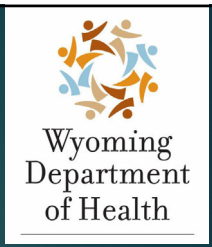


Case Manager Training

2020

2

Welcome to the Division of Healthcare Financing's Case Manager Training!

- Training is formatted in modules. You can choose to review a specific module, or proceed through the training from start to finish.
- Links to forms are included within each slide. Just click on the link and you can download the form or document.
- To receive continuing education credit, you must complete and submit a short survey at the end of each module. **The full training is worth 2 hours of continuing education.**
- Continuing education credits are not available for case managers completing this training as part of the initial certification process.
- If you have questions about the content of this training, please contact your Participant Support Specialist (PSS).

Case Manger Training Modules

3

- HCBS and the Case Manager's Role
- Accessing the Electronic Medicaid Waiver System (EMWS)
- Eligibility and Assessments
- Self-Directed Services
- Team Meetings
- Individualized Plan of Care (IPC)
- Targeted Case Management (TCM) and Transitions
- Provider Transitions
- Extraordinary Care Committee (ECC)
- Reconsiderations and Administrative Hearings
- Case Management Billing Requirements
- Case Management Certification
- Important Links and Tools
- Commonly Used Acronyms

4

Home and Community-Based Services (HCBS) and the Role of the Case Manager

Wyoming Department of Health

What are Home and Community-Based Services?

5

Home and community-based services (HCBS) provide opportunities for a Medicaid beneficiary to receive services in his or her own home or community, rather than an institution or other isolated setting.

The Case Manager's Role in HCBS

6

- The case manager plays a pivotal role in ensuring that each participant receives the supports and services outlined in his or her Individualized Plan of Care (IPC).
  - Services must be provided in a manner that is consistent with what is important to, and important for, the participant.
- The case manager must help the participant and legally authorized representative become well-informed about all choices that may address the needs and outcomes identified in the IPC.
- The case manager must write and monitor the IPC to assure the rights of the participant are respected. More on participant rights can be found on Slide 50.

Wyoming Department of Health

Participant Rights

7

- The right to privacy, dignity, and respect
- The right to freedom from coercion or restraint
- The right to privacy in the home, including:
  - Activities of daily living
  - Locks on sleeping and living spaces
- The right to choose with whom and where to live
- The right to furnish and decorate individual living space
- The right to control schedule and activities.
- The right to access food at any time
- The right to have visitors at any time, and associate with people of one's choice
- The right to communicate with people of one's choice, including the right to make and receive phone calls
- The right to keep and use personal possessions and property.
- The right to keep and spend money
- The right to access the community
- The right to full access of provider owned or operated settings in which services are received

8

HCBS and the Case Manager's Role Module Complete

Continue to Accessing EMWS Module

Return to Module List

To earn continuing education credit, please complete the linked survey.

9

Accessing the Electronic Medicaid Waiver System (EMWS)

Wyoming Department of Health

10

Accessing the Electronic Medicaid Waiver System (EMWS)

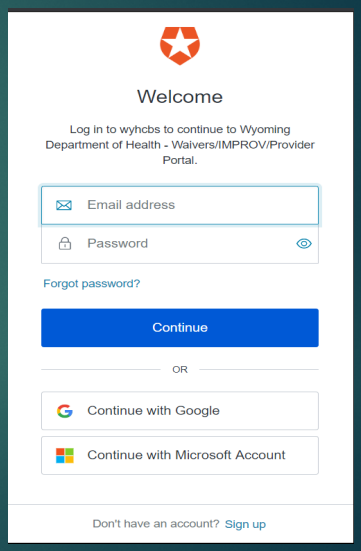
The Electronic Medicaid Waiver System is the web-based portal you will use to develop the Individualized Plan of Care (IPC), store important documents, and generate plan modifications and supplemental requests for each participant on your caseload.

Wyoming Department of Health

Accessing the Electronic Medicaid Waiver System (EMWS)

11

After you have completed the certification process, you must submit a request for access to EMWS through the web based portal. Select the "Continue with Google" or "Continue with Microsoft Account", or select the Sign up link located at the bottom. Once your request has been reviewed and approved, you will receive an email verifying that the request has been approved.



