Third Party Liability Form

HOME AND COMMUNITY-BASED SERVICES

Purpose for Completing Form

By federal law (42 CFR §433 Subpart D, §433.138, and 433.139), third parties who are responsible for payment of services must be identified. Medicaid is considered a payer of last resort. If another insurer or program, including the Medicaid State Plan, has the responsibility to pay for costs incurred by a Medicaid eligible individual, that entity is generally required to pay all or part of the cost prior to a Medicaid Waiver making any payment. The services listed below may be available through the Rehabilitation Act of 1973 (Department of Workforce Services or Division of Vocational Rehabilitation (DVR), Public Law 94-142 (Department of Education), Medicaid, Medicare, state and federal grants, private insurers, or other available programs. If the service is available to the participant, it must be accessed prior to requesting and using waiver funding.

Participant Information and Services

1. *Complete the information on the possible third party payer and the participant's full legal name.*

Agency Completing Form	Agency Contact	Participant Full Legal Name

2. *Check the service box if the participant is ineligible or otherwise unable to access (i.e. benefit is exhausted, cap limit exceeded, agency denial, budgetary issues, not deemed necessary, etc.) the services through your agency.*

DVR or Workforce Services		**Education Services**		**Medicaid State Plan** *(provided by an enrolled provider)*		**Other Insurance or Resource**	
☐	Specialized Equipment for a Job	☐	Specialized Equipment	☐	Maintenance Occupational Therapy	☐	*Specify Service:*
☐	Job Development	☐	Job Development	☐	Maintenance Physical Therapy	☐	*Specify service:*
☐	Supported Employment/Job Coaching	☐	Supported Employment	☐	Dietician Services	☐	*Specify service:*
☐	Work Incentive Act (WIA)	☐	*Other service:*	☐	Environmental Modification	☐	*Specify service:*
				☐	Maintenance Speech Therapy	☐	*Specify service:*
☐	Transportation	☐	*Other service:*	☐	Durable medical equipment listed in the DME manual and provided by a DME provider		

Agency Representative Signature _____ Date _____

Additional Information

Please indicate additional reason(s) the participant is not eligible or able to access the above checked service(s) under any other paying program.

More information on other services available prior to the use of waiver services

Services available through third party payers may require the participant to receive services from a different provider than they are used to seeing.

Therapies

- Wyoming Medicaid will pay for 20 visits each for restorative physical, occupational, and speech therapy per calendar year for participants 21 and over if the services are a medical necessity and ordered by a physician. Maintenance therapy may be provided using waiver funds. A Third Party Liability form, prior authorization of the units, and a prescription **and** a treatment letter or recommendation from a physician will be required.
- Waiver funds shall not be used to pay for therapies for participants under the age of 21.

Any time services switch from maintenance to restorative therapies during the plan year, a Medicare or Medicaid provider must provide the service. Restorative and maintenance therapies may not be provided on the same day.

Dietician

- Dietician Services are available for participants who are 21 and older.
- Dietician Services shall be supported by a formal assessment completed by a registered dietician, and must be prescribed by a physician. A Third Party Liability form shall be required.
- Dietician services are available on the Medicaid State Plan; therefore, the waiver services shall not be used unless the state plan services are exhausted.

Durable Medical Equipment

Durable medical equipment available on the Medicaid State Plan requires a written order from a physician, physician assistant, or nurse practitioner, and must be deemed medically necessary. The supplies and equipment must be reasonable and necessary for the treatment of illness or injury, be the most cost-effective supply or equipment necessary to meet the participant's medical needs, enable participants to remain outside institutional settings by promoting, maintaining, or restoring health, or restore participants to their functional level by minimizing the effects of illness or disabling condition. The Medicaid State plan service must be accessed prior to a specialized equipment request being approved as a waiver purchase.

The Medical Supplies and Equipment List included in the DME manual contains specific information indicating what items are and are not covered by Medicaid. Here is the link to DME Manual: https://wymedicaid.telligen.com/wp-content/uploads/2025/08/WY-DME-Manual_TelligenV4_07.25.25.pdf

Vocational Rehabilitation (VR) or Educational Services

Services or equipment needed for vocational or educational purposes are the responsibility of those agencies. The services must be a part of the employment plan for VR, or a part of the Individual Education Plan (IEP) for the school services.

Waiver funds must not be claimed for incentive payments, subsidies, or unrelated vocational training expenses. The waiver WILL NOT pay for services that are available under a program funded by either the Rehabilitation Act of 1973, P.L. 94-142, or 42 CFR §433 Subpart D. If these services are not available under the agency, the agency will need to complete a Third Party Liability form before waivers services can be authorized for these services.