



Response to Public Comments
 Wyoming Department of Health
 Division of Health Care Financing
 Home Care Services Unit



Document Submitted: Proposed Revisions to the Policy and Procedures Manual for the Community Choices Waiver Program

Public Comment Period: November 8, 2017 to December 1, 2017

Comment	Department Response
Page 7 Bullet 2 and 3 under The Application Process I feel should be switched	<input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised
It says that we are supposed to document in the plan of care that the Agency and case managers have no conflict of interest with the participant or their family. There is not place to document that.	<input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised Additional Comments: Changed to state "Document in the notes section of EMWS"
On page 11 the last sentence states that the CM must document in the POC that the agency and CM do not have a conflict of interest in working for the patient. Is this something that will be added to the EMWS POC? or will we have to include it in notes on the POC or upload some sort of statement	<input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised Additional Comments: Additionally, all references to exceptions from the conflict of interest requirements have been removed. The waiver application, as approved by the Centers for Medicare and Medicaid Services (CMS), does not allow for any exception to these requirements.
pg. 12 under case management agency changes I feel that both case managers signature should be completed: current case manager and new case manager signature then sent CCS program	<input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised
On page 13, the 3rd statement down-it says that CM will maintain HIPAA Compliance. Will we need verify that we have had HIPAA training? If so, what sort of documentation will you be looking for?	<input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised Additional Comments: Each agency must maintain compliance, responsible for training.
Qualifications Case Manager: A Bachelor degree from an accredited college or university in one of the human services fields listed below and one year work	<input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised

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<p>experience as a case manager as approved by the division (or be working under supervision of a certified case management agency). Can this be an option being it is difficult to find someone coming right out of college with a bachelor’s degree with one year experience? If they are working with a certified case management agency under supervision they are then able to get that one year work experience.</p>	<p>Additional Comments: Will review CM qualifications. Cannot change until waiver is amended.</p>
<p>The quarterly care conference meetings are not an effective use of time. If there are service problems we are addressing them with other providers on a monthly basis and many of the providers we work with are not local or able to attend a meeting. Also for people self-directing they will ask to have their DSW's present but there is no time allotted in the budget for DSW's to attend meetings and often times they are not willing to do so on their own time. For other waiver types this programs this might make sense but not on the LTC Waiver.</p>	<p><input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised</p> <p>Additional Comments: Clarified the purpose and expectations of the care conference.</p>
<p>Regarding DSW logs, wasn't it decided that case managers have to review, but not upload to EMWS the logs? It is also described as review under DSW responsibilities</p>	<p><input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised</p> <p>Additional Comments: DSW logs are not required.</p>
<p>Verification of completion of employer training. Need clarification on this how are we verifying this training?</p>	<p><input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised</p>
<p>It says that we are supposed to upload verification of completion of employer training for the participant directed option however this has not been developed even after contracting with ACCESS\$ for a year and a half</p>	<p><input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised</p>
<p>The requirement to have a quarterly meeting with back up case managers makes sense for independent case managers but not for case managers working within the same agency/office who have all the files and notes available if needed.</p>	<p><input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised</p>
<p>Participants Forms it states that case managers must provide copies or originals. Can we ask if they want copies of the monthly eval and document that we offered and document whether they request copies or declined?</p>	<p><input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised</p>

