

<b>Wyoming Department of Health</b> <b>Division of Healthcare Financing, Community-Based Services Unit</b> <b>Community Choices Waiver Program</b> <b>Case Manager Meeting Summary</b>	
<b>Date and Time</b>	<b>Guest Passcode</b>
June 25, 2019, 2:30 – 4:30 PM	154416
<b>Conference Line</b>	
1-877-278-2734	

Agenda Item	Summary of Discussion	Requests and Follow-Up
<b>Welcome and introductions</b> <b>Long Term Care Eligibility</b>	<ul style="list-style-type: none"> <li>• Long-Term Care Eligibility Unit Q&amp;A Coleen Collins and Dana Pepmeier answered questions on requests for documentation of resources and what is required for Medicaid Eligibility. For further questions contact their office. The contact information is attached to these meeting notes.</li> <li>• Case Manager's role in Eligibility Case manager's role in Medicaid Eligibility is to assist with gathering documents, but it is primary the participant's role to provide the documentation needed. Case managers are not compensated for this task and it not required by waiver rules. Questions were asked if case managers should handle bank statements or financial documents due to liability issues brought up by the Attorney General's office in the past.</li> </ul>	<p>The Long-Term Care Eligibility Unit contact list was provided in bulletin.</p> <p>CBSU has requested follow up from the Attorney General with case managers assisting with Medicaid Eligibility documents and will provide updates when available.</p>
<b>Participant Direction Updates</b>	<ul style="list-style-type: none"> <li>• Uploading FMS start date email to EMWS Case managers will need to upload the good to go date from Aces\$ for approval of adding DSW services. Naming culture will be addressed in the future call.</li> <li>• FMS start date and care plan date When communicating to your self-directing participants or their Employer of Record that they cannot have their DSW begin providing services until they have received BOTH a good to go date from ACES\$ and notification that the Plan of Care has been approved by the State and a Prior Authorization number has been generated. That final piece is critical. If services are provided prior to a PA being generated, those services will not be payable through the program (which is to say that if the participant/EOR chooses to pay out of pocket for those services, that is</li> </ul>	<p>See naming convention for good to go documentation on CBSU website.</p>



**COMMUNITY-BASED SERVICES UNIT**  
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	<p>between the DSW and the EOR, but if a timesheet is submitted to ACES\$ for payment of services that happened prior to the date that is on the PA, the timesheet will be denied and those services will not be paid.</p> <ul style="list-style-type: none"> <li>Participant roles           <p>When working with your self-direction participants/EORs, please keep in mind that they are tasked with acting as employer, which includes setting employee pay rates, managing budgets, hiring/firing and ensuring employees know what is expected of them, filling out enrollment paperwork. You, as the Case Manager, should be providing guidance and acting as a resource to help them understand the documentation but SHOULD NOT be choosing rates, or completing paperwork that is required to be signed by the Employer of Record. This could establish a co-employment relationship with legal obligations for the case manager. Please maintain appropriate boundaries and recommend a designated employer of record to support participant if needed.</p> <p>If the participant or their chosen EOR is not able to comprehend or complete employer tasks, part of your role as Case Manager should be to assess whether or not self-direction is a good fit for that individual and if it is not a good fit, identify and recommend alternate options that might be available to them.</p> <p>Tyler provided a presentation on the CCW program.</p> </li> </ul>	
CCW Overview and CBSU Organization	Tyler provided a presentation on the CCW program.	See attached slides.
EVV update	<ul style="list-style-type: none"> <li>EVV update           <p>EVV process is continuing. The informational Wyoming Department of Health EVV webpage will be updated with current timelines and information soon to support individuals wanting more information on EVV and the WDH processes be posted on the link below: (<a href="https://health.wyo.gov/healthcarefin/electronic-visit-verification-ew/">https://health.wyo.gov/healthcarefin/electronic-visit-verification-ew/</a>)</p> </li> </ul>	EVV website posted on meeting notes (see summary discussion for link to website for EVV).
Skilled Nursing Update	<ul style="list-style-type: none"> <li>Adding a skilled nursing assessment to the service plan           <p>When adding a skilled nursing you will need to add a nursing assessment so the home health agency can bill for the assessment. This should be added before the assessment. The code for the nursing assessment is T1001.</p> </li> <li>The case manager's role in skilled nursing prior authorization</li> </ul>	



