

State of Wyoming



Acquired Brain Injury Home and Community Based Waiver Program

An Application Resource Guide to help individuals with Developmental Disabilities access Acquired Brain Injury Waiver Services

Department of Health



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This is a guideline to help individuals apply for Acquired Brain Injury Waiver services.

Published by the Developmental Disabilities Division
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Additional information and copies may be obtained from:

Developmental Disabilities Division
186E Qwest building
6101 Yellowstone Road
Cheyenne, WY 82002

Phone: 307-777-7115 or
1-800-510-0280
Fax: 307-777-6047

This document is available in alternative formats upon request.

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Application Checklist

Date Received or Completed:

1. Area Resource Specialist (ARS) is contacted by person /guardian, advocate or other agency representative requesting the waiver services. _____
2. Area Resource Specialist meets with person/guardian requesting waiver services. _____
3. Person/guardian requesting waiver services completes application and sends to Developmental Disabilities Division (DDD). (If this has not already been done.) _____
4. Person/guardian requesting waiver services is given the Individual Selected Service Coordinator (ISC) selection form and choice list by the Area Resource Specialist. _____
5. Person/guardian requesting waiver services interviews Individually Selected Service Coordinators. The Area Resource Specialist can help with this process. _____
6. The ISC selection form is completed by the Individual Selected Service Coordinator and the applicant and/or the legal entity and then sent to the local Area Resource Specialist. _____
7. The ISC assists applicant or guardian to gather medical documentation of the brain injury. The ISC then sends the documentation to Developmental Disabilities Division. _____
8. After the ISC receives notification the applicant meets the medical definition, the ISC will help you make an appointment for the neuropsychological evaluation.
Date of appointment: _____
Name of licensed neuropsychologist: _____
8. When the neuropsychological evaluation is completed, the Individually Selected Service Coordinators ISC completes the Inventory of Client and Agency Planning (ICAP) checklist and submits it and the neuropsychological evaluation to the Developmental Disabilities Division. _____
9. The ICAP is completed through Developmental Disabilities Division. _____
10. Developmental Disabilities Division reviews for clinical eligibility. You will receive one of three letters: eligible, denial or waiting list. The Individually Selected Service Coordinator will receive a copy of this letter. _____
11. If a funding letter has been received, the Individually Selected Service Coordinator works with the family/applicant to make an appointment with Department of Family Services for financial eligibility. A copy of the Funding letter and a copy of the LTABI-105 must be submitted to the Department of Family Services during this appointment. The plan of care cannot be approved until the Department of Family Services has determined financial eligibility. _____
12. Interview potential providers for availability and compatibility. _____
13. The Individually Selected Service Coordinator will schedule a team meeting with the Area Resource Specialist, providers, family and anyone else you would like to invite, to develop the Individual Plan of Care. _____
14. Start date of services. _____

DDD Acquired Brain Injury (ABI) Waiver Application Process

Area Resource Specialist (ARS) is contacted by person /guardian, advocate or other agency representative requesting the waiver services

ARS meets with person/guardian requesting waiver services, reviews the application book and process, answers questions, fills out waiver application, then offers a list of Individually-Selected Service Coordinators (ISC) from which to choose

ARS submits the completed waiver application to the ABI Waiver Manager

ABI Waiver Manager sends a confirmation letter to the applicant and reminds them to choose an ISC from the provider list to continue the eligibility process

ISC Selection form is completed by the applicant and the chosen ISC, then submitted to the ARS

ISC assists applicant or guardian to gather medical documentation of brain injury

Medical documentation is sent to ABI Waiver Manager at DDD

Medical information is reviewed by Physician and Nurse (additional information may be required)

Applicant meets medical definition of acquired brain injury per waiver definition; ISC is notified to schedule neuropsychological evaluation

The applicant **does not** meet the medical definition of acquired brain injury and **is not** eligible for the waiver

When neuropsychological evaluation is completed, ISC submits it and the Inventory for Client and Agency Planning (ICAP) checklist to DDD

DDD has the ICAP completed

ICAP scores indicate the applicant **does not** meet clinical eligibility

DDD notifies applicant or guardian and ISC of successful clinical eligibility

DDD notifies the applicant he/she has been placed on the waiting list

DDD notifies applicant or guardian and the ISC of **denial of eligibility** by certified letter

Applicant is sent notification of funding opportunity available on the waiver, then ISC and applicant contact DFS for financial eligibility and submit the LT-ABI-105

If financially eligible, a plan of care is submitted by the ISC and approved by DDD

Introduction

(The underlined words can be found in the glossary at the end of this book)

- **What is the Acquired Brain Injury Waiver?**

Waivers are programs that waive certain restrictions of the Wyoming State Medicaid Plan to allow the state to fund services in a person's local community. The goals of these services are to support you in your own community and to avoid the need for residential institutional care.

