

AGENDA

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TOPICS

New Functional Behavioral Analysis/Positive Behavior Support Plan form

The Positive Behavior Support Plan (PBSP) manual is available on the [Forms and References](#) page of the Division website under *Reference/Tools* tab. This manual is a reference tool for case managers and providers to use when a team is working with a participant who is demonstrating an increase in challenging behaviors, or is experiencing a behavioral crisis. It provides a systematic process to guide teams in developing positive behavior support plans, and serves to reduce aversive or restrictive procedures that are used to manage challenging behaviors.

The Functional Behavioral Analysis (FBA) and PBSP form was updated in January 2020 to align with Chapter 45, Section 17 of the Department of Health's Medicaid Rules. Changes to the Functional Behavioral Analysis include the addition of the following sections:

- List ICAP targeted behaviors listed in EMWS that are moderate or severe.
- Baseline data – Provide a summary of the frequency, intensity, and duration of the targeted behaviors prior to implementation of the PBSP.
- Data over the past six months – After implementation of the PBSP, provide data from the past six months to determine its effectiveness. Summarize the frequency, intensity, and duration of the challenging behavior, based on incident reports (internal and those reportable to the Division).

The information at the beginning of the PBSP portion of the form was expanded to include specific provisions of rule that address positive behavior support. Other key changes include the addition of the following sections:

- Describe what the team will be expected to do when implementing the intervention strategies. Provide instructions for the provider as to how they will intervene when the behaviors occur.
- Documentation – Include a summary of the dates and times of the occurrence of the targeted behavior, a description of the antecedents to the behavior, and the positive behavioral interventions used. Additional information such as the frequency, intensity, and duration of the behaviors is highly recommended.
- An added signature section.

The FBA/PBSP form that is found in the Electronic Medicaid Waiver System (EMWS) is an outdated version. The Division expects teams to use the current form that can be found on the [Forms and References](#) page of the Division website, under the *Forms* tab. The link in EMWS will be removed in the future. The outdated form will not be accepted after March 1st.

Crisis Management Team update

The Developmental Disabilities (DD) Section will no longer be facilitating the Crisis Management Team. However, the Participant Support Unit will still work with case managers regarding emergency waiver services that meet the criteria established in Chapter 46, Section 14 of the Department of Health's Medicaid Rules. For more information or technical assistance on this provision of Rule, please contact your assigned Participant Support Specialist (PSS).

Quality Improvement Review of the Individualized Plan of Care (IPC) update

Beginning in March, EMWS will randomly assign quality improvement reviews of the IPC to Participant Support Specialists. If you receive an email from a PSS with whom you do not typically work, it is likely due to an IPC that underwent a quality improvement review and was randomly assigned to that PSS. Please work with the PSS who sends the email to make necessary modifications to the IPC that was selected for the quality improvement review.

Psychological evaluations for initial eligibility

Waiver applicants should not complete a new psychological evaluation for initial waiver eligibility prior to financial eligibility being confirmed by the Long Term Care Unit. It is important to the initial eligibility process that the steps in EMWS be completed in order. If a participant does not qualify for the Waiver based on financial eligibility, and the eligibility process is closed by the Long Term Care Unit, the psychological evaluation cannot be paid with waiver funding. Waiver programs are not responsible for covering the cost of evaluations that were not requested by the DD Section.

Needs and Risks - Mobility section of the IPC

The Mobility section of the Needs and Risks screen in EMWS is used to explain the specific mobility supports that a participant needs. Chapter 45, Section 4(b) states that a participant's right to receive services in settings that are physically accessible to the participant shall not be limited or restricted. Accommodations that need to be made to allow for participation in activities should be detailed in this section. Protocols for positioning and transfers are also uploaded or entered directly into this section.

Examples of mobility support include:

- I am at risk of falling when I first stand up. Staff should remind me to ask for assistance before standing. I will hold a staff's arm when getting up and hold on to staff or furniture during the first few steps I take.
- I can walk independently, but often need support on icy and uneven surfaces. Please offer me your arm to hold for support.
- I can walk with assistance or _____ assistive equipment (specify type of equipment).
- I use a wheelchair _____ (specify part or all of the time).

Location of updated forms and documents

In an effort to decrease instances of outdated or obsolete forms being available for case manager and provider use, the Division has adopted the practice of making forms and documents available in only one location. This will make updating and finding required forms easier for everyone.

Most required forms, reference tools, and examples can be found on the Forms and Reference page of the Division website. Forms and tools that are used during the participant's initial application process can be found on the [Participant Services and Eligibility](#) page. Reference materials, such as the IPC Guide and Criteria for the Psychological and Neuropsychological Evaluation documents, can be found on the [Providers and Case Manager](#) page. The Participant and Legally Authorized Representative Verification, Team Signature and Verification, and Relative Disclosure forms can be downloaded directly from EMWS.

Please check the website on a regular basis to ensure you are using the most current version of examples, tools, and required forms. If you have questions on where to find a specific form or document, contact your area Provider Support or Participant Support Specialist. You can also contact Shirley Pratt at shirley.pratt@wyo.gov.

Specialized equipment

Chapter 45, Section 5 of the Department of Health's Medicaid Rules outlines provider qualifications for each waiver service. Section 5(b)(xiii) states: "A Specialized Equipment provider shall have the applicable license or certification for the type of equipment purchased, and does not have to be certified in CPR or First Aid." Previous interpretations of this Rule have allowed providers to be certified in this service without having credentials for the type of equipment purchased. Effective immediately, new providers and providers who are undergoing certification renewal will be required to detail the type of equipment they will be supplying. The provider will also be required to submit evidence of the license or other credential they possess that allows them to supply such equipment, or demonstrate that the equipment does not require a license or other credential.

If the equipment does not require a license or other credential, please keep in mind that the item must not be an item of general use, and must fulfill requirements set out in Chapter 44, Section (6)(c). Chapter 44, Section 6(e) provides a list of items that will not be approved as a valid purchase with waiver funds. Please review this list prior to submitting specialized equipment requests.

Unapproved rights restrictions affect provider payments

A restriction of a participant's rights is only allowed if it complies with Chapter 45, Section 4 of the Department of Health's Medicaid Rules and is written into the IPC. If a PSS contacts a case manager regarding a rights restriction that does not comply with Rule, the case manager will be given a set timeframe for amending the IPC. In the meantime, the case manager must notify providers that the rights restriction is not allowed until the IPC is in compliance with Chapter 45. If a rights restriction violates Chapter 45, a provider that continues to enforce the rights restriction is also out of compliance with Chapter 45, and will be subject to corrective action and referral for potential recovery of funds.

Electronic Medicaid Waiver System (EMWS) platform changes

Due to the EMWS platform changes that took place on March 2nd, the EMWS help desk can no longer unlock users or reset passwords if a user is locked out of the system or forgets their password. Please use the reset password link on the main log in screen if you are locked out or forgot your password.

Due to the platform change, new case managers do not need to submit the Add User form to the Division. Once a new case manager is certified, the case manager will go to wyowaivers.com and click the sign up link at the bottom of the screen. Once the request has been submitted, the Division can approve or deny the request. If a case manager is no longer providing services for the DD Waiver, please email Jessica Abbott at jessica.abbott2@wyo.gov and request to be removed from EWMS.

WRAP UP

Next call scheduled for April 13, 2020