

State of Wyoming



Child
Home and Community Based
Waiver Program

An Application Resource Guide to help individuals with
Developmental Disabilities access Child Waiver Services

Department of Health



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This is a guideline to help individuals apply for Child Waiver services.

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Additional information and copies may be obtained from:

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Cheyenne, WY 82002

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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 Individually 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 Individually Selected-Service Coordinator and the applicant and/or the legal entity and then sent to the local Area Resource Specialist. _____
7. Work with the Individually Selected-Service Coordinator to make an appointment for the psychological evaluation.
Date of appointment: _____
Name of licensed psychologist: _____
8. The psychological evaluation is completed. A licensed doctor of psychology must complete the psychological evaluation for this waiver application. _____
9. When the psychological evaluation is completed, the Individually Selected-Service Coordinator (ISC) completes the Inventory of Client and Agency Planning (ICAP) checklist and submits it and the psychological evaluation to the Developmental Disabilities Division. _____
10. The ICAP is completed through Developmental Disabilities Division if the psychological evaluation indicates a diagnosis of mental retardation or a developmental disability. _____
11. 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. _____
12. If a funding letter has been received, the Individually Selected Service Coordinator (ISC) 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 LTMR-104 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. _____
13. Interview potential providers for availability and compatibility. _____
14. The Individually Selected Service Coordinator (ISC) 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. _____
15. Start date of services. _____

Developmental Disabilities Child 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 appropriate Waiver Manager

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 schedules and obtains psychological evaluation

ISC submits psychological evaluation (and medical records if a related condition) to DDD

Psychological evaluation indicates a diagnosis of mental retardation or a DD related condition, then ISC submits the Inventory for Client and Agency Planning (ICAP) checklist to DDD

Psychological evaluation **does not** indicate diagnosis of mental retardation or a DD related condition

DDD has the ICAP completed

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

DDD notifies the applicant and the ISC of successful clinical eligibility

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

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

Applicant is sent notification of funding opportunity available on waiver, then ISC and applicant contact DFS for financial eligibility and submit LT-MR-104

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 Developmental Disabilities Child 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 Developmental Disabilities Child 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
Statewide Contacts	
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	

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 be clinically eligible for the Child Waiver you must meet the following:

You must:

1. Be a United States Citizen or Department of Family Services approval for citizenship
2. Be a resident of Wyoming
3. Be under 21 years of age
4. Have a diagnosis of mental retardation as determined by a licensed psychologist
or
Have a related condition as determined by a physician and functional Limitations verified by a psychologist; and
5. Have an Inventory of Client and Agency Planning (ICAP) of an age adjusted service score equal to or less than 70;
6. An adaptive behavior quotient of .50 or below for children birth through age 5;
or
7. An adaptive behavior quotient of .70 or below for individuals age 6 through age 20.

What is a related condition?

A related condition is one 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, autism, 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.

Choosing a 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 Child 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

A psychological evaluation is required when applying for the Child Waiver. This evaluation is done to obtain a diagnosis, which is needed for eligibility. A licensed psychologist of your choice will administer a series of tests to determine this score. The Individually Selected-Service Coordinator (ISC) that you chose at the beginning of the application process will help you set up an appointment.

The Inventory for Client and Agency Planning (ICAP) is an assessment that is also required when applying for the 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 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 two 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 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 LTMR-104 must be submitted to Department of Family Services 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 am both clinically and financially eligible for services?**

1. Interview potential providers for availability and compatibility (a list of providers will be give to you by your Individual 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 ISC will still send the psychological 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 ISC and the legal entity.

- **What happens if I am turning 21?**

Six months before you turn 21 you will call your local Area Resource Specialist and they will help you apply for the Adult or ABI Waiver program.

- **What services are available?**

DESCRIPTIONS OF CHILD WAIVER SERVICES

CASE MANAGEMENT: Services that will assist waiver recipients in gaining access to needed waiver and other State Plan services, as well as needed medical, social, educational and other services, regardless of the funding sources for the services to which access is gained. Individually Selected-Service Coordinators (ISCs) (case managers) are responsible for the development of the Individual Plan of Care (IPC) through the Individual Plan of Care Team process, and the ongoing monitoring and documentation of the provision of services included in the child's plan of care. **Case Management is required on a monthly basis** for all plans of care with one hour of direct contact at a minimum. Additionally, the ISC (case manager) shall initiate and oversee the process of assessment and reassessments of the child's level of care and the review of the plans of care at such intervals as are specified. **Monthly contact by the ISC shall be made with the client where the client lives.**

HOMEMAKER: Services consisting of general household activities such as meal preparation and routine household care, which are provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. This service **does not** include direct care/supervision of the client. **Homemaker services shall be limited to 3 hours per week per recipient unless otherwise pre-approved by the Division.** Homemakers shall meet such standards of education and training as are established by the state. Homemaker services are not to be provided in Residential Habilitation settings.