- **Where can I find information and forms required for applying for the Acquired Brain Injury Waiver?**

Division Contact Information

Counties Served	Contact Information
Star Valley Area, Uinta	307-789-0618
Lincoln – Kemmerer, Sweetwater, Sublette	307-789-0615
Fremont, Teton	307-856-4648
Campbell, Crook, Sheridan, Johnson	307-684-7632
Converse, Natrona,	307-234-6439
Weston, Niobrara, Carbon, Albany, Platte, Goshen	307-322-3528
Laramie	307-777-3529
Big Horn, Hot Springs, Park, Washakie	307-527-4181
<u>Statewide Contacts:</u>	
Deputy Administrator/Program Integrity Manager	307-777-8763
Adult Waiver Manager	307-777-5660
Children/ABI Manager	307-777-3321
Area Resource Specialist Manager	307-777-6775
OR	
307-777-7115 or 1-800-510-0280	

**APPLICATION FOR SERVICES:
INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES
OR ACQUIRED BRAIN INJURY**

Date: _____

(Please check)

_____ Developmental Disabilities Adult Waiver
_____ Developmental Disabilities Child Waiver
_____ Acquired Brain Injury Adult Waiver

To: Division Personnel

Please consider this letter as a request to access services for approved services from the Developmental Disabilities Division, for an individual with the diagnosis of mental retardation, an acquired brain injury or a related condition.

Name of Person Needing Services: _____

SSN: _____ - _____ - _____ DOB: _____ / _____ / _____ Phone: _____

Physical Address: _____ Mailing Address: _____

City State Zip City State Zip

Emergency contact:

Name: _____ Address: _____
Phone: _____

In which town do you want to receive services? _____

Are you currently using Developmental Disabilities Child Waiver services? YES NO

Is this person currently in any type of inpatient facility, i.e. the Wyoming State Hospital, the Wyoming State Training School, the Wyoming Behavioral Institute, a hospital, a nursing home, incarcerated, BOCES, etc.? YES NO

Facility Name: _____ Contact Person at Facility: _____

Phone Number of Contact: _____ Anticipated Exit Date: _____

Please fill out the following section if the person above is under 18 years of age or the person above has a legal, court-appointed guardian (full or limited).

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Is this person a legal court-appointed guardian (full or limited)? YES NO

(If yes, enclose a copy of the guardianship papers with this request.)

The signature of the person needing services is required. The parent may sign if the person is under 18 years of age or the legal guardian may sign, if one has been court appointed.

Signature: _____

For DD Waivers and ABI Waiver, please mail this form to:

Area Resource Specialist label

For questions about the DD Waivers and ABI Waiver, or local ARS phone number please call: 307-777-7115
or 800-510-0280

(Revised: 11/01/2003, 11/17/05, 02/06, 05/06, 09/07)

What happens after I send the application into Developmental Disabilities Division?

You will receive an Application Acknowledgement letter from the Developmental Disabilities Division.

- **What is clinical eligibility?**

To meet clinical eligibility you must meet the following:

1. Be a United States Citizen and Wyoming resident
2. Be between the ages of 21-64
3. Have an Acquired Brain Injury
 - Any combination of focal and diffuse central nervous system dysfunction. Both immediate and/or delayed, at the brain stem level and above.
 - These dysfunctions are acquired through the interaction of any external forces and the body, oxygen deprivation, infection, toxicity, surgery and vascular disorders not associated with aging.
 - It is an injury to the brain that has occurred since birth.
 - It may have been caused by an external physical force or by a metabolic disorder(s).
 - The term acquired brain injury includes traumatic brain injuries such as open or closed head injuries and nontraumatic brain injuries such as those caused by strokes, tumors, infectious diseases (e.g. encephalitis or meningitis), hypoxic injuries (e.g. asphyxiation, near drowning, anesthetic incidents, or severe blood loss), metabolic disorders (e.g. insulin shock or liver or kidney disease), and toxic products taken into the body through inhalation or ingestion.
 - The term does not include brain injuries that are congenital or brain injuries induced by birth trauma.
 - These dysfunctions are not developmental or degenerative.
 - A medical team will review the medical documentation i.e. medical discharge summary, neurological report, etc, from the time of the injury/incident, to determine if medical documentation meets the requirements of the a Acquired Brain Injury Waiver.
4. Have acceptable scores on any of the following tests from the neuropsychological and other evaluations
 - Mayo Portland Adaptability Inventory (MPAI) score of 42 or more
 - California Verbal Learning Test II, Trials 1-5, T Score or 40 or less
 - Supervision Rating Scale of 4 or more Inventory for Client and Agency Planning (ICAP) Service Score of 70 or less