Wyoming Department of Health

Accessing the Electronic Medicaid Waiver System (EMWS)

12

- https://www.wyowaivers.com
- Enter Username and Password or click on Continue with Google/Microsoft account, depending on how you created your account
- You will be directed to the Home Page

Wyoming Department of Health

EMWS Naming Conventions

13

EMWS contains various documents, letters, assessments, and requests. In order to easily identify information contained within EMWS, please follow the EMWS File Naming Convention Guidelines developed by the Behavioral Health Division (Division). The naming convention guidelines can be found on the Forms and Reference Library page of the Division website, under the *Reference Materials and Tools* tab.

14

Accessing EMWS Module Complete

Continue to Eligibility and Assessments Module

Return to Module List

To earn continuing education credit, please complete the linked survey.

15

Eligibility and Assessments

16

LT104 or LT101

Assessment to determine intermediate care facility for individuals with intellectual disabilities (ICF/ID) or Nursing Facility level of care.

Psychological/ Neuropsych Evaluation

Assessment to determine diagnosis and intelligence quotient (IQ)

Inventory for Client and Agency Planning

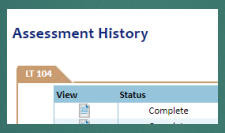
Assessment to determine level of service (LOS) score and individual budget amount (IBA)

All three assessment categories are required to determine participant eligibility and funding for waiver services

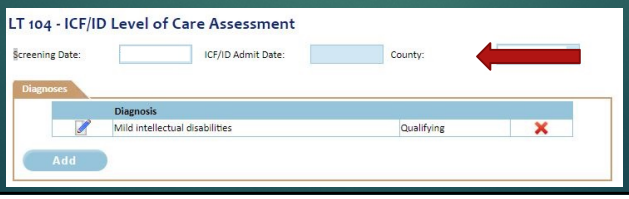
LT-104 Assessment (For individuals with an Intellectual or Developmental Disability)

17

- Completed in *Assessment History Section* of EMWS
  - For applicants, assessment should be completed within ninety (90) days of receiving the Case Management Selection Form.
  - Assessment must be completed annually thereafter.



- The county of the participant's physical address must be selected.
  - The ICF/ID date should be left blank.

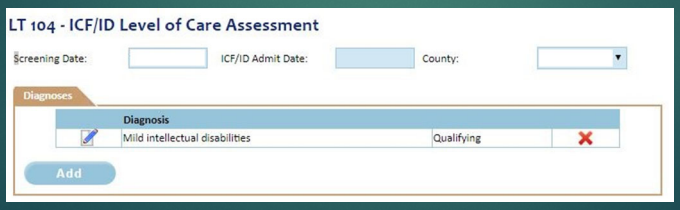


Wyoming Department of Health

LT-104 Assessment (cont.)

18

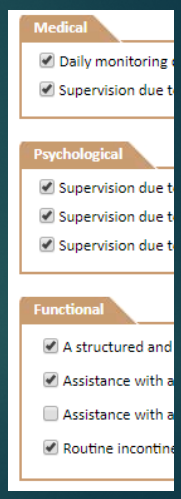
- The individual must have a qualifying diagnosis to be eligible for a waiver.
  - For existing participants, the diagnosis will populate from the previous LT-104 assessment.
  - For new applicants, enter a preliminary diagnosis.
    - You will update the diagnosis once the psychological/neuropsychological evaluation is received.



LT-104 Assessment (cont.)

19

- Does the individual meet the following criteria?
  - Have an eligible diagnosis;
  - Meet at least one criterion in either the Medical or Psychological sections; and
  - Meet at least one criterion in the Functional section
- If all three criterion are met, submit the LT-104 for review and final determination for ICF/ID level of care.



LT-101 Assessment (For individuals with an Acquired Brain Injury (ABI))

20

- The LT-101 is a functional assessment that determines nursing facility level of care for individuals with an ABI.
- Assessment determines functional needs of the individual in performing activities of daily living and instrumental activities of daily living, as well as the individual's social and cognitive functioning.
- A Public Health Nurse (PHN) from the individual's county of residence will schedule and perform the assessment.

Wyoming Department of Health

LT-101 Assessment (cont.)