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<p>the skilled nursing section, in the task list it states "provided by a nurse licensed to practice in the State of Wyoming" but then down in qualifications you still have it only being an RN. We have discussed this for quite some time, while I was working with you as a colleague and now as I am a home health provider. Nicole even said this was going to be changed to include an LPN. Again I will refer you to the State of Nebraska for a reference on the verbiage for an LPN to provide skilled nursing, I can also reshare with you the Wyoming State Board of Nursing's answer as to if an LPN can provide medication set up, change a dressing, etc and practice within her scope in the home health setting as they feel an LPN practicing within her scope can provide those services in the home. It is more economical for businesses to hire LPN's to set up medications than to pay an RN \$40/hr or more to set up a med box.</p>	<p><input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised</p> <p>Additional Comments: Waiver requires RN. Will be reviewing the skilled nursing service.</p>
<p>The section on Personal care: please spell out the 2/3, 1/3 rule. We need to be able to show clients this. It a struggle with some clients to get them to allow us to do their bathing. As the section on page 34 is written right now it is not clearly stated. We know we have your backing on this rule but being able to have it in black and white will help immensely.</p>	<p><input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised</p> <p>Additional Comments: 2/3 rule not in the waiver</p>
<p>Is respite only available in the Agency option? I have PDO consumers whose DSW's and backups sometimes need breaks.</p>	<p><input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised</p> <p>Additional Comments: Yes. Review all service definitions and compare to the waiver.</p>
<p>Page 40 and 41, employer and participant responsibilities are repetitive although written in very different styles. Maybe combining these would make it clearer. The participant responsibilities section is written as self-reference, (I, my) unlike rest of document.</p>	<p><input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised</p> <p>Additional Comments: Will edit for consistency in later version.</p>
<p>Pg 40 The statement: The individual is not eligible for this option if: I feel there needs to be a clarification statement stating: Cannot act as employer, but may be eligible if have a POA that is determined capable and willing to Self-Direct Participants Care. Also there needs to be a statement below stating that the POA needs to be determined capable of directing care.</p>	<p><input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised</p> <p>Additional Comments: Reworded for clarity.</p>

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Pg 41? POA responsibilities also need to add to attend monthly eval monthly.	<input type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised
Under DSW responsibilities I do not feel it is the DSW responsibilities to work with the case manager to ensure appropriate and necessary services are included in the participant plan of care. I feel that is the sole responsibility of the case manager and employer (participant) I also feel it is the employer not the DSW responsibility to provide copy of the log to the case manager or waiver program	<input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised
DSW duties, there is a weird phrase and organization introducing the duties and that duties can be hands on, reminder, or standby. "This may include and must be included in the plan of care." It should read like the phrase does on page 34, under PCA care, it is very clear there.	<input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised
Personal tasks and non I feel should look like the profile we go off of with the participant. Can DSW bill for hours during the time they are transporting to non-medical it does not specify that?	<input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised Additional Comments: Will revise service definitions and forms in a future version.
A DSW cannot exceed a total of 40hrs per week, per employer to whom they provide services. This indicates that as long as it is separate employers they can have 40 hrs, which then would over exceed 40 hrs a week all together. I would word it: A DSW cannot exceed a total of 40 hrs per week.	<input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised Additional Comments: A DSW may exceed 40 hours per week for separate employers.
The first section seems to only apply to changing case management, but that heading is below. It says to allow adequate time for a participant to fins another service provider. If it refers to change in any service provider, it should include case managers responsibility in coordinating that change.	<input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised
Could we have added as a provider duties that they are required to communicate with the case manager in any service changes, critical incidents or concerns or any changes in health. Return PDS within 10 business days. If it is not returned services will not be added to the plan of care until it is.	<input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised Additional Comments: Added within 10 business days for the service provider to return. Did not change any of the communication on services changes, critical incidents or

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	concerns or any changes in health as this does not relate to the PDS. Will look at adding this in future versions on communications.
Some of the details required on the plan of care are not included on any of the documents. Could we include needs, goals and waiver/non-waiver services on a form as well as in EMWS to make sure it is clearly communicated to/from consumer?	<input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised Additional Comments: We will look at adding forms in a future version
The Plan of Care document for the CCW is very weak. In the draft policy many of the things the PCP must include do not work within document we use (strengths, identification of who is monitoring the plan, signatures by all providers, etc.) In one place it says the plan is confidential and should not be shared with other providers and then later it says the plan should be shared with the individual and other people involved with the plan. Also when we print the plan of care and give it to the person it doesn't tell them anything other than what services they are authorized for and the number of units	<input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised Additional Comments: We are working on updating our system to include information in person-centered planning, including goals, etc. and having a clear plan to share with the participants and service providers.
This isn't really a draft suggestion but it is a very helpful one; PDS should be generated from the care plan in EMWS, there should be a way that IT can put it in the EMWS to allow us to print the PDS filled out with the information that is put into the services section. Writing these out takes a lot of time. Termination notices also need to be tweaked to look more official or like the case manager is not making the decision to term a client, several clients think it is us taking them off even if we write they didn't meet points on the LT101 (and they get the notice from you) or didn't turn in their renewal paperwork and they can get pretty testy with us.	<input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised Additional Comments: We are working on updating our system and will look at this as a possibility
It says that billing cannot occur if a person is out state, however we have been told that if their DSW is with them appropriate services can be billed.	<input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised Additional Comments: Added with the exception of the DSW if there is prior approval from the program and the services our appropriate