Choosing an Individually Selected-Service Coordinator (ISC) for Case Management Services

Do you have to choose a provider?

Yes! But you have the right to choose (informed choice) among any enrolled provider available on the Acquired Brain Injury Waiver program. It is your responsibility to set up interviews and select providers.

- **How do you choose?**

Your Area Resource Specialist (ARS) will give you a list of Individually Selected-Service Coordinator (ISC) certified providers that work in your area. The Individually Selected-Service Coordinator (ISC) is the first provider you will choose.

The Individually Selected-Service Coordinator (ISC) will help you with the application process by initiating the psychological evaluation and the Inventory for Client and Agency Planning (ICAP) Checklist. If you are eligible for waiver services, the Individually Selected-Service Coordinator (ISC) is responsible for the plan of care, home visits, scheduling meetings, completing paperwork that is both accurate and timely and monitoring services. The Individually Selected-Service Coordinator (ISC) is required to visit your home at least once a month. It is important you choose an Individually Selected-Service Coordinator (ISC) that will meet your needs.

- When you interview a potential Individually Selected-Service Coordinator (ISC), here are some questions you may want to ask:

Do you have any openings?

How large is your caseload?

Will you be able to meet me at times that are convenient to me?

Do you have specific office hours?

Is the person professional?

Does the person communicate well?

Does the person understand my needs?

Is the person willing to listen to me?

Date	ISC contacted	Notes

- **Case Management is a stand alone service. A participant [or guardian, if applicable] may choose any case manager and cannot be expected or required to receive any other service from that provider.**

- **How often can you change providers?**

You can change your Case management provider, ISC, when scheduling your 6 month or annual IPC meeting.

For a more complete description of the procedure please contact your local Area Resource Specialist. [refer to page 6]

If you would like to change other services, contact and work with your ISC and he/she will help you.

ASSESSMENTS FOR CLINICAL ELIGIBILITY

The Individually Selected-Service Coordinator (ISC) that you chose will help you set up appointments and get the required information.

The medical team completes a review of medical records from the time of injury/incident.

A neuropsychological evaluation can only be scheduled after the Individually Selected-Service Coordinator (ISC) is notified that the applicant meets the medical definition of Acquired Brain Injury. The neuropsychological evaluation includes a specific battery of tests, which will help determine clinical eligibility.

The Inventory for Client and Agency Planning (ICAP) is an assessment that is also required when applying for the Adult or Child Waiver. The Inventory for Client and Agency Planning (ICAP) is a 16-page booklet that assesses adaptive (things you do well) and maladaptive (inadequate) behaviors. It also gathers additional information to determine the type and amount of special assistance that you may need. The Inventory for Client and Agency Planning (ICAP) assessment includes an interview process that will include people who know you well. The Individually Selected Service Coordinator (ISC) is responsible for identifying who will do the interviews. It is important that you inform the Individually Selected Service Coordinator (ISC) of whom you would like to participate in the interviews.

These assessments are also used to calculate an applicant's Individually Budgeted Amount (IBA).

- **What happens if I am eligible for services?**

1. You will receive a letter from Developmental Disabilities Division stating you are clinically eligible for services. The Individually Budgeted Amount (IBA) will be included in the funding letter. The Developmental Disabilities Division does not determine financial eligibility; the Department of Family Services determines this.

2. Your Individually Selected Service Coordinator (ISC) will work with you or your family to make an appointment with the Department of Family Services (DFS) for financial eligibility. A copy of the waiver application and a copy of the LTABI-105 must be submitted to Department Family Service during this appointment. Financial eligibility reviews occur each year in July. Please call your local Department of Family Services to schedule this review. The staff of the Department of Family Services will discuss eligibility before an individual begins the eligibility process if desired. However, they cannot complete a formal resource assessment until the individual has met clinical eligibility and has been notified by the Developmental Disabilities Division that a funding opportunity is available.

