



AGENDA

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- **Training: Rate Study Process and Importance -**
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TOPICS

Ongoing Case Manager Reminders

You may have heard these reminders multiple times in the past, but we want to remind all case managers of these three most prevalent issues:

1. Please do not submit a case manager change without uploading the Transition Checklist and Case Manager Change Form.
2. It is critical that case managers have their name, phone number and current email listed in the contacts section for each of their cases in EMWS. Outgoing case managers should update the case manager and backup case manager contact lines on the Contacts screen when possible.
3. Please ensure all information is (and remains) up-to-date for both the current and backup case manager.

Email Communications about Participants

To ensure clarity and avoid any potential mix-ups or lost documents, please do not use a previous email thread when inquiring about a different participant or situation. Instead, please use a new email for each new communication.

Record Keeping

Case managers are Medicaid approved providers, and therefore must adhere to record keeping rules as outlined in Wyoming Medicaid rules Chapter 3. Case managers must maintain their own records for 6 years after the end of the fiscal year that services were provided; after three years those records may be transferred to electronic records. Case managers are also required to maintain a record of all documentation provided by a participant's service providers for one year following the date of services.

Juvenile Participants Reaching Age of Majority

When case managers are working with a juvenile participant approaching their 18th birthday, it is important that case managers begin having conversations with parents and guardians regarding the legal documentation requirements, authority to consent, and the rights of individuals as they reach their 18th birthdays well in advance of the participant reaching the age of majority. If there is no established guardian for a participant on their 18th birthday, the parents are no longer authorized to consent for them, and the participant must sign and consent to all services and case documentation. Any parent of a participant reaching the age of 18 must have a release of information to discuss case matters signed by the participant and designating the specific information permitted to be disclosed by the Division, or other service providers unless there is a documented guardianship order in place within the Individual Plan of Care (IPC) and Electronic Medicaid Waiver System (EMWS).

TCM is Required

Targeted Case Management (TCM) is a federally mandated service and does not require a backup case manager. If a case manager is not selected, a "No Case Manager Selected" letter should be issued (adjusted for specific circumstances), providing the participant with a 30-day deadline. Failure to select a case manager by this deadline will result in case closure.

Requirement for Continuous Case Management Services

Case management is a mandatory service for all participants enrolled on the waivers. It is not acceptable to skip case management for several months due to the participant not being available to receive this service. Should a participant be unavailable for more than one month, the case manager should follow their process to notify the participant of the need to participate in their waiver services. If this extends beyond 30 days with no indication that the participant intends to allow delivery of case management services to occur, the case manager will need to initiate closure of the case. The Division understands that there are exceptional circumstances and asks that case managers contact the assigned BES in those situations.

TCM Plan of Care Forms

Please upload the TCM Plan of Care forms to the document library before submitting for approval. The TCM line cannot be added to BMS without this form.

Case Manager Responsibility for Home Visits and Service Observations

As stated in the case management service definition, case managers are responsible for conducting semi-annual service observations of each non-habilitative service received, and quarterly service observations of each habilitative service received. This is required for both monthly and 15-minute units.

- Monthly Units - a monthly home visit to the participant's place of residence with the participant present is required in order to monitor the participant's health and welfare, discuss satisfaction of services, and identify needed changes to the IPC. This is required no matter the service on the plan.
- 15-minute Units - a *monthly* home visit to the participant's place of residence is required if a participant receives Community Living Services. The participant must be present during the visit. *Quarterly* visits to the participant's place of residence are required if a participant does NOT receive Community Living Services. Again, the participant must be present.
- Host Home is a CLS service and case managers are required to complete monthly home visits as well as quarterly service observations regardless if the case manager bills for monthly or 15-minute units. Participant-directed services adhere to the same requirements as non Participant-directed services.

Billing When Participant is in the Nursing Home

Case managers are prohibited from billing for services when a participant is residing in a nursing home. The nursing facility is responsible for billing for the days the participant is in their facility, and their billing takes precedence over that of the case manager. Case managers are unable to bill in these instances to prevent double billing, which is disallowed. The only exceptions to this policy are when a participant is admitted to the Wyoming State Hospital or the Wyoming Life Resource Center. In these situations, please coordinate with the assigned Benefit Eligibility Specialist (BES). It should be noted that the case manager service rate includes compensation to account for these scenarios where a participant is in a nursing home and the case manager is providing assistance with placement, discharge, and other related matters.

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 Individual Plan of Care (IPC).

Relative Providers and LLCs

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 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 the Medicaid enrollment is under a name other than the provider's LLC/corporation, they may want to consider changing it in the PRESM system to reflect the name of their LLC/corporation. This is a business decision and can be made by completing a [Change of Circumstance \(CoC\) form](#). If the Medicaid enrollment name is changed, please remember the information in the [WHP Portal](#) will also need to be updated.

Q&A Call

We invite all providers and case managers to the virtual Q&A Session on September 18th from 1:00-2:00pm to recap the recent DD waiver amendment process, summarize the approved changes and offer providers and case managers an opportunity to ask questions regarding the amendment. Please watch for email reminders that include the meeting link.

WRAP UP

No support call in November; the next DD Case Manager Support Call is scheduled for:

January 12, 2026

QUESTIONS AND ANSWERS

Do you have to have a home visit to bill for the 15 minute unit?

Response:

Yes, monthly visits to the participant's place of residence are required if a participant receives community living services. The participant must be present during the visit. Quarterly visits to the participant's place of residence are required if a participant does not receive community living services. The participant must be present during the visit.

What happens to the providers who didn't bill this past August before 8/31. How do they get paid for the services that they provided or are they just out of luck and can no longer back-bill because units were already moved?

Response:

The Division asked that all billing was up to date and 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. For August services not yet billed, please work with case managers to modify the plan and bill for services delivered as soon as possible. If a provider finds that they do not have enough units to cover what was billed prior to the system modification, they are encouraged to contact the participant's case manager. Case managers can then complete modifications between service lines to ensure that providers are paid for the services delivered and units they have used.