21

- New Applicants
  - The PHN must complete the LT-101 assessment within seven days of the referral, unless an extension has been requested.
- Continued Eligibility
  - The LT-101 assessment must be completed annually, at the time the IPC is renewed.
  - The PHN must complete the assessment at least 60 days prior to the IPC start date.

Wyoming Department of Health

Psychological/Neuropsychological Evaluations

22

- You must help the applicant/participant schedule a psychological or neuropsychological evaluation.
- Individuals with a developmental disability are required to receive a psychological evaluation.
  - Evaluation must be administered by psychologist licensed in Wyoming
  - Psychologist must be an enrolled Medicaid provider
- Individuals with an acquired brain injury are required to receive a neuropsychological evaluation.
  - Evaluation must be administered by psychologist licensed in Wyoming
  - Psychologist must have at least one (1) year of post-doctoral work with people with acquired brain injuries
  - Psychologist must be an enrolled Medicaid provider

Wyoming Department of Health

Psychological Evaluations

23

- A psychological evaluation report must include:
  - All related diagnoses;
  - The full scale IQ score or an indication of a non-standard IQ score;
  - An assessment of adaptive functioning, using a standard measurement such as the Adaptive Behavior Assessment System (ABAS) or Vineland Adaptive Behavioral Scale; and
  - The signature of the licensed Psychologist, and the date the report was signed.

Wyoming Department of Health

Neuropsychological Evaluations

24

- A neuropsychological evaluation report must include:
  - All related diagnoses;
  - At least one (1) of the following evaluation criteria scores to confirm an ABI diagnosis
    - Mayo Portland Adaptability Inventory (MPAI), score of forty-two (42) or higher)
    - California Verbal Learning Test II Trials 1-5 T, score of forty (40) or lower
    - Supervision Rating Scale, score of four (4) or higher
  - The signature of the licensed Psychologist, and the date the report was signed.

Wyoming Department of Health

Psychological/Neuropsychological Evaluations

25

- Refer to the Criteria for Developmental Disability Psychological Evaluations or Criteria for Neuropsychological Evaluations document for more detailed information.
- The applicant/participant is encouraged to take the Clinical Diagnosis Psychologist Checklist, found on Page 17 of the Application Guide for the Supports Waiver, to his or her evaluation appointment.

Wyoming Department of Health

Wyoming Department of Health

Criteria for Psychological Evaluations

A person is determined eligible for the Supports or Comprehensive Waiver when eligibility criteria are met. Specifically, the criteria related to the diagnosis of an intellectual disability or a developmental disability due to a related condition is described in detail. This document shall serve as a reference to clinicians of Division expectations when completing these evaluations and provide information related to the evaluation process, the use of assessment instruments, interpretation of results, the formulation of diagnoses, and compilation of the assessment report.

Examiner Qualifications:
Psychological evaluations are conducted by a Medicaid enrolled psychiatrist, neurologist, or clinical psychologist who is licensed in Wyoming and is free of conflicts with other providers chosen by the participant. The psychological testing is provided and administered on a face-to-face basis and conducted by a clinician licensed to practice independently and trained to administer the appropriate assessment instruments.

Approved Psychological Tests:
An individual may qualify for the Supports and Comprehensive waivers with a diagnosis of an intellectual disability or a developmental disability due to a related condition. This eligibility determination relies heavily on the use of objective, standardized assessment instruments. In this section, the Division approved instruments are described in detail.

Only valid, reliable, and appropriate instruments are used in the evaluation process. The choice of testing instruments is based on the unique clinical presentation of the individual and the specific referral question. The most current versions of tests supported by scientific research and for which appropriate normative information is available are used. The following instruments have been approved for use when evaluating eligibility. The most current versions of these instruments must be used. Projective tests, such as the Rorschach shall not be used.

