



### AGENDA

- **Program Updates & Reminders**
  - Updating Contacts
  - Environmental Modifications and Specialized Equipment
  - Back-up Case Manager
  - ICAP Requirements for Relative Providers
  - Verification Form
  - Closure Tasks
  - Naming Convention Guidelines
  - Medication Consent Form
- **Training: WYSERVES Updates & Outreach** - Derrick Stephens, Kera Morelock, and Chris Anthony of Cardinality

### TOPICS

#### Updating Contacts

If a case manager transition has occurred, please update the contacts in EMWS. Make sure the phone number, email, and identified back-up case manager are updated with the new case manager's information.

#### Environmental Modifications and Specialized Equipment

It is important for case managers to remember to contact the assigned Benefits and Eligibility Specialist (BES) before modifying a plan for an environmental modification or specialized equipment as stated in the Service Index. This is to ensure the requested modification is within the scope of the service and can be covered by the Waiver.

#### Back-Up Case Manager

As a reminder, case managers must inform the designated back-up case manager when they have been selected to cover a participant's case. Please ensure the back-up case manager's contact information is added to the *Contacts* screen in EMWS. This is important for active cases and for participants who are receiving Targeted Case Management.

#### CMMR Requirements

As outlined in the Comprehensive and Supports Waiver Service Index, a Case Management Monthly Review (CMMR) must be submitted by the 10th business day of the month following the month that the services were rendered, and must be completed prior to billing for services. The Division will be monitoring CMMRs and will provide technical assistance to case managers who are out of compliance. Those that remain, or continue to be out of compliance may be issued corrective or adverse action.

#### ICAP Requirements for Relative Providers

This is a reminder that participants under the age of 18 who intend to receive personal care services from a relative provider must have a current ICAP when the service is added and throughout the duration of the relative provider service, until they reach age 18. A current ICAP is defined as an ICAP dated within the last five years. The ICAP must be completed even if the participant is on the Supports Child Waiver. Case Managers

should not add relative provided personal care services to the plan of care until they have the required ICAP completed and a Relative Disclosure and Acknowledgement Form has been signed off by the Division Representative. Currently, these forms should be submitted to Hannah Ostheimer ([hannah.ostheimer1@wyo.gov](mailto:hannah.ostheimer1@wyo.gov)), HCBS Provider Support Unit Manager.

### **Verification Form**

Accuracy in completing the *Verification* screen of the IPC is critical as this data feeds directly into reporting metrics for CMS (Centers for Medicare & Medicaid Services). Recently, we have noticed discrepancies where the information entered into the *Verification* screen within EMWS does not match the signed Participant and Legally Authorized Representative Verification Form. Case managers must ensure all information is transferred correctly and accurately from the signed form to the *Verification* screen in EMWS. This accuracy is vital, as these errors impact federal reporting.

### **Closure Tasks**

When the Home and Community Based Services (HCBS) Unit or the Long Term Care (LTC) Unit initiates a case closure in EMWS, please acknowledge the closures tasks in EMWS. Do not delay, ignore, or cancel these closure tasks. Failing to acknowledge tasks in EMWS does not stop the case from closing in BMS or WES, but does prevent providers from seeing the closure. If a case is closed and a provider continues services, reimbursement is not guaranteed. Neglecting these tasks can interrupt or delay the HCBS Unit's processes for reinstating services if the participant is later found eligible.

### **Naming Convention Guidelines**

Please ensure that whether documents are being uploaded for Provider Certification, or for documents specific to cases in EMWS, the HCBS naming convention guidelines are followed. The guidelines can be found in the [HCBS Document Library](#) under the *Certification & Renewals* or *DD* tabs.

### **Medication Consent Form**

Please remember to review the Medication Consent form for accuracy before uploading it to EMWS. Ensure the provider's or organization's full name is listed with no abbreviations, including any self-directed or relative providers. All prescribing entities must be listed. An updated form is required if physicians or medication trained providers are changed or added to the IPC. Please note that the Medication Consent form is valid for only one year, and ensure that the effective start and end dates on the form are accurate.

## **WRAP UP**

The next DD Case Manager Support Call is scheduled for:

***March 9, 2026***