

August 2014 - Monthly Provider Support Call Summary

Please share with your case managers and administrative staff or other employees.

Each month the WDH-Behavioral Health Division holds a monthly provider support call to let providers know what is going on and give additional clarification on items that have been released. **The next call is Monday, September 29th at 2pm.**

CALL TOPICS & SUMMARY

Transfer of Background screenings

With the waiver re-design, the BHD has implemented an update regarding background screenings. Currently, the Wyoming Life Resource Center (WLRC) processes all background screening requests. Once screening results are completed, the WLRC completes a form identifying the name of the individual that was screened and the results and date of the screening. This form is referred to as the background check confirmation form and even though it gets sent back to the person that requested the screenings, the form is specific to the individual that was screened and can be given to the person that was screened. This form can only be used for the purposes listed in the original request which in the case of waiver providers and provider staff is to provide services to participants on the current BHD waivers. Any individual that has had a successful background check may transfer their background check confirmation form from one provider entity to another as long as they have submitted a signed and notarized release to the receiving provider entity and the background check confirmation form is dated no more than sixty (60) months of the original screening date. Any Provider Support Specialist may send out the release form to individuals that request it.

Each time an individual terminates employment and goes to work for another provider where a gap in employment exists of more than seven (7) calendar days, a full background screening must be completed for the new employer. This update to the background screening has been addressed in the drafted changes to Medicaid Rules, Chapter 45, and after consultation with BHD's representative from the Attorney General's office this update was allowed to go into effect with the rollout of the Comprehensive and Supports waiver and is also located on the Conflict Free Case Management Model on the Division's website. If anyone has questions regarding this update, please contact your assigned Provider Support Specialist.

Provider Medicaid Re-Enrollment Reminder

Starting with September re-certification visits, providers will be informed by their Provider Support Specialist, that they will need to re-enroll as a waiver provider. Once the recertification visit has been completed and there are no outstanding Quality Improvement Plans (QIPs) as a result of the recertification, the provider will be sent the Medicaid Re-enrollment Approval Letter. This letter contains instructions on how to complete the re-enrollment process which is entirely web based. We would like all providers to stay with this process so that no one is overlooked. Anyone that received a two year certification in 2013 or 2014 will be informed during their month of expiration and provided with their approval letter.

As a reminder:

All Medicaid providers, which includes all case managers, are required to re-enroll by December 31, 2015.

If a provider does not re-enroll by that time, then the enrollment status with Wyoming Medicaid will be terminated. Providers will be required to re-enroll at a minimum of every 5 years, and will receive re-enrollment notifications 60 days prior to the provider's enrollment expiration date. The enrollment is considered a legal document, so the provider relations call center representatives will not be able to tell you how to answer the questions. It will be up to the individual completing the application to read the enrollment questions carefully and answer the questions appropriately. Xerox has created tutorials to assist providers with this re-enrollment process. Please go to the Wyoming Medicaid website and the website will be included in the follow up notes to this call. Xerox highly encourages every provider to view the website, and the Frequently Asked Questions. Any questions that you have on completing the enrollment application should be answered by following the tutorials, which we suggest you print prior to enrolling. The website for more info: http://wymedicaid.acs-inc.com/aca_reenrollment.html

It is important to note that all providers will need to list their date of birth and SSNs and all signature pages **must** be signed in blue ink, or the enrollment will be rejected.

Clarification on Third Party Liability

We have received several questions from providers concerning the use of TPL form for therapies, dietitian services, and SE Follow Along. Recently, we met with Medicaid managers and DVR representatives to try to clarify the need for the TPL form and under what conditions we would require the use of the TPL form. The form will be revised and a provider bulletin issued. But here is some clarification:

Therapies

In regard to physical, occupational, and speech therapies, Medicaid pays only for recuperative therapies for people 21 and over. Under most circumstances, recuperative therapy can be extended beyond the 20 standard units. For maintenance therapies for people 21 and over, Medicaid does not pay, therefore a TPL form is not needed. The doctor's and therapist's recommendation should state that waiver services are being used for maintenance therapy only. For these three therapies for "maintenance", a TPL is not needed. Future discussions will include the requirement that all individual therapists be Medicare/Medicaid providers to ensure proper delivery of care and billing of therapy services. If restorative services are listed on the physician's order or therapist's assessment, then the TPL is needed since Medicaid should be billed.

Supported Employment Follow Along

DVR provides some employment follow along (SEFA) when a participant has an open case with DVR and is in Status 22. Status 22 is that period after DVR has provided 90 days of supported employment and waiver supports normally kick in, if needed. Otherwise, SEFA is not provided through DVR. This means if a person is already employed and SEFA is requested, we can approve it as long as the objective shows the "need" for the service. In these instances, we will not require the TPL form for Supported Employment Follow Along services. Supported employment follow along service usually will not be approved on a plan of care during the same time frame as regular supported employment services, but if a person is transitioning out of 1:1 SE into SEFA, both services may be on the same plan. The other example of when they both might be on a plan is if a participant is getting a 2nd job and Independent Supported Employment is needed for one job and SEFA is needed for the other.

Dietitian

The TPL form should be used, as the form says, for dietitian services normally provided under the direct supervision of a physician or hospital. Most of the dietitian consultation for menu planning and instruction on the waiver do not fall under this category. The TPL form will not be needed for dietitian services on the waiver.

Skilled Nursing: Skilled nursing still requires the TPL form.

Case Manager role: Under no circumstance should a case manager complete and sign a TPL form. The case manager should help the participant and team figure out who should get the signatures for the form from the appropriate party.

Agency role:

When the TPL form is required, only a Medicaid, Medicare, or other community resource should complete and sign the form, not the waiver provider, unless they are also enrolled in Medicare/Medicaid

Service Clarifications

Employment Discovery and Customization

100 units of service can be completed without going to DVR, but it is a similar service to DVR so the service should also be used to help the participant schedule appointments with DVR and attend with them if requested by participant.

Res Hab 8 hour requirement – reminder of definition changes with onsite and 8 our rule being a combo of awake and asleep time. “Since residential habilitation is paying for support to an individual who needs support 24 hours a day, the provider must be with the participant or in the residence of the participant providing service during both awake and sleeping time for a minimum of 8 hours in a 24 hour period (from 12:00am-11:59pm) for the provider to be reimbursed.” Many people who have res hab on their plan but are in apartments and have a provider available to them in the building will not meet this requirement unless the eight (8) hours in the residence is met. So some people who do not need that level of support may be better off switching to supported living so the provider is not over supervising or supporting them when they don’t need it.

Support call notes are now posted to our website

<http://health.wyo.gov/ddd/ComprehensiveandSupportsWaiver.html>

Next Call

Next call is September 29th at 2pm. Calls will be held on the last Monday of each month when there is no holiday interruption.

Thank you for reading and for making time to call in each month!