AGENDA

- **Program Updates & Reminders**
  - Case Management Monthly Reviews (CMMR) Submission
  - Individual Budget Amounts (IBA) and Aging Up
  - IBA Adjustments Due to the Rate
  - Targeted Case Manager Lines
  - Appropriate Use of Respite Care
  - Benefits and Eligibility Specialists Caseload Reassigments
  - EVV Compliance
  - Case Manager Contact Information
  - Subscribe to the HCBS Email List
- **Training: Understanding the Case Management Monthly Review (CMMR): Part 1 -** *Jenifer Adams, Home and Community Based Services Section Benefits and Eligibility Unit Manager*

TOPICS

Case Management Monthly Reviews (CMMR) Submission
Please remember that the Case Management Monthly Review (CMMR) is designed to capture all activities, incidents, and services provided across the entire month, meaning it should never be submitted prior to the last day of the month of services. The completed CMMR itself must be submitted by the tenth business day of the following month. Adhering to these deadlines is essential, as the CMMR must be fully submitted before Medicaid can be billed.

Individual Budget Amounts (IBA) and Aging Up
When participants turn 21, they "age-up," transitioning from the Supports Child (SC) or Comprehensive Child (CC) Waiver to the Supports Adult (SA) or Comprehensive Adult (CA) Waiver. The Division's Individual Budget Amount (IBA) methodology accounts for an increase in the IBA upon this transition to supplement school services and allow for the addition of day services to the adult plan. Consequently, the conclusion of school services is not a sufficient reason to approach the Extraordinary Care Committee (ECC) unless other factors are present, as outlined in Chapter 46, Sections 14 and 15. Case managers should note this and ensure they can explain this process to participants and their teams.

IBA Adjustments Due to the Rate Change
The rate change effective July 1, 2026, has resulted in several unforeseen Individual Budget Amount (IBA) discrepancies. We are working diligently to resolve these adjustments as quickly as possible. In the meantime, if you notice a significant increase in a participant's budget, please refrain from adding new services or committing those funds without prior authorization from the county assigned Benefit Eligibility Specialist (BES).
Please be advised that any budgets found to be inaccurately inflated will be recalculated and reset based on the purchasing power available as of May 1, 2026. If a plan exceeds this established purchasing power during this period, the team will be required to bring the plan back into compliance. If you have any concerns or specific questions regarding an IBA, please contact the assigned BES directly.

Targeted Case Manager Lines
When a Targeted Case Manager (TCM) change occurs, the incoming case manager is responsible for ending the previous manager's TCM line in the Electronic Medicaid Waiver System (EMWS) and initiating a new line for themselves. Additionally, a new, signed TCM Plan of Care must be uploaded to the document library. In order to ensure timely transitions, it is imperative that the case manager notify the assigned BES via email of the transition, rather than just uploading the transition documents to the document library. The BES does not receive a task in EMWS notifying them of the TCM change and will only be aware of the update if the case manager notifies them directly. If you experience any issues ending or initiating lines, please reach out to your assigned BES for assistance.

Appropriate Use of Respite Care
The HCBS Section would like to remind case managers of the guidelines regarding Respite care. Per the current Service Index, respite services are intended to be utilized on a short-term basis to provide relief to an unpaid caregiver from the daily burdens of care. Respite services may not be used for childcare while a caregiver works; Child Habilitation or another service should be used instead. Additionally, because respite care supports unpaid caregivers, it cannot be included on a Plan of Care if the parent is a paid service provider.

Benefits and Eligibility Specialists Caseloads
Please prepare for the reassignment of BES caseloads taking effect at the start of the new year. The Division will share further communication once the updated caseload list is posted to the HCBS website toward the end of 2026.

EVV Compliance
The Division is reminding providers of ongoing enforcement efforts regarding Electronic Visit Verification (EVV) compliance. Effective September 1, 2026, all providers required to use EVV must maintain a minimum monthly compliance rate of 75% to avoid enforcement action. Throughout the remainder of 2026, this minimum standard will gradually increase toward our final goal of 85%. Resources for EVV can be found on the HCBS Current Providers page under the EVV tab.

Case Manager Contact Information
The HCBS Section would like to remind case managers to verify that their organization's contact person, phone number, and email address are current in the Wyoming Health Provider (WHP) Portal. Invitations for upcoming WYSERVES training sessions will be sent using this information, and case managers are strongly encouraged to participate. Instructions on updating contact information can be found in the Provider Change Guidance Manual in the HCBS Document Library under the Web Portal Guides tab.

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.

This concludes the program updates and reminders for 2026. Our next DD Case Manager Support Call will resume in 2027.

QUESTIONS AND ANSWERS

Could you provide a sample CMMR example as to what the Division's expectations are before the next part of this training?

Response: The Division will be completing part two of the CMMR training at the beginning of 2027. The next training will include screenshot examples and details regarding the actual documentation expectations. At this time, we do not have a specific example of the CMMR to provide to case managers. If you have any questions regarding completing the CMMR prior to part two of the training series, please reach out to your assigned Benefits and Eligibility Specialist.

When there is a holiday that occurs within the previous month, does that allow case managers additional time to submit documentation? For example, since we just had Labor Day, would that mean that we have an additional day to submit documentation?

Response: That is correct. Submissions are due on the 10th business day of the month, however if a state-recognized holiday falls within that timeframe, the deadline is extended by one business day.

When will backup case managers have access to participant cases in an event when they need to immediately step in and assist? At this time they cannot access them on EMWS unless you are in the same company.

Response: To remain fully HIPAA compliant, backup case managers aren't permitted access to a case until they've been officially associated in EMWS by HCBS staff. This is one of the reasons quarterly check-ins between primary and backup case managers are required. These check-ins help to ensure seamless information sharing so the backup is already familiar with the participant's case if they need to step in.

If we have already obtained a National Provider Identifier (NPI) number, what specific steps do we need to take before the deadline?

Response: Once you have obtained your NPI, you must first verify that its type matches your Medicaid enrollment. You must have an Individual (Type 1) NPI if you are enrolled with Wyoming Medicaid as an individual provider, or an Organization (Type 2) NPI if enrolled as a facility or group. Next, log into the DyP provider portal to submit a Change of Circumstance (CoC) to add your NPI; you do not need to submit a change request in the Wyoming Health Provider (WHP) portal, as the HCBS Credentialing team will update WHP for you. Your CoC will be reviewed and approved by our team, at which point you will have met the NPI requirement of the CMS mandate.