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	<p>Case manager's role for skilled nursing is to refer the participant for the possible need to the home health agency. The case manager should not be obtaining the doctors' order or suggesting the number of skilled nursing units. Once the skilled nursing is approved, the case manager's responsibility is to obtain the approval letter from the agency provider, prepare the PDS, and submit the care plan through the EMWS system for Division approval. Skilled Nursing will follow prior authorization rules and will not be reimbursed for units before the Division approval of a plan.</p> <ul style="list-style-type: none"> <li>• Prior authorization and start dates for services Before services are started case managers need to ensure that prior authorization is given by the Division for care plans or modifications to plans through the EMWS system. Any services given before authorization do not follow Division rules and may not be reimbursed.</li> <li>• Closures Case Managers role in closures is to acknowledge the tasks in the EMWS system. Case managers also are to communicate with the participant and providers of services being terminated with the given effective date. During this process case managers should assist in the transition of other services that can assist in participant's needs. The Division will monitor these tasks and may acknowledge if case managers do not actively address these tasks as required.</li> <li>• Quarterly care conferences During the call, clarification of what is needed in care conferences was discussed. Per policy and procedure, case managers are to organize and facilitate quarterly care conference meetings. A care conference shall include a review of the service plan and goals to monitor progress, identify any unmet needs, or necessary changes to the service plan and/or goals. Review of the policy and procedure found that this is incomplete and is in need of revision.</li> <li>• Change of case manager and billing Case managers are to send a request to Division staff for approval of change of case managers between agencies. The Division is responsible for letting the prior case management agency know of the change. Billing continues to follow previous</li> </ul>	



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	<p>procedures. Division staff will not release information without the change of case management form filled out or other HIPPA compliant forms.</p>	
<p><b>Policy and Procedures Manual Update</b></p>	<ul style="list-style-type: none"> <li>Update on Manual</li> </ul> <p>The Division will be updating the Policy and Procedures Manual. In the meantime, policy and procedure updates will be addressed through program bulletins. Therefore, a reminder if you have not yet done so please sign up for GOC Delivery updates. This will ensure that case managers get updates from the Division on meetings, changes to policy, and other important communications. For more information contact James Hruby.</p>	<p>When necessary to implement major program changes.</p>
<p><b>Next Meeting</b></p>	<p>August 27<sup>th</sup>, 2019 2:30 to 4:30</p>	

