



AGENDA

- **Program Updates & Reminders**
 - Environmental Modifications
 - Service Referrals
 - Service Plan Requirements
 - Legally Authorized Representatives/Power of Attorneys
 - Backup Case Managers
 - CMMR Completion
 - Closure Tasks
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 - Subscribe to the HCBS Email List
 - Electronic Visit Verification Compliance Reminder
- **Training: WYSERVES Updates & Outreach** - *Derrick Stephens, Kera Morelock, and Chris Anthony of Cardinality*

TOPICS

Environmental Modifications

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 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.

Service Referrals

In accordance with Section 2 of the [CCW Case Manager Manual](#) and the [CCW Service Index](#), the Service Plan and referrals must have an explanation of the participant's specific needs, preferences, and overall goals, as well as a brief description of the specific tasks that the provider will be expected to perform in order to address such. The code of federal regulations, which guides HCBS programs requires each service plan be person centered; service referral write-ups should reflect person centered planning, and should not just be copy and pasted across plans, and plan renewals.

Service Plan Requirements

In accordance with Section 5 of the [CCW Case Manager Manual](#), case managers must know the services offered through the CCW program, and explain the Scope and Limitations of each service to participants. Additionally, backup plans for services should never consist of calling 911, or other emergency services as they do not provide waiver services. Please work with participants and their LARs to develop backup plans that ensure participants' needs will be met without using emergency services.

Legally Authorized Representatives/Power of Attorneys

Guidance has been provided that for HCBS purposes, only medical power of attorneys that are signed and notarized, Advanced directives that have been signed and notarized, or Durable Power of Attorneys that are signed and notarized that include approved medical authorities within them are acceptable for signatures in place of the participant's signature.

Backup Case Managers

Case managers must notify and obtain agreement from their designated backup, ensuring the backup's contact information is accurately recorded in the EMWS Contacts Screen for both new applicants and active cases. To maintain continuity of care, the primary case manager is responsible for meeting with the backup on a routine basis to ensure case familiarity, with all such coordination formally documented in the CMMR.

CMMR Completion

The Case Management Monthly Review (CMMR) is required to document Case Manager services as well as justify the rate paid to case managers, among other things. A review of multiple CMMRs show that case managers are documenting little actual time spent working for or with participants, instead an overall summary is written in the general Case Managers Notes section of the CMMR. This does not count as time spent with the participant as the time in/out is not being documented to substantiate the case manager's work. Effective immediately, the Division is requesting that you are accurately documenting the time spent on each case each month. Each case management contact should be added and include a time in and a time out with a detailed summary of the activity. Please review the Case Management service definition in the [CCW Service Index](#) which outlines the expectations and requirements for this critical service.

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.

Telligen Skilled Nursing Order

When reviewing the Telligen Skilled Nursing orders for Skilled Nursing referrals, please ensure that the date span (i.e plan year), the Service Code (ie. LPN or RN), the number of approved units, and the frequency of the service are noted on the order. The date span and service code are located beneath the "Member Name" box. The units are generally located just to the right of those boxes, with the frequency located in the "Procedure Description" box on the bottom right of the order.

Subscribe to the HCBS Email List

To receive regular updates and the latest information from the HCBS Section, case managers are reminded to subscribe to the HCBS email list. The subscription link is available on the [Contact Staff, Subscribe or Suggest](#) page. If you haven't received communications recently, please check your spam folder.

Electronic Visit Verification Compliance Reminder

The HCBS Section is reminding case managers of the upcoming enforcement efforts related to EVV compliance requirements. Starting July 1, 2026 all providers required to use EVV must meet a minimum EVV compliance rate of 70% per month or be subject to enforcement action. Throughout the second half of 2026, this minimum compliance rate will gradually increase to 85%. An EVV Compliance Forum is scheduled for March 24th at 1:00 PM to provide a detailed overview of upcoming EVV compliance standards, including timelines for implementation, minimum compliance thresholds, and how compliance is calculated. HCBS staff will review common causes of noncompliance, demonstrate how to access and interpret EVV compliance reports in CareBridge, and outline available technical assistance and support resources. The forum will also include a question-and-answer session, allowing providers to seek clarification.

WRAP UP

The next CCW Case Manager Support Call is scheduled for:

April 13th, 2026

QUESTIONS AND ANSWERS

Does this mean that Case Managers are going to be required to do EVV? Will EVV be required for Case Managers in July?

Response:

EVV is not required for Case Managers. The 21st Century Cures Act mandates EVV for all Medicaid personal care services and home health services that require an in home visit by a provider. Case Management does not fall under this mandate.

Questions asked during the call that are related to WYSERVES will be answered on the WYSERVES Frequently Asked Questions (FAQ) document that can be found on the [WYSERVES project page](#). The WYSERVES FAQ will be updated regularly with the most current information.