

# COMPREHENSIVE AND SUPPORTS WAIVER SERVICES- FAQ

DRAFT 3-5-2014

- 1) Companion Services – The service definition states that it can be provided up to 9 hours per day. What if participant needs support for more than 9 hours per day?**
  - a. *The service is limited to 9 hours per day and would encourage the team to look at other services that could fit the participant's needs more appropriately.*
- 2) What is meant by “congregate setting” in the definition for Adult Day Services?**
  - a. *Congregate setting means the service is delivered in a large group setting.*
- 3) What does it mean that Community Integration Services have to be provided differently than Adult Day Services?**
  - a. *Community Integration Services is intended to help the participant plan, access and interact with the community, with 50% of participant's time spent planning participation in the community and being in the community. Adult Day Services is intended to assist participants with meaningful activities that maximize and maintain skills and abilities. Adult Day Service is intended to assist participants who may not want as many opportunities for community involvement due to health issues and/or other limitations. The schedule for Community Integration Services must reflect the 50% requirement on a weekly basis.*
- 4) Is it possible to have both Community Integration Services and Adult Day Services on a plan of care?**
  - a. *Yes. The services are available in a 15-minute unit to help mix and match services to better support the wants and needs of the participant.*
- 5) What are the standards for the Prevocational service under CARF accreditation?**
  - a. *Look at the Supported Employment Section of CARF.*
- 6) Conflict-free Case management is not included on the Towns and Services form that was posted on the website.**
  - a. *Conflict-free Case Management is not included as it will not be in place when the Comprehensive and Support Waivers begin in April. Forms will be amended and the waiver will be amended when these changes go into effect.*
- 7) What are the requirements for becoming CARF certified?**
  - a. *CARF accreditation is required for providers who are certified in any residential service, supported living, community integration, prevocational and/or supported employment, on plans of care for three or more participants; and services amount to \$125,000 per year.*
- 8) Is Support Broker service still required for the first year of self-directing services?**
  - a. *It is an optional service but may be required based on the situation.*
- 9) Will providers need to re-certify each year in the employment curriculum?**
  - a. *It is dependent on the curriculum chosen and its re-certification cycle.*
- 10) Will you explain the statement that Companion and Personal Care services cannot be used in conjunction with habilitation services?**
  - a. *It is the typical model in that two services cannot be provided at the same time. A provider would have to clock out of a habilitation service and clock into companion or personal care.*
- 11) Can you explain the review of placements by the cross-agency team for Special Family Habilitation Homes?**
  - a. *Each participant that is currently receiving Special Family Habilitation Home services will be reviewed by a team to determine if the placement is the most appropriate for the participant.*
- 12) Does Adult Day Services require formal goals to teach new skills?**
  - a. *The purpose of Adult Day Services is to provide a meaningful day activities to participants who do not want or cannot due to limitations be in the community 50% of their day. Active training is expected in Community Integrated Services.*

**13) Why are providers of employment and community Integration services now required to receive training through a supported employment curriculum?**

- a. *In order to see more employment outcomes for participants we serve, supervisors and employees must make finding and maintaining employment for a person top priority. The curriculums teach supervisors and staff job development and career planning techniques, work incentives available, benefits planning and education, and why employment is so important to a person's quality of life. Without this training requirement, the Division wants to ensure staff who get trained will implement the training and work on producing employment results for the participants they serve.*

**14) What does the Division require for Levels 1 and 2 of the new residential habilitation tiers when the 8 hour minimum rule requires the participant to be in the provider's service for at least 8 hours in order to bill. The "on-site" part of levels 1 and 2 and the 8 hour rule seems to conflict.**

- a. *The service definition in regard to Level of Service 1 and 2 states that those assessed at these levels require minimal staff support, monitoring, or personal care and requires staff to be on site meeting periodically with the participant during awake hours for support and 24-hour on-call support. Those assessed at levels 1, and 2, do not require 24 hour direct support.*

*Senate Enrollment Act No. 82 requires the Division to "Replace where possible higher cost residential and day habilitation services with lower cost, more integrated services" and to create individual budget amounts for each person served that reflect the individual's assessed need. Those assessed needs place individuals in one of six Levels of Service, Levels 1 and 2 reflecting assessed needs that may not require full 24/7 support and supervision in residential habilitation. If a provider chooses to provide residential habilitation to participants who have been assessed at levels 1 and 2, then all the requirements of residential habilitation apply according to the service definition for residential habilitation, including a minimum 8 hours of direct onsite support and supervision. Most likely, these people could transition to a supported living service in a non-residential habilitation facility and receive around 7 hours a day of support.*

**15) Will we be waiving the 30 day rule at all for submitting plans of care when people are transitioning to the new waivers?**

- a. *A plan of care for the comprehensive waiver may be submitted any time after the Individual Budget Amount has been received by the participant and team members. Teams will be able to submit a transitional plan of care between April 1 and August 31. The Division will not be able to process all of the transitional plans in less than 30 days. Special consideration may be made on a case by case basis, but the Division will expect all plans to be submitted by August 31, 2014.*

*Those plans that will require a Clinical Review Team (CRT) consideration should be submitted well in advance, however, to allow for CRT review. If plans are submitted for CRT review without enough time for review, a plan of care may have to be approved without the extra consideration until the CRT can review and make a decision. A request to the CRT may be made any time after the team receives an IBA that is believed to be inadequate to meet the participant's needs.*

**16) How does the state expect to pay for behavior support services when we don't have but 4 people in the state who are Board Certified Behavior Analysts?**

- a. *Multiple providers can provide this service if they enroll as a provider and have staff that meet our qualifications. The BCBA is one way to be qualified. Here is the list:*

*A provider may have a Master's Degree and be a Board Certified Behavior Analyst*

**or**

*have similar nationally recognized certification in positive behavior supports with approval from the Division.*

**or**

*A provider may be an agency with individuals providing the service who have a current license to practice mental and behavioral therapy by either the Mental Health Professions Licensing Board or Board of Psychology per Wyoming Medicaid Rules, Chapter 45, and provide proof of specific training on positive behavior supports from an organization acceptable by the Behavioral Health Division.*

**or**

*A provider may be a Medicaid certified or state licensed Mental Health Agency fully licensed in Wyoming with individuals providing the service who have a current license to practice mental and behavioral therapy by either the Mental Health Professions Licensing Board or Board of Psychology per Wyoming Medicaid Rules, Chapter 45, and provide proof of specific training on positive behavior supports from an organization acceptable by the Behavioral Health Division.*