As of September 23, 2014, public notice is hereby given that the Wyoming Department of Health (Department) is proposing two amendments to the Centers for Medicaid and Medicare Services (CMS), one for the Wyoming Medicaid Home and Community Based Services Comprehensive Waiver and one for the Supports Waiver. The amendments specifies changes to caps on Respite and Companion services, a change to Adult Day Services, a change to the High Level of Care Service of Community Integration, and changes to Appendix J to correct service unit types. For the Supports Waiver, eligibility is being extended to people with a qualifying acquired brain injury.

Here is a summary of the changes in the amendments:

- In the Comprehensive waiver, the Respite unit cap will change from 1664 to 5000 units per plan year.
- In the Comprehensive waiver, the Companion service unit cap for people, who are in residential services and do not want to attend a day service program but still require supervision in the home, will change from 1664 to a max of 35 hours of combined day services a week, which may include Adult Day Services, Community Integration, or Prevocational services.
- For both waivers, the highest rate for Community Integration service called “high level of care” will be available to participants, who want help building meaningful relationships and social connections in the community with a more individualized approach from the provider. A participant with any level of service need score may add the high level of care rate to the plan of care for individual services or services with up to one other waiver participant where the entire time is spent solely in the community and not in a facility.
- For both waivers, Adult Day Services will allow the service to be provided in the participant’s home if the team decides the home is a more appropriate place to receive the service and the approved plan of care supports the medical, behavioral, or other reason for the service to be provided in the person’s home.
- In both waivers, the Case Management 15 minute rate will be explained in the service definition and limitations and listed separately in Appendix J. Provider Qualifications will include the qualifications posted in the Conflict Free Case Management model that has been on our website since April 2014. Appendix D will explain the conflict free requirement for plan of care development.
- Services listed in Appendix J of the waiver application will be corrected by separating out service tiers separately and showing each unit type and rate available for a service.
- The Supports Waiver will add the criteria for an Acquired Brain Injury (ABI) to the eligibility section which is the same eligibility criteria in the current ABI waiver.
- The Supports Waiver will also correct the wait list process in “the Selection of Entrants to the Waiver” to coincide with the public input received on the “first come, first serve” plan that was discussed during the 2013 public forums and comment period. The old policy was incorrectly listed in the waiver application. Therefore, persons on the waiting list for the Supports waiver, which will include people on the former Adult Developmental Disabilities (DD), Child DD and Acquired Brain Injury waivers will be funded on a first come first serve basis, which means the person who is determined eligible that has spent the most time on the wait list for services will be funded first as funding becomes available.

The amendments are in draft on the Department’s website (http://health.wyo.gov/ddd/index.html)
and will be submitted to CMS after the 30 day Public Comment period and after the input has been received on the state's five-year transition plan for home and community based settings. Public comment on these amendments will close on November 3, 2014. Comments can be sent via email to bhdmail@wyo.gov or calling 307-777-6494.

Written comments may be sent to:
Wyoming Department of Health – Behavioral Health Division
Attention: Jamie Staunton
6101 Yellowstone Road Suite 220
Cheyenne, Wyoming 82009

The Case Manager may not provide any other waiver service to a participant in which he/she provides case management. The case manager must be conflict free. If the case manager is the only provider available to provide other services to a participant, then the Division will review the situation and seek approval for the exception. A third party monitor will be used to ensure there is an avenue for advocacy and conflict management.

The provider manual, Wyoming Medicaid Rules, Chapter 45, and the Division rules for case management also require the case manager to review choice, plan for services, risks, and one's goals without any undue influence from other providers or parties. The case manager is required to fully disclose any conflicts to the participant and who they can contact if there is a concern, including the process for filing a grievance or complaint with the state in order to get BHD involvement in the case.