May 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 June 30th at 2pm.**

CALL TOPICS

Tax Exemptions regarding people self-directing- update from PPL

PCG Public Partnerships (PPL) would like to provide some clarifying information regarding our tax exemption form included in our employment application packets. Please see below for some information that may help to answer some of your questions and reduce confusion.

Please note: No action is required of you at this point, this is simply for your information!

What are tax exemptions?

Due to certain criteria employees may be exempt (not required to) from paying certain federal or state taxes. In some cases, the employer may also be exempt from paying certain taxes due their employee's tax status.

What taxes can I be exempt from?

- FICA = Social Security and Medicare taxes
- FUCA == Federal Unemployment taxes
- State Unemployment Insurance

Who may receive tax exemptions?

Employees may receive certain federal or state tax exemptions based on following criteria:

- Employee's age - E.g. under the age of 18, under the age of 21
- Employee's student status - E.g. students under the age of 18; non-resident (foreign) students in the US
- Employee's family relationship to their employer - E.g. child/parent, spouses, legal guardians

Employers may receive certain federal or state tax exemptions based on the following criteria:

- Their employee's age - E.g. a child under the age of 18/21 employed by their parent
- Their employee's family relationship - E.g. child/parent, spouses, legal guardians
- Their employee's student status - E.g. student under the age of 18; non-resident students in the United States providing domestic services

How do I know if I can receive tax exemptions?

PCG Public Partnerships will determine the tax exemptions that apply to employees and employers based on the information provided.

Can I opt out of tax exemptions?

No. Tax exemptions are not optional. If an employee or employer qualifies, they must be taken.

Who can I reach out to with questions regarding tax exemptions?

Please feel free to reach out to PPL Customer Service at (866) 896-0040 or email pplwy@pcgus.com

Provider web enrollment requirement – update from Xerox

An email was sent out that spoke to the ACA (Affordable Care Act) rule, and CMS re-enrollment requirements that was not specifically directed to the waiver providers. It would be beneficial for everyone to go to the Wyoming Medicaid website and view this email and the Frequently Asked Questions.

The website address is: http://wymedicaid.acs-inc.com/aca_reenrollment.html

All providers are required to re-enroll by December 31, 2015. This allows a year and a half for re-enrollment 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.

Some changes that providers can expect are that date of birth and SSNs of owners and individuals will be required. The Supplemental Documents that include the Wyoming Medicaid Provider Agreement and certification require original signatures and **must** be signed in blue ink.

Waiver providers are required to start the enrollment/re-enrollment process by contacting Behavioral Health. Once a provider receives the "Behavioral Health Division Approval Letter", they can use that to assist with the online enrollment/re-enrollment.

We have created tutorials specific for the three types of providers – Group, Treating, and Individual Pay to Providers. These can be found on the CMS Re-enrollment page of the Wyoming Medicaid website. http://wymedicaid.acs-inc.com/aca_reenrollment.html

Xerox suggests you 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. Website for more info: http://wymedicaid.acs-inc.com/aca_reenrollment.html

New Waiver Transition update and Reminders

We have several participants who have transitioned to the Comprehensive Waiver. In addition, we have more case managers contacting their Participant Support Specialist (PSS) to get other participants started in EMWS. Our new training videos demonstrate the process to follow. We want to remind case managers to please contact the Division if you have someone ready to get started! As a reminder, we need all participants on the Adult DD waiver to transition to the new waiver by September 28, which means we need the plan of care in by August 27. We encourage providers to not wait until August 27th as we are finding there are some system limitations that we may not be able to overcome. Specifically, the new electronic eligibility system used by the Medicaid Long Term Care unit, called the Wyoming Eligibility System (WES), sends information to MMIS for the entire month based on the eligibility status and eligibility code as of the last day of the month. What this would mean for cases where they wait until September 28th to transition to the Comp Waiver, the system cannot change the services that are paid in the middle of the month, so some services may not be covered correctly. We have meetings scheduled with Medicaid Eligibility Unit and Medicaid Long Term Care Unit to work on contingency plans to address this, but we thought it might be a good idea to inform the providers of this possible limitation and encourage them to plan for it now.