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<p>The rates for Self-Direct Case Management compared to Agency Case Management are equitable. I do both types of case management and with SDC cases there is a lot more for the case manager to do.</p>	<p><input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised</p> <p>Additional Comments: We can look at this in the future, this was based on the rate study a couple years ago, and is what we have approved by CMS</p>
<p>I feel it needs to be stated that APS is to be notified as well in an emergency situation</p>	<p><input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised</p> <p>Additional Comments: This is listed above</p>
<p>I have not looked lately but some of the forms we have been instructed to use when we implemented the new DSW Log folders are not the same ones on the Home Page (specifically the SDCCA & SDCCP) Also the MTHEV form on the Home Page is the old version from January 2017. The newer version needs to be posted and needs to be revised to include the national suicide hot line number</p>	<p><input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised</p> <p>Additional Comments: We are updating forms and will make sure all current forms are on the website</p>
<p>For the forms we have to print, ink and paper are quite an expense for us when we have to print off all the forms, make copies for the clients, etc. If a copy is needed to be given to them they need printed on a 2 page carbon copy form from the state or we need compensated for the cost of the ink and paper.</p>	<p><input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised</p> <p>Additional Comments: We are looking at making the forms electronic</p>
<p>Regarding PCS, I understand the two purposes of the form, but does it make sense to ask them to sign it before plan of care developed when it verifies they participated in plan of care development? Also, the difference between power of attorney forms PDO 5 and PDO 6 not clear in the forms descriptions. I'm not clear on it.</p>	<p><input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised</p> <p>Additional Comments: We will look at this in a future version and forms</p>
<p>I have read the new CCW Policy and Procedure Manual. I have a comment on page 65 on the Participant Choice of Service form. Why do we need the PCS signed twice? Along time ago when there was a big waiting list, the</p>	<p><input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised</p>

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documents were signed quite a bit earlier than when the care plan was submitted, but now there are only a few days, sometimes less between these tasks. It makes no sense to have two separate visits, possibly one day after the other to have these signed again. Especially when the driving distance can be long and there is no compensation for the amount of time spent doing this. The plan of care can be developed at the same time the forms are signed.	Additional Comments: We will revise to state on initial that if the form is less than 30 days a new form will not be needed.
Participant choice of services is there a need for this to be signed again after the plan of care has been created? unsure of the reason	<input type="checkbox"/> Document revised to incorporate this comment <input checked="" type="checkbox"/> Document not revised Additional Comments: We will revise to state on the initial documents that a new form is not needed if the plan is being submitted within 30 days of the signature, we will still need this updated at renewal.
It needs some editing, spacing after headings and before sections inconsistent. On page 7 strike the words after the: when a funding opportunity comes available. It is clear.	<input checked="" type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised
Good manual. I think it will give providers the specific information that it needed to successfully run the LTC CCW program. Thank you for your hard work!!	<input type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised
Over all the instructions are very clear. Just needs some tweaking and the template we use for the plan of care needs to be improved. Cathy Aardema, Case Manager Thank you for all you do.	<input type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised
Thank you for all you do.	<input type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised
Thank you for putting in that an associate's degree with 4 years of case management experience can case manage.	<input type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised
I really like that the services have been broken down and specific criteria are listed under each service.	<input type="checkbox"/> Document revised to incorporate this comment <input type="checkbox"/> Document not revised