3. You cannot receive services until you meet both clinical and financial eligibility.

- **What happens if I meet both clinical and financial eligibility?**

1. Interview potential providers for availability and compatibility (a list of providers will be given to you by your Individually Selected Service Coordinator to choose from).

2. A team meeting will be scheduled to develop your plan of care.

- **What happens if I am not eligible for services?**

1. If it appears the applicant is ineligible, the Individually Selected Service Coordinator (ISC) will still send the neuropsychological evaluation in to Developmental Disabilities Division.
2. Developmental Disabilities Division will make the final determination of whether or not an applicant is clinically eligible. Developmental Disabilities Division is the only entity that can determine clinical eligibility.
3. Developmental Disabilities Division will notify you in writing if you do not meet eligibility. A copy will be sent to the Individually Selected Service Coordinator (ISC) and the legal entity.

- **What services are available?**

DESCRIPTIONS OF ACQUIRED BRAIN INJURY WAIVER SERVICES

CASE MANAGEMENT (ISC): Services to assist the individual in gaining access to needed services through the waiver and other funding sources. The case manager is responsible for arranging assessments, writing the Individual Plan of Care, and monitoring the implementation of that plan. A case manager must visit an individual in their home at least once a month.

COGNITIVE RETRAINING SERVICES: Training for individuals or family members that will assist with the compensation or restoration of cognitive functions.

INITIAL and SUBSEQUENT ASSESSMENTS: Initial assessments will include a neuropsychological evaluation by a licensed psychologist with at least one year post doctoral work in acquired brain injury. This assessment will include a standard battery of tests. The Inventory for Client and Agency Planning (ICAP) will also be scheduled. Other assessments will be completed as needed.

RESIDENTIAL HABILITATION: Assistance with acquisition, retention, or improvement in skills related to activities of daily living such as personal grooming and cleanliness, bed making, household chores, and mealtime. This does not include room and board. This service can be provided in a variety of home settings such as apartments, group homes, and condominiums.

IN HOME SUPPORT: Provision of habilitation services to individuals who reside with their family or independently. Individuals receive training in techniques to address functional deficits in self-help, daily living skills, mobility, learning communication, self-sufficiency, survival skills, and reduction of maladaptive behavior, community access, and other necessary skills.

DAY HABILITATION: Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting.

PREVOCATIONAL SERVICES: Preparation for an individual for paid or unpaid employment, but are not job-task related. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety.

SUPPORTED EMPLOYMENT SERVICES: Intensive ongoing support to assist an individual to perform in a work setting.

PERSONAL CARE: Assistance with eating, bathing, dressing, personal hygiene and activities of daily living.

RESPIRE CARE: Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. ***Respite services shall be limited to 7280 units per year (an average of 35 hours a week) per recipient unless otherwise pre-approved by the Division.***

SPECIALIZED MEDICAL EQUIPEMENT AND SUPPLIES: These are devices, controls, or appliances to increase abilities in activities of daily living, to control or communicate with the environment.

ENVIRONMENTAL MODIFICATION: Physical adaptations to the home that are necessary to ensure the health, welfare, and safety of the individual or which enable the individual to function with greater independence in the home.

PHYSICAL THERAPY SERVICES: Services ordered by an attending physician for specific physical therapy treatments and care.

OCCUPATIONAL THERAPY SERVICES: Services such as increasing independence in daily living, sensory skills, gross and fine motor function, and evaluation of adaptive equipment.

SPEECH and LANGUAGE SERVICES: Screening and evaluation of individuals in regard to speech function and the provision of ongoing therapy.

DIETITIAN SERVICES: Services provided by a registered dietician including menu planning, consultation with and training for care givers, and education for individuals

SKILLED NURSING: Services that have been ordered by an attending physician for specific skilled nursing treatments and care.

ROLES AND RESPONSIBILITIES

Below is a summary of the roles and responsibilities for guardians, participants, case managers, and providers. A participant, guardian and provider should review these responsibilities carefully. If there are any questions about them, the local Area Resource Specialist can be contacted.