We also want to remind case managers to modify current Adult DD plans of care to prorate Adult and Child IBAs and service units. The EMWS Part 2 training has a description on how to prorate an IBA, but does not remind providers to actually modify the current plan of care. So please be sure to modify the current plan and include signature pages documenting knowledge of the transition to the Comprehensive Waiver in EMWS. You may use the same signature page from the Comprehensive Plan of Care meeting. We are working on the functionality for a transfer button with our vendor to transition cases from the Adult and Child DD to the Comprehensive Waiver, but that button is not available yet. When it does become available, Case Managers should not use the transfer button if someone at the Division has already prorated the IBA for them.

PSSs are reviewing Child DD IBA records to make sure we are using the correct information when establishing the Child IBAs. We can plan on getting those letters out early next week.

Once again, as you review the letter with the participant and team, if you think a mistake was made on either the age or living situation, or you believe the IBA has been reduced or increased more than 7%, please contact your plan review Participant Support Specialist (PSS) to ask about the concern and see how it can be corrected. Many corrections can be easily made, and a new IBA letter will be generated correcting the misinformation and adjusting the IBA accordingly.

However, for adjustments to the Level of Service Need score, contact your PSS for assistance with submitting a Clinical Review Team request for case review.

New Incident reporting category "Use of Restraints"

A new category of reportable incidents has been added to the DD's Critical Incident Report requiring all restraints to be reported after follow up is conducted. The system is already updated and active, but it will not be required until we

announce the date. For now people are encouraged to report them as they are filed internally. The Division will provider further guidance once the emergency Medicaid rules are in effect

Provider Certification: adding new services

All providers who wish to provide services on the new waivers need to complete and submit the Towns and Services Form for the new waivers. This form can be found on the Division Web Site. If you do not submit the form you will not be able to provide services on the new waivers.

If a provider wants to add new services to their certifications, they must submit a signed towns and services form that indicates which service they wish to add along with the counties, or individual cities they wish to provide the service in. In the event additional qualifications are required for the new service, the provider must also provide documentation that the additional requirements have been met. This documentation must be submitted to the provider's assigned Provider Support Specialist before the service can be added. Providers will no longer be able to simply call Provider Support and have a service added.

Medication Assistance

Medication assistance training offered by the Division will only occur five times per year and will only be held in Casper. Please check the Division's website for availability of classes and enroll in a class scheduled well in advance of your expiration date. Early registration is highly encouraged as seating is limited. Medication assistance certification is only valid for two (2) years from the date of the training.

If you need assistance with finding training in your area, please contact your assigned Provider Support Specialist who can provide suggestions of potential trainers in your area.

Case Management Legislation Update

Please review the updated Conflict Free Case Management model to read through the updates and have reminders of the other important information included.

The third party entity mentioned in the legislation and the request to CMS for a waiver is still being discussed with the Division's attorneys and will be reviewed with CMS prior to an update being issued on that part of the law. We will keep you informed when we know more.

This is what we have changed in the model though:

- **Individual/sole proprietorship allowed.** The term "case management agency" shall now include any individual certified to provide case management as a sole proprietor.
- **Providing other services.** The case management agency may be certified in other waiver services, but shall not provide case management services to any participant that they are providing any other waiver services to, including self-directed services.
- **Accepting previous experience toward college credit.** The Division may accept experience working as a certified case manager on any of the waivers as an exception for not meeting the required credit hours. For any 5 years of waiver case management experience, this will equate to 6 hours of college credit.
- **Extra year to meet requirements.** The case manager must show proof of enrollment in college coursework to fulfill the educational requirements within three years (36 months) from the first date of services to meet qualifications. Existing case managers have until July 1, 2017 (July 1, 2014 + 36 months).
- **15 minute rate** and unit are available starting July 1, 2014. All plans must be modified so that the new rate and unit is in effect January 1, 2015. The Monthly unit will be discontinued.

Next Call

Next call is June 30th 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!