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**WYOMING  
MEDICAID  
LONG-TERM SERVICES & SUPPORTS  
OVERVIEW**



**COMMUNITY-  
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WYOMING MEDICAID  
DIVISION OF HEALTHCARE FINANCING

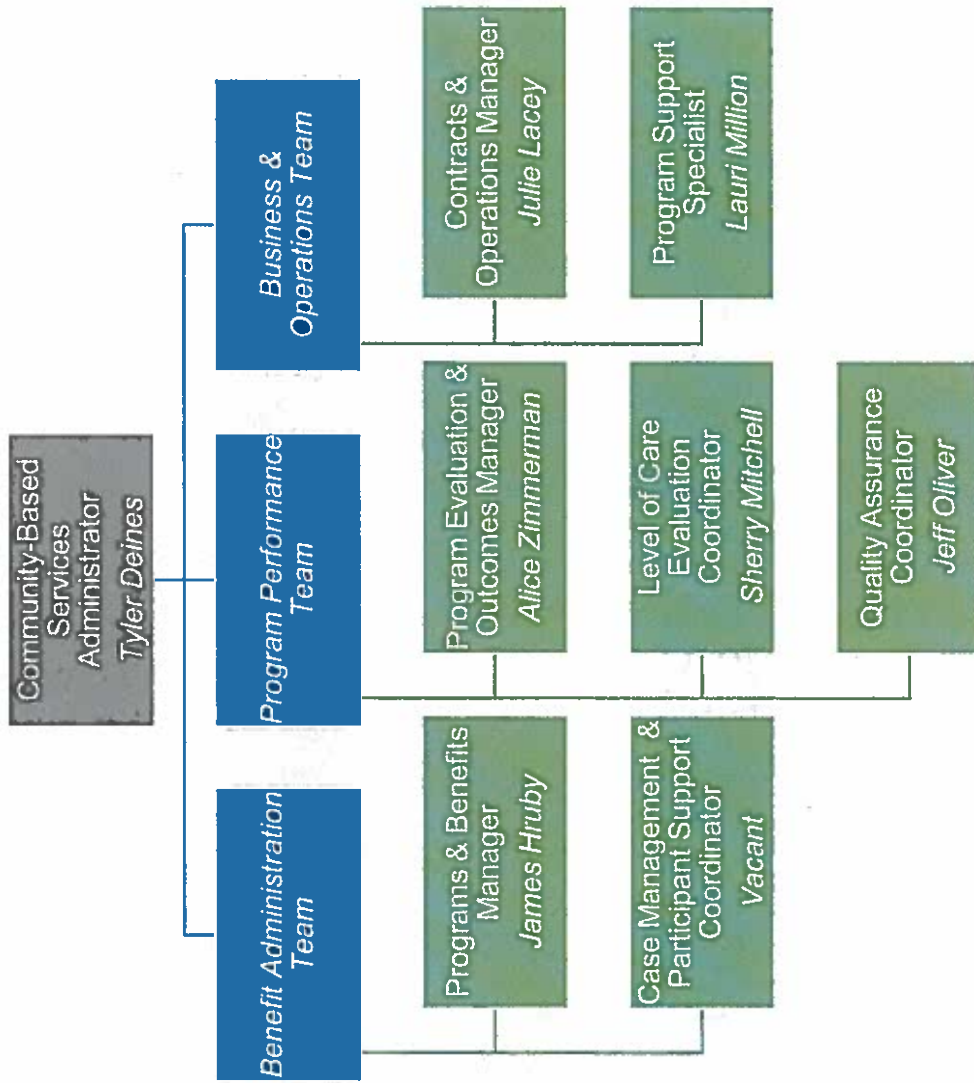
## CBSU MISSION

*Supporting Wyoming residents to achieve independence, maintain health and safety, and fully participate in community living through access to high quality, cost effective community-based services.*



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# CBSU ORGANIZATION



## **CBSU FUNCTIONS**

- Administrator
  - Medicaid Agent's designee for community-based services
  - Direct activities of the CBSU and supervise seven staff
  - Provide technical assistance and oversight to other units
- Benefits Administration Team
  - Maintain waiver and state plan amendments
  - Oversee program implementation and case management activities
  - Participant and other stakeholder engagement
- Program Performance Team
  - Quality improvement and program evaluation strategies
  - Provider credentialing, technical assistance, and quality assurance
  - Level of care evaluation administration
- Business and Operations Team
  - Contract procurement and administration
  - Contractor relationship management and oversight
  - Coordinate information system maintenance and enhancements





## MEDICAID LONG-TERM CARE BASICS

- Medicaid enacted in 1965 as partnership between the State and Federal Governments to provide medical care to low-income Americans
  - Mandatory and optional services and eligibility groups
- Institutional services
  - Nursing Facilities
  - Hospitals
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)\*
  - Institutes for Mental Disease (IMD)\*\*
- Federal laws and policies amended over time to provide states authority to offer Medicaid community-based service alternatives
  - 1970: Home health services added as a mandatory benefit
  - 1981: §1915(c) HCBS Waiver Programs

\*ICF/IID is an optional service  
\*\*Medicaid IMD exclusion limits this service to individuals < 21 or >65 years



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## **§1915(c) MEDICAID HOME & COMMUNITY-BASED (HCBS) WAIVERS**

- Authorized under Omnibus Budget Reconciliation Act (OBRA) of 1981
- Option to waive certain Medicaid State Plan requirements
  - Comparability
  - Statewideness
  - Income and resources for medically needy
- Targeted population
  - Level of care
  - Target group
  - Financial
- Services must be provided as alternative to Medicaid-covered institutional care
- Must demonstrate cost neutrality annually
  - On average, less than or equal to cost of providing institutional care to a comparable population
- HCBS supplement, but do not replace, Medicaid State Plan services



