

Third Party Liability Form



Behavioral
Health
Division

Purpose for Completing Form

By federal law (42 CFR §433 Subpart D, §433.138, and 433.139), third parties who are liable for payment of services must be identified. The Medicaid waiver is considered a payer of last resort. If another insurer or program has the responsibility to pay for costs incurred by a Medicaid eligible individual, that entity is generally required to pay all or part of the cost prior to the Medicaid Waiver making any payment. The services listed below may be available through the Rehabilitation Act of 1973 (Department of Workforce Services or Division of Vocational Rehabilitation (DVR), Public Law 94-142 (Department of Education), Medicaid, Medicare, state and federal grants, private insurers, or other available programs. If the service is available to the participant, it must be accessed prior to requesting and using waiver funding.

Participant Information and Services

1. Complete the information on the possible third party payer and the participant's full legal name.

Agency completing form:	Click here to enter text.	Person contacted from Agency:	Click here to enter text.	Participant Full Legal Name:	Click here to enter text.
-------------------------	---	-------------------------------	---	------------------------------	---

2. Check the box for the waiver service(s) requested that is available through another resource for which the person is ineligible or otherwise unable to access (i.e. benefit is exhausted, cap limit exceeded, agency denial, budgetary issues, not deemed necessary, etc.).

<input type="checkbox"/>	DVR or Workforce Services	<input type="checkbox"/>	Education Services	<input type="checkbox"/>	Medicaid State Plan <i>(provided by an enrolled provider)</i>	<input type="checkbox"/>	Other Insurance or Resource
<input type="checkbox"/>	Specialized Equipment for a Job	<input type="checkbox"/>	Specialized Equipment	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	<i>Specify service:</i> Click here to enter text.
<input type="checkbox"/>	Job Development	<input type="checkbox"/>	Job Development	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	<i>Specify service:</i> Click here to enter text.
<input type="checkbox"/>	Emp. Discovery and Customization	<input type="checkbox"/>	Employment Discovery	<input type="checkbox"/>	Dietician Services provided under the direct supervision of a physician or hospital provider	<input type="checkbox"/>	<i>Specify service:</i> Click here to enter text.
<input type="checkbox"/>	Supported Employment/Job Coaching	<input type="checkbox"/>	Supported Employment	<input type="checkbox"/>	Speech Therapy	<input type="checkbox"/>	<i>Specify service:</i> Click here to enter text.
<input type="checkbox"/>	Work Incentive Act (WIA)	<input type="checkbox"/>	<i>Other service:</i> Click here to enter text.	<input type="checkbox"/>	Skilled Nursing services provided by a licensed home health agency	<input type="checkbox"/>	<i>Specify service:</i> Click here to enter text.
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<i>Other service:</i> Click here to enter text.	<input type="checkbox"/>	Durable Medical Equipment listed in the DME manual and provided by a DME provider		

2. **To be completed by a representative(s) from the agency listed in #1.**

Please indicate reason(s) the participant is not eligible or able to access the above checked service(s):
[Click here to enter text.](#)

3. By signing below, you certify that you have researched the above participant's eligibility for services with your agency and have found them not to be eligible for any of your services.

_____ Date

Agency Representative Signature

Provide additional information on the back of this form to explain why a service being requested is not available to the waiver participant.

Additional Information

Please indicate additional reason(s) the participant is not eligible or able to access the above checked service(s):

[Click here to enter text.](#)

More information on other services available prior to the use of waiver services

Services available through Third Party Payers may require the participant to receive services from a different provider than they are used to seeing. In order to comply with the third party payer requirement, services needed by a participant MUST be paid by the other resources available to the extent for which the other party is required to provide it and the participant is eligible. Waiver participants, depending on their age and participation in other programs may be available through the Rehabilitation Act of 1973 (Department of Workforce Services or Division of Vocational Rehabilitation (DVR), Public Law 94-142 (Department of Education), Medicaid, Medicare, state and federal grants, private insurers, or other available programs. Here are some clarifications to other services available:

Therapies

- Wyoming Medicaid will pay for 20 visits each for physical, occupational, and speech therapy per calendar year for clients 21 and over if the services are a medical necessity and ordered by a physician.
- There are no limits on the number of therapy visits for Medicaid clients under 21 as long as they are medically necessary. Clients under 21 are also eligible for maintenance and restorative therapies.

Dietician

- Dietician services are available on the Medicaid State Plan when provided under the direct supervision of a physician or hospital provider.

Skilled Nursing

- Skilled Nursing services are available to waiver participants through the Medicaid State Plan, but the person has to meet the medical necessity for the service which is ordered by a physician. The skilled nursing services from the Medicaid State Plan require the service to be provided by a licensed home health agency. Waiver Skilled Nursing services may be used when:
 - The state plan services have been exhausted,
 - Are not available in the person's area,
 - Not available due to services denied by the home health provider, or
 - The hours of need for the service are not available by the home health provider.

Durable Medical Equipment

- Durable Medical Equipment is available on the Medicaid State Plan if it has a verbal or written order from a Physician, Physician Assistant, or Nurse Practitioner and is medically necessary.
- The supplies and equipment must be reasonable and necessary for the treatment of illness or injury, be the most cost-effective supply or equipment necessary to meet the patient's medical needs, enable clients to cost effectively remain outside institutional settings by promoting, maintaining, or restoring health; or restore clients to their functional level by minimizing the effects of illness or disabling condition.
- The Medical Supplies and Equipment List included in the DME manual contain specific information indicating what items are and are not covered by Medicaid. Here is the link to DME Manual: http://wyequalitycare.acs-inc.com/manuals/DME_Covered_Services.pdf
- Some past specialized equipment items purchased through the waiver may have been available through durable medical equipment on the state plan. The Medicaid State plan service must be accessed prior to being approved as a waiver purchase.

Vocational Rehabilitation (VR) or Education Services

- Services or equipment needed for Vocational or Educational reasons are the responsibility of those agencies.
- The services must be a part of the Employment Plan for VR or a part of the Individual Education Plan (IEP) for the school services, but the services and items may be available and deemed necessary by those agencies.
- Waiver funds must not be claimed for incentive payments, subsidies, or unrelated vocational training expenses. The waiver WILL NOT pay for services that are available under a program funded by either the Rehabilitation Act of 1973, P.L. 94-142, or 42 CFR §433 Subpart D, Third Party Liability.