Participants/Guardian Responsibilities

- Assist in providing evidence of the need for services and supports
- Assist in collecting necessary data and documentation, including school records, medical records, and social security information
- Assure that all providers are given necessary medical information, emergency information, contact information, and training
- Choose among providers and services and to have choices respected
- Participate in the program planning process, including participating in the development and review of the plan of care. **This includes cooperating with the case manager to schedule IPC meetings at least 30 days in advance of the meeting date.**
- Each year, make an appointment with the Department of Family Services to do the annual eligibility review
- Learn about rights and restrictions and be an active participant in any discussion about possible rights restrictions
- Abide by all rules, laws, and expectations of the community
- Take care of personal property and protect it from theft or loss
- Ask any questions about direct responsibilities if information or directions are not understood
- **Be available (with the participant at home) for the monthly home visits required by the case manager, canceling in an appropriate amount of time so as not to disrupt service.**
- Inform the case manager and/or providers of any concerns or questions, and to give them an opportunity to address any concerns or questions
- Inform case manager of any requested changes in services and follow the Division's transition procedures when changing service providers or moving to another location in the state. This includes scheduling the transition meeting two weeks in advance and allowing one week for the modification to be approved before the services are actually changed or the move takes place
- A guardian of a participant, will provide information to the courts at least twice a year or as required by the courts
- When applicable to review and verify documentation of services provided
- Review the plan of care and make sure it reflects the services and supports that are required and agreed upon
- Notify the Division of changes in residence, phone, guardianship, custody, etc
- Provide the case manager or providers with information in a timely manner on incidents, medication concerns, behavioral concerns, and other important information

Case Manager Responsibilities

- Assist the team in determining which services are priorities
- Support choices and preferences unless doing so is illegal or clearly not in the best interests of the participant
- Provide the participant/guardian with informed choice regarding current service providers, including other case managers
- Assist the team in developing the individualized plan of care that includes the needs, interests and goals of the participant
- Review the plan of care with the participant and team in a manner that is easy to understand
- Assist in developing a personalized schedule for the participant
- Give copies of the individual plan of care to providers in accordance with applicable privacy and confidentiality law and regulation
- Monitor services and billings by providers on the plan of care
- Be available to and at the times and places that are convenient for the participant, and to provide emergency contact information
- Complete a home visit each month, which is required to bill for case management services. The participant must be in the home at the time of the visit.
- Visit other service settings periodically to monitor the services on the plan of care
- Provide the Division and other agencies or providers with information in a timely manner on incidents, medication concerns, behavioral concerns and other important information
- Responsible for knowing and sharing current participant specific information; i.e. change in medications, behavioral changes, etc.
- Responsible for knowing current Division updates and training

Provider Responsibilities

- Participate in team meetings and provide pertinent information that allows the team to make the right decisions about services and supports
- Follow the individual plan of care and notify the case manager when there are questions or concerns with the plan
- Provide the participant/guardian and the case manager with information in a timely manner on incidents, medication concerns, behavioral concerns, billing documentation, and other important information
- Use the team process to determine if changes need to be made to services on the plan of care, including changes to medications, behavior plans, meal time plans or any other significant changes that impact the services on the plan of care
- Follow the Division's transition procedure to facilitate transitions prior to accepting participants into services or agreeing to serve them.
- Respect the participant's rights and assure that all staff understand and respect the rights of the participant
- Notify the Division of any changes in address, phone or email immediately to alleviate any chance of deactivation or disruption of payment
- **Do not provide services until a copy of the pre-approval for the plan of care which includes all appropriate signatures is received**
- A copy of monthly documentation must be sent to the appropriate case manager by the 10th business day of the calendar month
- Keep accurate records of units, including the number of units used in the plan of care, and notify the case manager if unit usage is changing
- Responsible for knowing current Division updates and training

GLOSSARY

Acquired Brain Injury (ABI): An injury to the brain that occurs after birth. (Refer to the Wyoming ABI waiver definition under clinical eligibility on page 8).

Area Resource Specialist (ARS): These specialists are geographically located throughout the State of Wyoming to provide local contact and support to families and person with developmental disabilities in Wyoming communities.

Congenital: Existing at or before birth.

Department of Family Services: This state agency processes the financial eligibility when you are applying for Developmental Disabilities waiver programs.

Eligible: A person is qualified to gain Home and Community Based Waiver Services.

Individually Budgeted Amount: The Developmental Disabilities Division's distribution of funding that may be available to a participant to meet his/her needs.

Individual Plan of Care (IPC): A written plan of care for a participant that describes the type and frequency of services to be provided to the participant regardless of the funding source and that identifies the provider or provider types that furnishes the described services.

