



Plan of Care Quality Improvement Review

Wyoming Department of Health
Behavioral Health Division
Developmental Disabilities Section



1

Agenda

- History and Purpose of Quality Review
- Plan Requirements
- Current Data and Identified Areas for Improvement
- Process for Quality Review
- Expectations
- Corrective Action Process.

2

History and Purpose of Quality Review

- Began in 2017 as an effort to empower plan of care teams and case managers to develop person-centered individualized plans of care (IPC) for each participant
- Empowers plan of care team members, as the people working most closely with participants, to collaboratively develop person-centered IPCs
- Encourages case managers to seek assistance and ask for technical assistance from the Participant Support Specialist (PSS) before submitting complete and accurate plans of care
- Allows the Division to track errors identified through the Quality Assurance/Quality Control (QA/QC) process, which results in data-driven decisions and targeted training on systemic issues

3

Plan Requirements

All IPCs are required to meet the same standards regardless of system or PSS review

- [IPC Guide](#)
- [Chapter 45, Section 9](#)
- [Chapter 45, Section 10](#)



4

Plan Data: June 2018 Through May 2019

- Plans and modifications submitted: 9,414
- Total system reviewed plans: 4,124
- Plans selected for quality review: 1,265
- Plans with errors identified: 416 (32.8%)
- Plans that passed quality review: 849 (67.1%)

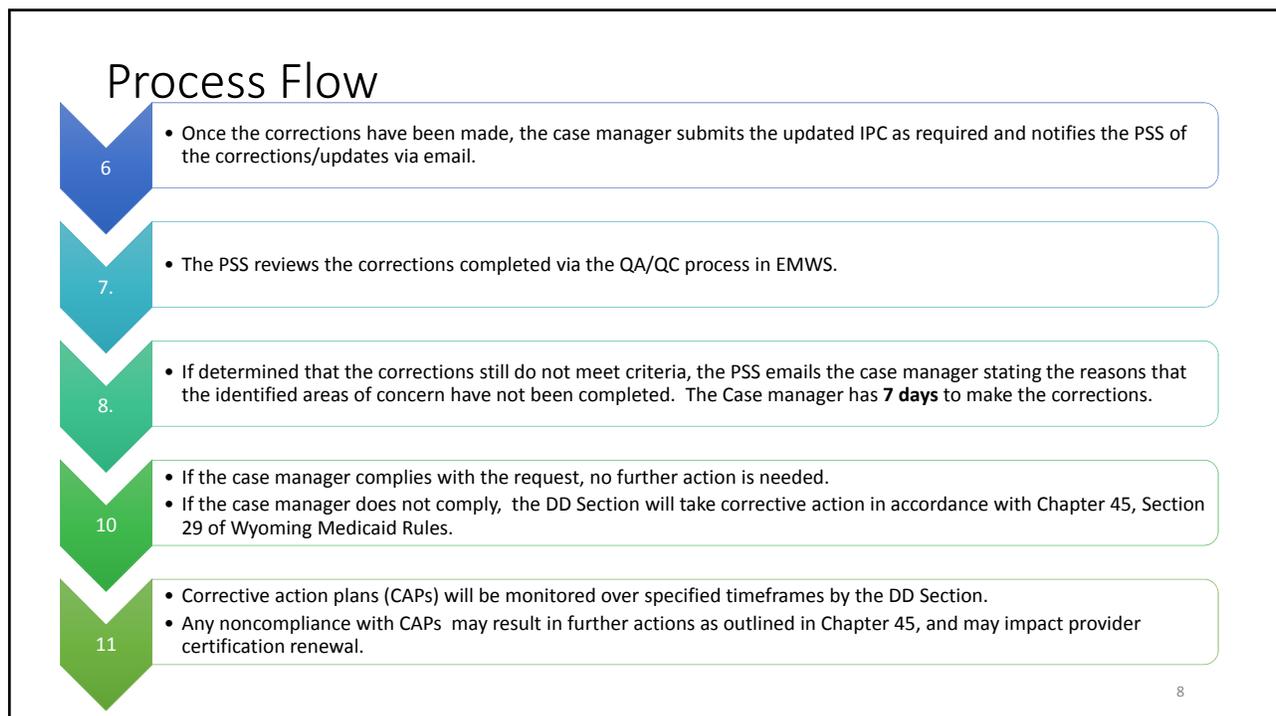
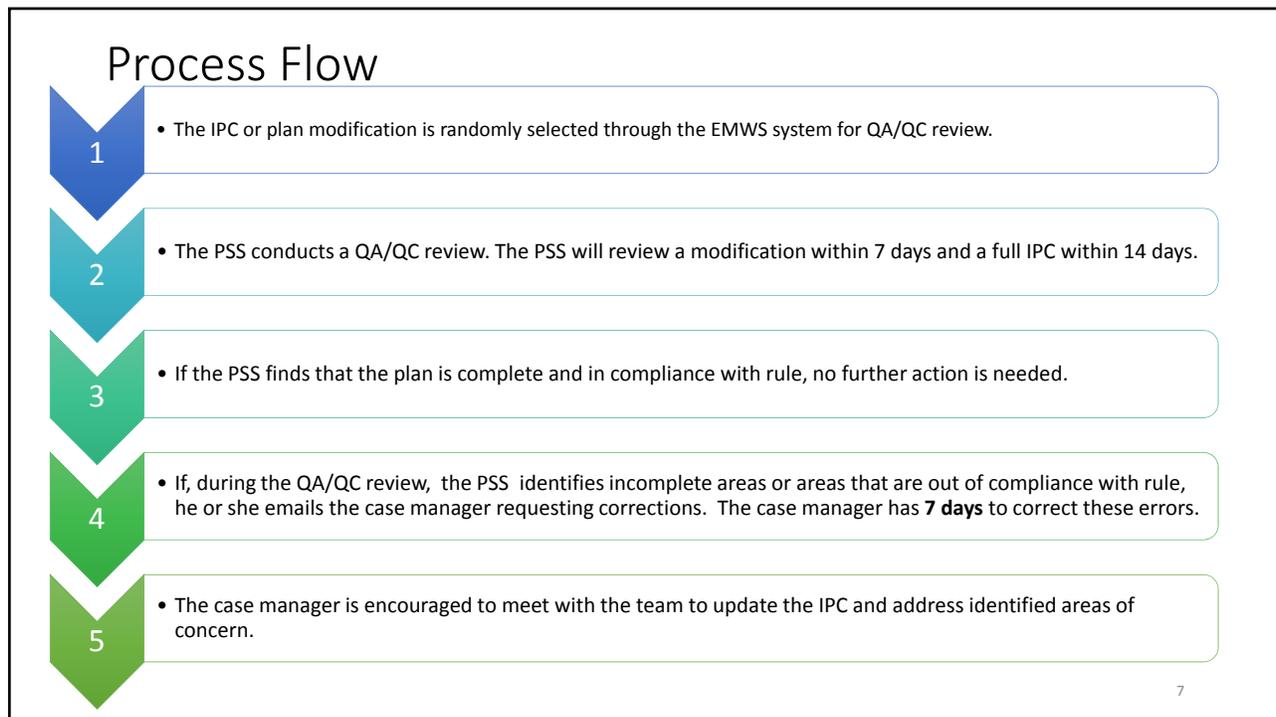