Assessment Instruments approved by Division:

INTELLIGENCE (one of the following & most recent version)

- Kaufman Assessment Battery for Children (KABC)
- Wechsler Pre-School and Primary Scale of Intelligence (WPPSI)
- Wechsler Intelligence Scale for Children (WISC)
- Wechsler Adult Intelligence Scale (WAIS)
- Sanford-Binet Intelligence Scale (SB)
- Test of Nonverbal Intelligence (TONI)

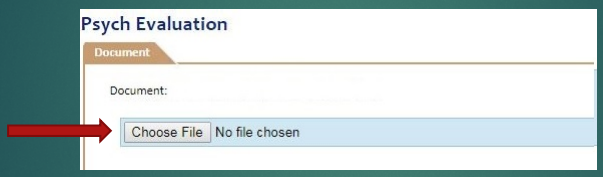
FUNCTIONAL/ADAPTIVE (one of the following & most recent version)

- Adaptive Behavior Assessment System

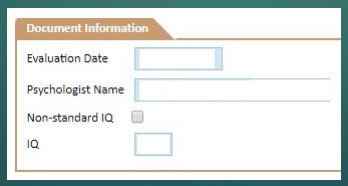
Psychological/Neuropsychological Evaluations

26

- Once the evaluation is complete and the report is received, upload the evaluation into *Assessment History Section* of EMWS.



- Enter the date of the evaluation, the name of the Psychologist who completed the evaluation, and the IQ into the corresponding boxes.



Wyoming Department of Health

Psychological/Neuropsychological Evaluations

27

- Once the PSS acknowledges that the report has been received, a new *Submit Psych Invoice* task will populate on your task list.
- Upload the invoice into EMWS and submit.
- After you *Acknowledge Psych Invoice Eligibility, the Psychologist* will be able to bill for the evaluation.
  - Notify the Psychologist that he or she can bill for the assessment using the code T2024 and the date the assessment was conducted.

Wyoming Department of Health

Inventory for Client and Agency Planning (ICAP)

28

- You will receive notification via EMWS that an ICAP needs to be scheduled.
- You must help the participant choose people (respondents) to answer assessment questions.
  - Respondents should be people who have known the participant for at least three (3) months and work closely with the participant in residential, vocational, educational, or other settings.
  - Ensure respondents are available to be interviewed by a representative from the Wyoming Institute for Disabilities (WIND).
  - Provide each respondent with the ICAP Information page, which is found on Page 2 of the ICAP Authorization and Information form.
  - Case managers should not respond unless there is no one else on the participant's team who is able to.

Wyoming Department of Health

Inventory for Client and Agency Planning (ICAP) Authorization

What is an ICAP?

The Inventory for Client and Agency Planning (ICAP) is a nationally standardized assessment tool that estimates a person's adaptive functioning, and the extent to which behavior challenges may limit his or her inclusion in various settings. ICAP scores are used by the Wyoming Department of Health, Division of Healthcare Financing (Division) to determine eligibility and funding for Supports and Comprehensive waiver services. The Division contracts with the University of Wyoming, Institute for Disabilities (WIND) to conduct ICAP interviews throughout Wyoming. WIND is responsible for conducting initial, emergency, and continuing eligibility interviews.

When might an ICAP score change?

Changes to ICAP scores may occur when there is a change in the applicant or participant's functional abilities, behavior, or health.

How are respondents selected?

Respondents should be individuals who:

- Can provide current and accurate information
- Know about the person's day-to-day life
- Have known the participant/applicant well and have worked with the person on a daily basis for the last three months
- Have different experiences with the applicant or participant in different environments

Respondents can be chosen by the legally authorized representative, applicant/participant, and/or the case manager. Two to three respondents must be listed on the ICAP Authorization Form.

The parent and/or legally authorized representative can be a respondent.

What should I expect when I am asked to be a respondent?

A professional from WIND will contact you to schedule an interview. During the interview, you will be asked to identify activities the applicant or participant can do well, and activities that are difficult for the applicant to perform.

If the applicant/participant has demonstrated challenging behavior, you will be expected to review incidents that have occurred within the last 3 months, and provide a summary of the frequency, intensity, severity, and duration of the behaviors.

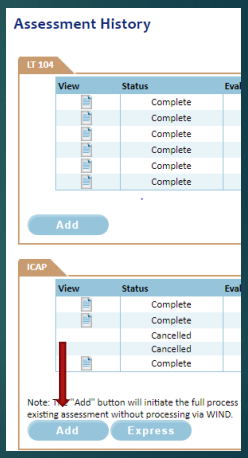
What if I have questions or concerns?

