



AGENDA

- **Program Updates & Reminders**
 - Budget Usage for CLS 3-6
 - Participant Mail
 - Provider Recertification Templates
 - IPC Modifications and Training
 - 30-Day Notices
- **Training: Protection and Advocacy System, Inc.**
 - *Presented by Lori Regnier, Senior Program Administrator and Rachel Collins, Staff Attorney*

Budget Usage

The Division reminds providers of the expectation that Community Living Services (CLS) levels 3-6 must be budgeted to ensure an entire plan year is covered for each participant. Providers cannot request a case manager roll up to the next CLS level if the current budget does not support it. It is unacceptable to reduce CLS days or reallocate funds from needed additional day services to achieve a higher CLS level.

The Division expects that submitted plans will cover services for a full plan year, ensuring participants have sufficient units to change providers at any time and still access needed services. Denying participants this opportunity is not permitted.

Participant Mail

The Division would like to remind providers that participants must have the ability to receive mail. We have recently had a large number of mailings returned to us with the USPS notice of "No mail receptacle." This indicates the mail carrier could not find a valid, approved place to leave mail. This could be due to a missing or damaged mailbox, obstruction, an address within a gated or locked community without a communal mail center, or a new resident at a location who has not set up a mailbox. Please ensure all participants have a USPS-approved mailbox or receptacle, or work with USPS to set up mail service as needed.

Provider Recertification Templates

Providers who utilize the Division's templates for recertification and other purposes are reminded to always check the HCBS [Document Library](#) for the most current versions. Periodic updates are made to the forms and providers should be using the most current version.

IPC Modifications and Training

Staff responsible for providing direct services to participants must receive participant specific training from a trained staff member prior to working alone with participants. If an Individualized Plan of Care (IPC) is modified, providers must train the affected staff before the changes are implemented. Chapter 45, Section 15(f) of Wyoming's Medicaid Rules outlines participant-specific training standards.

30-Day Notices

If a provider or case manager chooses to discontinue a participant's services, they are required to provide a written notice at least 30 calendar days prior to ending services to the participant, legally authorized representative(s), and Division. Chapter 45, Section 22 of Wyoming's Medicaid Rules states that *failure to provide services during this 30 day period shall be considered abandonment of services and may result in decertification of the provider.*

WRAP UP

This is the final DD Provider Support Call of 2025. The next DD Provider Support Call will be
February 23, 2026

QUESTIONS AND ANSWERS

If a provider gives 30-day notice, and the incoming provider cannot start within the 30 days, is there any guidance as to what the state prefers for a solution? Must the outgoing provider continue to provide until the incoming provider can start, even if it passes the 30 days?

Response:

For case specific questions, the case manager can contact the assigned [Benefits and Eligibility Specialist](#) or the provider can contact the area [Incident Management Specialist](#) for guidance.