5

Top 5 Improvement Areas

- Late plans
- Team signature forms not reflecting services
- Representative payee not listed appropriately
- Participant and guardian verification forms not signed
- Rights restrictions not following rule and/or Division standards

6



Expectations

- Case managers and teams develop complete and accurate plans of care prior to submission
 - Case managers request assistance in plan development *prior* to submission of an IPC
 - Submitted plans meet all requirements of rules and the IPC Guide
 - Case managers have verified that plans are complete upon submission
- Case managers respond to timelines if a quality review identifies areas within the IPC that require correction
 - Case managers are given 7 days to correct an error(s)

9

Corrective Action Process

- The case manager is required to submit a CAP, in writing that outlines how they will comply with rule and regulation
- The Division may approve, reject, or request more information regarding a CAP
- The Division will verify that each action item has been met throughout the CAP timeline
- Not completing a CAP could result in sanctions under Chapter 45 of Wyoming Medicaid Rules
- CAPs will be considered during the certification renewal process

10

Need Clarification on Plan Requirements?

- [Case Manager Training](#)
- Case Management Consultant for EMWS, IPC, and process navigation and troubleshooting. (307) 777-3321 or at cm.consultant@wyo.gov
- EMWS Help Desk for EMWS technical issues. (307) 777-8584 or at emws-helpdesk@wyo.gov
- Please contact the assigned PSS for case specific questions, clarifications, and troubleshooting.
- Please contact the assigned PVS for questions regarding the CAP process or for rule clarification.

11

Thank you!

Questions?