Individual Plan of Care (IPC) Team: A group of persons, selected by the participant, who is knowledgeable about the person and qualified, collectively, to assist in developing an individual plan of care for that person. Membership of the team shall include the participant, the guardian if applicable, the individually-selected service coordinator, providers on the person's individual plan of care, an advocate if applicable and any other person chosen by the participant.

Individually Selected-Service coordinator (ISC): Individually Selected Service Coordination means a service which helps an eligible person with a developmental disability to identify, select, obtain, coordinate and use both paid services and natural supports which enhance independence, productivity and integration consistent with her or his capacity and preferences.

Inventory for Client and Agency Planning (ICAP): One instrument used by the Developmental Disabilities Division to help determine eligibility and to determine the needs of the participant, available from Riverside Publishing.

Neuropsychological Evaluation: A process that evaluates the mental capabilities of a person.

Related Condition: A condition that results in a severe, chronic disability affecting an individual which manifests itself before he or she reaches age twenty-two and that is attributable to cerebral palsy, seizure disorder, or any condition other than mental illness that is closely related to mental retardation and that requires similar services, as determined by a licensed psychologist or physician.

Services: Medical, habilitation or other services, equipment, or supplies, appropriate to meet the needs of a participant.

Waiting List: A list of persons who are eligible for covered services and who have submitted a completed application, but the services are unavailable because of limits imposed by funding or the waiver.

Waive: To allow services.

Resources

Brain Injury Association of Wyoming
111 West 2nd Street, Suite 106
Casper, WY 82601
1-800-643-3457

WIND Family Support Network (WFSN)
Phone: (800) 567-9376 or (307) 632-0839
Fax: (307) 632-0838
Website: <http://wind.uwyo.edu/wfsn/>
Email: carlawfsn@aol.com

The Assistive Technology Resource Center
Phone: (800) 861-4312 or (307) 766-2084
Fax: (307) 721-2084

Governor's Planning Council on Developmental Disabilities
Phone: (800) 438-5191 or (307) 777-7230
Fax: (307) 777-5960
Website: <http://ddcouncil.state.wy.us>

Protection and Advocacy Systems, Inc. (P&A)
Phone: (307) 632-3496
1-800-624-6748
Website: <http://wypanda.vcn.com>

Wyoming Guardianship Corporation (WGC)
Phone: (307) 635-8422
Fax: (307) 635-0776
Representative Payee: (307) 638-7097

Social Security Administration (SSA)
5353 Yellowstone Road, Room 210
Cheyenne, WY 82009
Phone: (307) 772-2135 Voice
Phone: (307) 772-1213 National

Vocational Rehabilitation Division (DVR)
122 West 25th Street
Herschler Building, First Floor East
Cheyenne, WY 82002
Phone: (307) 777-7386
Fax: (307) 777-5939

Wyoming Services for Independent Living (WSIL)
190 Custer Street
Lander, WY 82520
Phone: (307) 332-4889 or (800) 266-3061
Fax: (307) 332-2491

Wyoming Independent Living Rehabilitation, Inc. (WILR)
305 West 1st Street
Casper, WY 82601
Voice/TDD: (307) 266-6956 or (800) 735-8322
Fax: (307) 266-6957

Wyoming Independent Living Rehabilitation, Inc. (WILR)
1616 E 11th Street
Cheyenne, WY 82009
(307) 637-5127

Visually Impaired Program (VIP)
Hathaway Building; Room 129
Cheyenne, WY 82002
Phone: (307) 777-6257
Email: golson@educ.state.wy.us

Department of Health, Substance Abuse Division
6101 Yellowstone Road; Suite 220
Cheyenne, WY 82002
Phone: (307) 777-6494 or (800) 535-4006
Fax: (307) 777-7006
Website: <http://wdh.state.wy.us>

Department of Health, Aging Division
6101 Yellowstone Road; Suite 259 B North Building
Cheyenne, WY 82002
Phone: (307) 777-7995
Fax: (307) 777-5340
Website: <http://wdh.state.wy.us>

Department of Health, Mental Health Division
6101 Yellowstone Road; Suite 220
Cheyenne, WY 82002
Phone: (307) 777-7094
Fax: (307) 777-5580
Website: <http://wdh.state.wy.us>

Veterans Affairs Commission
5905 CY Avenue
Casper, WY 82604
Phone: (307) 265-7372 or (800) 833-5987
Fax: (307) 265-7392
National website: <http://www.va.gov>

Shoshone & Arapaho Social Service
Wind River Indian Agency
Fort Washakie, WY 82514
Phone: (307) 332-4586

NOTES