RESPITE CARE: Respite care consists of those services given to persons served unable to care for themselves. Respite is intended to be on a short-term basis because of the absence or need for relief of the natural care giver. ***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.***

PERSONAL CARE: Personal care is intended to provide assistance with eating, bathing, personal hygiene, and activities of daily living. Personal care may assist with preparation of meals, but does not include the cost of the meal. When specified in the plan, this service may also include such housekeeping chores as bed making, dusting, and vacuuming, which are essential to the health and welfare of the recipient. The Child DD Waiver uses homemaking services for general house cleaning purposes. Personal care can be provided to persons served needing assistance with the personal care tasks and are ***not receiving training to complete the task for themselves.***

RESIDENTIAL HABILITATION: An individualized array of training, assistance and support services designed to allow individuals from 18 through 20 years of age to acquire, retain and improve the self-help, socialization and adaptive skills necessary to reside successfully in a community integrated setting such as a group home. Residential Habilitation includes training and/or assistance to address functional deficits in self-help, daily living skills, mobility, learning, communications, survival skills, reduction of maladaptive behaviors, community access or other necessary services. Residential Habilitation does not include the cost of room and board.

SPECIAL FAMILY HABILITATION HOME: An individualized array of training, assistance and support services designed to allow individuals to acquire, retain and improve self-help, socialization and adaptive skills necessary to reside successfully in a community integrated setting such as a family home. A SFHH is the primary residence of the child and the SFHH is the primary caregiver of the person served. The Special Family Habilitation Home provider provides a client specific, individually designed and coordinated set of interventions and on-site assistance. Special Family Habilitation Home services include training and/or assistance to address functional deficits in self-help, daily living skills, mobility, learning, communications, survival skills, reduction of maladaptive behaviors, community access and other necessary skills. The Special Family Habilitation Home **also provides direct supports** such as assisting the person with activities of daily living, personal hygiene, dressing, eating, transfer or mobility needs and assisting with self-administered medication. The Special Family Habilitation Home assures access to necessary health care services. Provision of adequate levels of continuous supervision is also a responsibility of the Special Family Habilitation Home. Special Family Habilitation Home rates do not include the cost of room and board.

RESIDENTIAL HABILITATION TRAINER: An individualized array of training designed to allow individuals with developmental disabilities to acquire, retain and improve the self-help, socialization and adaptive skills necessary to reside successfully with their parents, guardians, or in their own apartment. A certified Residential Habilitation Trainer provides **client specific, individually designed and coordinated sets of interventions** in the participant's home and community. The recipient receives skills training to increase independence related to his or her own

health care, self-care, home environment, comfort and safety and access and use of community services. Training is designed to address functional deficits in self-help, daily living skills, mobility, learning, communications, survival skills, reduction of maladaptive behaviors, community access and other necessary skills. The Residential Habilitation Trainer can only provide training to one individual at a time.

ENVIRONMENTAL MODIFICATIONS (NEW & Repair): Environmental modifications are those physical adaptations to the home, which 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, and without which, the recipient would require institutionalization. The environmental modification must have a specific purpose that provides accessibility, welfare, and safety for the waiver recipient.

Such adaptations may include:

- Installation of ramps
- Installation of grab-bars
- Widening of doorways
- Modification or addition of bathroom facilities to make them accessible
- Installation of specialized electrical and plumbing systems to accommodate the medical equipment and supplies, which are necessary for the welfare of the individual

SKILLED NURSING: Services listed in the child's plan of care that are ***prescribed by a physician***, that are within the scope of the State of Wyoming's Nurse Practice Act and are provided by a registered professional nurse or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State of Wyoming. The provision of this service will prevent the institutionalization of the recipient

SPECIALIZED EQUIPMENT AND SUPPLIES (NEW & REPAIR): Specialized equipment includes devices, controls or appliances specified in the plan of care, which enable recipients to increase their abilities to perform activities of daily living or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the State Medicaid Plan. In addition, these items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State Medicaid Plan. Items purchased with waiver funds shall not be utilized for the purpose of recreational, leisure, entertainment or other purposes. Items purchased with waiver funds are intended to maintain or increase skills necessary to prevent institutionalization

RESPIRATORY THERAPY: Services will be provided under the prescription ***of a physician*** in accordance with the child's established plan of care and through direct contact between therapists and clients as well as between therapists and individuals involved with the child/guardian being served. Respiratory Therapists may provide treatment-training programs that are designed to meet the objectives as identified for Respiratory Therapy services. Without this service, certain individuals would be institutionalized.

DIETITIAN SERVICES: Services provided by a registered dietitian include meal planning, consultation with and training for caregivers, and education for the individual served. This service does not include the cost of meals.

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

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.

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

Developmental Disabilities: Mental, physical or behavior disability which occurs before the age of 22 and is likely to continue indefinitely.

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.

Psychological 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

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 Arc of Wyoming Chapter (Arc)
Laramie County: (307) 632-1209
Natrona County: (307) 577-4913
Uinta/Lincoln County: (307) 789-7679
Sheridan County: (307) 672-8665
Lander/Riverton: (307) 335-8801

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>

People First of Wyoming
Phone: (307) 632-8855 or (800) 4385791
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

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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

State Respite
Developmental Disabilities Division
6101 Yellowstone Suite 186E
Cheyenne, WY 82002
Phone: (307) 777-7115

NOTES