## **§1915(c) MEDICAID HCBS WAIVER ADMINISTRATION**

- Waiver amendments and renewals
  - Five-year renewal period
  - Technical vs. substantive amendments
- Waiver assurances & sub-assurances
  - Health and welfare
  - Financial accountability
    - Total enrollment and expenditure caps
    - Average per capita expenditures
  - Choice of alternatives
    - Institutional options and among services and providers
  - Evaluation of need
    - Institutionalization absent the waiver
    - Person-centered planning
  - Limitations on services for habilitation and chronic mental illness
  - Administrative oversight and reporting requirements
- Quality Improvement Strategy (QIS)



## **COMMUNITY CHOICES WAIVER BASICS**

- Purpose: Provide an array of home and community-based services to older adults and adults with physical disabilities as an alternative to nursing facility care.
- Community Choices Waiver Services
  - Case Management
  - Personal Care
  - Participant-Directed Direct Service Workers
    - Financial Management Services
  - Skilled Nursing Care
  - Home-Delivered Meals
  - Respite Care
  - Adult Day Care
  - Non-Medical Transportation
  - Personal Emergency Response System
  - Assisted Living Facility Services



## COMMUNITY CHOICES WAIVER ELIGIBILITY

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- Nursing Facility Level of Care
  - LT101 Assessment conducted by a Public Health Nurse
- Target Group
  - Must be aged (65+), or
  - An adult (19-64) with a physical disability
    - Disability is determined using the Social Security Administration (SSA) criteria
- Financial Eligibility
  - Must be otherwise eligible for Wyoming Medicaid, such as a Supplemental Security Income (SSI) recipient, or
  - HCBS Special Populations Group
    - Income  $\leq$  300% of Federal Benefit Rate (\$2,250/month)
    - Limited resources (Individual: \$2,000)
- Currently no waiting list for CCW enrollment



# WYOMING MEDICAID'S §1915(c) HCBS WAIVER PROGRAMS

Waiver Program	Target Groups Served	Level of Care
Community Choices Waiver (CCW)	<ul style="list-style-type: none"> <li>Adults 19-64 with a physical disability</li> <li>Aged adults 65+</li> </ul>	Nursing Facility
Supports Waiver	<ul style="list-style-type: none"> <li>Adults 21+ with an Acquired Brain Injury</li> <li>Individuals of all ages with an intellectual or developmental disability</li> </ul>	ICF/IID
Comprehensive Waiver	<ul style="list-style-type: none"> <li>Adults 21+ with an Acquired Brain Injury</li> <li>Individuals of all ages with an intellectual or developmental disability</li> </ul>	ICF/IID
Children's Mental Health Waiver*	<ul style="list-style-type: none"> <li>Children 4-17 with a serious emotional disturbance</li> <li>Young adults 18-21 with a mental illness</li> </ul>	Hospital (Inpatient psychiatric for <21 years)

\*The Children's Mental Health Waiver is a §1915(b)/(c) combination managed care waiver program



## WYOMING MEDICAID PROGRAM OPERATIONS

### Division of Healthcare Financing, Community-Based Services Unit

- Community Choices Waiver
- PACE
- Project Out

### Division of Healthcare Financing, Benefits Management Unit

- Children's Mental Health Waiver

### Behavioral Health Division, Developmental Disabilities Section

- Supports Waiver
- Comprehensive Waiver



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## **PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)**

- PACE is risk-based managed care option for individuals aged 55 years and older. The PACE organization is responsible for all aspects of the individual's medical care and long-term care needs
  - Capitated per-member, per-month (PMPM) reimbursement
  - Three-way agreement between State Government, Federal Government, and the PACE organization
- Eligibility
  - Nursing facility level of care (same criteria as CCW)
  - Financial eligibility (same criteria as CCW)
  - Aged 55+
  - Reside in PACE service area (Laramie County)
  - Safe to receive services in community at time of enrollment





## PROJECT OUT

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- Project Out is State General Fund program which provides older adults and adults with disabilities temporary, short-term assistance and support in order to facilitate transition from or avoid admission to a nursing facility.
- Project Out Services
  - Case management
  - Transitional goods (e.g. home modifications or basic household goods)
  - Transitional services (e.g. utility and housing deposits or movers)
- Eligibility
  - Wyoming resident
  - Presumed to be eligible for Medicaid
  - Currently residing in a nursing facility (transition) or at imminent risk for nursing facility admission (diversion)



## CONTACT INFORMATION

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