

Thomas O. Forslund, Director

Governor Matthew H. Mead

BHD Bulletin

DATE: August 29, 2014

TO: All Habilitation Providers, Participants, and Legally Authorized Representatives

FROM: Joe Simpson, Administrator
Behavioral Health Division - Developmental Disabilities Section

SUBJECT: Division Requirements for Providers Implementing Staffing Flexibility

REF #: JS-2014-034

The Wyoming Department of Health, Behavioral Health Division (Division) is announcing a change to the February 27, 2014 provider bulletin regarding staffing flexibility for Medicaid Waiver participants in tiered habilitation services. After meeting with community providers and reviewing the strict staffing requirements for the high, moderate, and intermittent tier levels of residential and day habilitation services for participants on the Adult Developmental Disabilities (DD), Child DD, Comprehensive and the Acquired Brain Injury waivers, a new policy approach has been developed that offers more flexibility.

NEW POLICY GUIDANCE AND PLAN OF CARE INFORMATION

The new policy guidance involves three major components. The first component requires the case manager and the appropriate members of the plan of care team to meet and complete the newly revised plan of care as participants transition to the Comprehensive Waiver. The plan of care team must include the participant and guardian, if appropriate. The plan of care team will ensure that the supervision components in the *Needs, Risks, and Restrictions* section thoroughly address the participant's varying needs throughout the day and during special events or situations. An approved plan of care includes the participant or guardian's signature. Any required protocols must be included for a plan to be approved. The Division will hold a case management training webinar in October to discuss how to describe support needs in the plan of care without using staffing ratios unless absolutely necessary for the person's critical care needs.

PILOT PROJECT AND VARIANCE/RISK MANAGEMENT MONTHLY REPORTING

The second major component will be the submission of monthly reports regarding variance and risk management data from the provider. Variance reports are items reported by direct care staff when services per the plan of care did not get delivered as specified during the person's shift. The

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idea for variance reports originated from a collective provider group as an alternative to strict staffing requirements. The variance reporting will allow the provider to monitor the delivery of services at the individual and group level to ensure that problems or trends are addressed quickly and improvement plans are implemented in a timely manner. The Division will conduct a pilot project in conjunction with a small number of providers to confirm the variance/risk management reporting items that will be in the report and determine the best way to report the variance/risk management data to the Division. The collective provider group will facilitate the pilot project with members of the Division. The pilot project team will include two small, two medium, and two large provider organizations and Division staff. Variance Reporting will not be required of all providers until the pilot project has been completed in Spring 2015. Provider organizations and others will be officially notified by letter when this component becomes effective and the Division will offer technical assistance to help providers implement the Variance/Risk Management reporting system.

JUDGING HEALTH AND SAFETY INCIDENTS

During the pilot phase, staffing flexibility will be allowed only as reflected in the approved plan of care. Per the Division rules in Chapter 45, services must be delivered as specified in the plan of care. Also, the same provider staffing policies and procedures are still in effect that address how the provider plans and evaluates appropriate staffing for each setting/location. These requirements have not changed. In order for a provider to engage in flexibility, the participant's approved plan must reflect what supports and supervision will be provided. For participants who are 1:1 or level 6 in the new waiver in residential, the staffing needed is not flexible. Participants who have the higher tier level for day services may be served up to a 1:2 unless the plan of care specifies strictly 1:1.

The third component of this change to staffing requirements will address the issue of health and safety concerns that are reported or observed and must be investigated and addressed. The investigation of health and safety incidences will be judged by reviewing the approved plan of care. If the plan of care for the Comprehensive waiver has not been approved with the new sections on supervision, the Division staff will judge adequate supervision levels by identifying the supervision requirements in the outlined Levels of Service Need for the participant with a health and/or safety incident. In the former and new Individual Budget Amounts (IBA), funding for adequate supervision has been included in all levels (1-6) of service. If the provider does not meet the participant's supervision as specified in the corresponding level of service tier for the service provided, the Division will follow an appropriate course of action as outlined in rule.

FOR QUESTIONS

Additional discussion on these requirements will be held during the Monthly Provider Support Calls in September and October.

For more information on Variance Reporting, please view the project plan on the Division's website: <http://health.wyo.gov/ddd/index.html>. Please contact your Provider Support Specialist or Participant Support Specialist at the Division by calling directly or contacting our main office line at (307) 777-7115 if you have concerns or questions regarding these changes.

Sincerely,



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Administrator