AGENDA

- **Program Updates & Reminders**
  - Back-Up Case Manager
  - Employer of Record Participant Direction
  - Eligibility, Psychological and Neuropsychological Evaluations
  - Naming Convention
  - Rate Change Plan Corrections
  - Case Manager Contact Information
  - Subscribe to the HCBS Email List
- **Training: WYSERVES Updates & Outreach -** *Derrick Stephens, Kera Morelock, and Chris Anthony of Cardinality*

TOPICS

Back-Up Case Manager
To ensure continuity of care within the Electronic Medicaid Waiver System (EMWS), a backup case manager must be explicitly identified on the Contacts screen, complete with their up-to-date phone number and email address. To prepare this backup case manager for potential activation, they must be kept fully informed about the participant's status and needs through mandatory quarterly meetings. In the event of an emergency, this designated backup case manager will be activated to seamlessly take over the case file and manage necessary operations within EMWS without any disruption to the participant's services.

Employer of Record Participant Direction
When adding Self-Direction to a Plan of Care (POC) or Individual Plan of Care (IPC), it is essential that an employee is officially hired before the service is integrated into the plan. If an employer passes away, Self-Direction services must be promptly removed from the IPC and can only be reinstated once a new employer is formally approved by ACES$. Furthermore, employers bear the responsibility of ensuring that all employees utilize the Electronic Visit Verification (EVV) system in strict accordance with established rules, and they must verify that all provided services strictly comply with the guidelines outlined in the DD Service Index. Ultimately, the Case Manager must review and verify all of these components to ensure full compliance and plan integrity.

Eligibility, Psychological and Neuropsychological Evaluations
The Division reminds case managers that the steps in the eligibility process must be followed in strict chronological order. Crucially, the Division cannot pay for initial or updated psychological and neuropsychological evaluations if they are completed before the Division formally requests them. Case managers must ensure that participants and Legally Authorized Representatives (LARs) understand this workflow. Although many psychologists schedule appointments several months in advance, scheduling or completing an evaluation prematurely prevents Division payment, potentially creating a significant financial hardship for the participant.

To prevent this during the initial eligibility process, case managers must wait until two conditions are met before an evaluation is conducted: financial eligibility must be confirmed by the Long Term Care (LTC) Unit, and the "submit psychological evaluation" task must be officially initiated. Additionally, please note that a new psychological evaluation is rarely required for participants who are aging up, and unnecessarily scheduling one can cause major delays in the adult plan eligibility process. If you have any questions regarding these steps, please reach out to the assigned Benefits and Eligibility Specialist (BES).

Naming Convention
Every single document that is submitted to the Division or within the IPC including Extraordinary Care Committee (ECC) requests must be named according to the Division's Naming Convention Guidelines. The Naming Convention Guideline can be found on the Division Website in the HCBS Document Library.

Rate Change Plan Corrections
Due to the recent provider rate increase which went into effect July 1 2026, the Division is requesting that case managers check participant's newly adjusted Individual Budget Amounts (IBA) for accuracy. Please note that some IBAs may be temporarily increased; however, if a participant is funded at their current level of service as indicated in the system, the future plan of care will be reset to the correct level of service (LOS) budget. Teams should understand that even if additional funding was unintentionally added, the Division may adjust IBAs according to established methodology when appropriate. The Division is aware that some historical budgets may not align with current methodology and the resetting does not currently apply to those cases.

Case Manager Contact Information
The HCBS Section would like to remind case managers to make sure their contact information is up to date in the Wyoming Health Provider (WHP) Portal. This includes ensuring the organization's contact person, their phone number, and email address are up to date. We will begin inviting case managers and providers to WYSERVES training sessions. We will use the contact information in the WHP Portal to send invitations to register for WYSERVES training. Case managers are strongly encouraged to participate in the upcoming WYSERVES training opportunities. Guidance on how to update contact information is located in the Provider Change Guidance Manual which is found in the HCBS Document Library on the Web Portal Guides tab.

Subscribe to the HCBS Email List
To receive regular updates and the latest information from the Home and Community Based Section (HCBS), 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.

WRAP UP

The next DD Case Manager Support Call is scheduled for:

September 14th, 2026

Link to Presentation