Bedrooms and Bathrooms

Use of video monitoring by providers, while permitted, must comply with Wyoming Medicaid rules outlined in Chapter 45, Section 13 (h) (xii). It is important to note that the use of video monitoring in participant bedrooms and bathrooms is strictly prohibited, and there is no provision in which this is allowed. If the needs and risks of a participant warrant increased support and supervision, other forms of remote monitoring,

remote supports and sensors may be used as appropriate. In all cases, use of these monitoring devices must be outlined in the participant's plan of care.

ARPA Rate Change

This is a reminder that the ARPA rates will expire September 1, 2025 and participants' budgets will be adjusted to reflect the change in rate. Participants' purchasing power that was in place on July 1, 2025 will remain for the participant moving forward. If any of the participants that you work with should have an error in the budget calculation please first check to ensure that the units were present on the plan July 1, 2025 to determine if there is a miscalculation. After checking this information if you still feel that there is an error please reach out to the participant's case manager to allow them to work with the assigned [Benefits and Eligibility Specialist \(BES\)](#) to make any needed clarification or corrections. Thank you for working with us during this important change.

CMS Approval and Q&A Call

As you may have seen in the email we sent earlier today, the Centers for Medicare and Medicaid Services (CMS) has approved the DD waiver amendment, effective September 1, 2025. The waiver documents, approval letter, new service index, and fee schedule will be posted on the Services and Regulations page of the HCBS website beginning September 1st.

We will be hosting a virtual Q&A session on September 18th from 1:00-2:00pm to recap the recent amendment process, summarize the approved changes and offer providers and case managers an opportunity to ask questions regarding the amendment. Please check your email for the Zoom link or watch for reminders in the coming weeks.

WRAP UP

The next and last DD Provider Support Call of 2025 is scheduled for

October 27, 2025

QUESTIONS AND ANSWERS

How long does it take to create a PBSP for someone who hasn't had one in the past?

Response:

This may vary depending on the team members involved and how well they know the participant. Once the data is collected, it should not take long for the team to compile the information. It may require the need for more monitoring in the beginning as the team starts to apply the interventions, but generally, it should not be an excessively lengthy process.

As someone who provides companion support for services like S5135 and T2016 in community living, is creating a positive support plan my responsibility or exclusively the case workers'?

Response:

As the training discussed, creating a PBSP is a collaborative effort involving the case manager, providers and the participant. Although the case manager may be the one to submit the final paperwork, provider observations and input, as well as that of the participant, is essential to determining the most appropriate positive support interventions.

Will QIR's be submitted through the WYSERVES system?

Response:

Yes, once WYSERVES is fully operational and released, it will be used for Quality Improvement Reviews. Training on this and any other impacted workflows will be included as part of the system rollout. Please join us [Friday, August 29, 2025 at 11:00](#) to learn more about WYSERVES.

The following questions will also be added to the DD Waiver Amendment Frequently Asked Questions document in the coming days.

Will new PA/SA documents be provided for those participants who will receive the decrease of ARPA funds? Are PA's changing September 1st? And if so, is it only for those receiving services where the rates change?

Response:

Yes. System modifications are underway and new PA's will be issued for those service lines that have a rate change. If the rate is not changing, the existing PA will remain in place and should be used to complete billing.

What date will the rate change PA's be run?

Response:

They are currently underway and will be released no later than the 1st of September. It is important to remember that these PA's will be effective from September 1, 2025 and forward. **All providers should use the existing PA's to bill for services that were delivered through the month of August, 2025.**

Can I get a link for the new rates? I have looked and looked and not come across anything. Please and thank you. Can you please send me the exact updated document for the new September 1st rates?

Response:

The [Draft Fee Schedule](#) includes all service rates. The [ARPA Expiration Rate Table](#) lists only those services that were temporarily increased using ARPA funding. These documents were previously emailed and are available on the HCBS [Public Notices](#) webpage.

Please more clearly define what is meant by, "Purchasing power as of July 1, 2025". Examples would be helpful.

Response:

Purchasing power refers to the amount of service units available to purchase using a certain dollar amount. Although Individual Budget Amounts are decreasing, the service rates are also decreasing thereby allowing participants to purchase the same number of service units that were available before the rate change on July 1st. Ongoing plans will be prorated based on the units that are moved to the adjusted rate line for that plan year.

What dates of billing are being requested to be billed by August 29th? What is the specific time frame or period for which billing information is required to be processed and invoiced, with the deadline set for August 29th? If we bill on the 29th, when and how should we bill for the remaining services delivered in August?

Response:

The Division is asking that all billing is up to date and is as accurate as possible before the end of August for services completed prior to September 1, 2025. We understand that it may not be feasible to submit all billing by this date, but we strongly encourage providers to be proactive to ensure the least amount of claims are left unbilled. Doing so will ensure the changes completed by our system contractors are accurate and will avoid the need for multiple modifications to correct service unit errors in each participant's plan of care. It is illegal to bill for services in advance or not yet delivered. Please bill for services delivered over the last weekend in August as soon as possible.

When rates alter, is there a time when Carebridge Services won't be usable? What's the duration for Carebridge to manage these adjustments? In case of policy changes, how long does it take for Carebridge to update the app and enable the new services?

Response:

Carebridge will remain usable during this change. System modifications are underway and new PA's will be issued for those service lines that have a rate change. If the rate is not changing, the existing PA will remain in place and should be used to complete billing. Carebridge has been notified, is aware of the changes in rates and is prepared for this change to avoid any issues with service delivery.

Note the following services are federally required to use Electronic Visit Verification (EVV): Personal Care, Respite, Child Habilitation, Companion Services, and Skilled Nursing. However, only those services previously increased using ARPA funding are part of the current rate adjustment: Personal Care, Respite, Child Habilitation (ages 0-12), and Companion Services Individual. Companion Services Group, Child Habilitation (ages 13-17), and Skilled Nursing will not be adjusted and therefore, will not need a new PA.

Will there be a rate increase in the near-future to adjust with the rising cost of living?

Response:

The only changes currently planned are those reverting rates to legislatively approved levels due to the end of federal ARPA funding. The Division has not been informed of or directed to make any additional changes at this time. As a reminder, the Division does not determine provider reimbursement rates and must adhere to the budget approved by the Wyoming State Legislature.