If you have any questions or concerns, please contact the Division at (307) 777-7115, and you will be directed to someone who can assist you.

Inventory for Client and Agency Planning (ICAP)

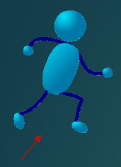
29

- Complete the ICAP Authorization and Information form
- Enter respondents and their contact information in the *Assessment History* Section of EMWS
- Upload the ICAP Authorization and Information Form
- A representative from WIND will be responsible for entering the ICAP results into EMWS



Wyoming Department of Health

Assessment Process Flow



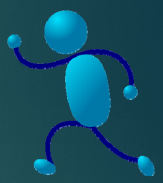
Jake the applicant

- Apply
- Indicate if he wants to be considered for the Comprehensive Waiver
- Select case manager (CM)
- CM completes LT104
- Submit Medicaid Financial Application
- Complete psychological evaluation
- If eligible per the psychological evaluation, complete the ICAP

Supports Waitlist

When a Supports Wavier Participant leaves the supports waiver, Jake will advance based on his position on the waitlist.
Criteria:
1) Time on waitlist first
2) Case Manager Selection
Date
3) Level of Service

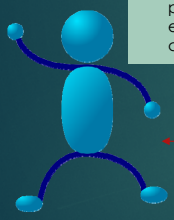
Jake the Supports Waiver Participant



Because Jake indicated that he had a desire to be waitlisted for comprehensive services, once he became an active supports waiver participant, he was automatically placed on the comprehensive waitlist

Comprehensive waitlist

When a Comprehensive Waiver Participant leaves the waiver, Jake will advance based on his position on the waitlist.
Criteria:
1) Time on waitlist first
2) Level of Service



Jake the Comp Waiver Participant

31

Eligibility and Assessments Module Complete

Continue to Self-Directed Services Module

Return to Module List

To earn continuing education credit, please complete the linked survey.

32

Self-Directed Services

Wyoming Department of Health

Self-Directed Services

33

Self-directed services allow a participant, or his or her representative if applicable, to take direct responsibility for managing services. This includes establishing payment rates, and hiring, firing, and training his or her own employees.

Self-Directed Services – The Case Manager's Role

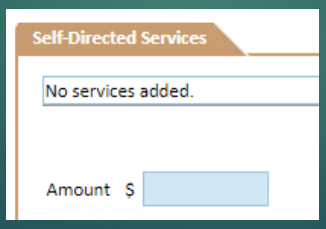
34

- Work with the participant to determine if self-direction is right for him or her.
- If self-direction is appropriate, help the participant complete the Self Direction Referral Form, and submit it to ACES$.
  - ACES$, the Financial Management Service, performs a variety of payroll-related tasks.
  - ACES$ ensures that the participant's employees meet the basic requirements needed to provide waiver services.

Self-Directed Services and EMWS

35

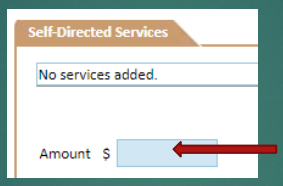
- Once the participant is enrolled in Self-Directed services, work with the participant and legally authorized representative to determine the budget to be allocated to self-directed services.
- Enter the amount in the Self-Directed Services section of the Service Authorization Page

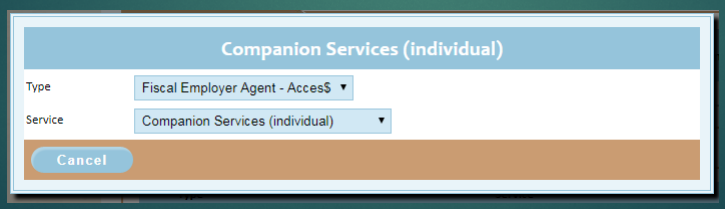


Self-Directed Services and EMWS

36

- Select the self-directed services that the participant has chosen





Self-Directed Services and EMWS (cont.)

37

- The total IBA, including the amount appropriated to self-directed services, will be calculated in the IBA Section of the *Service Authorization* Section

IBA

Individual Budget Amount:
Traditional Services:
Case Management Services:
Self-Directed:

Amount Remaining:

Self-Directed Services – Monitoring and Advocacy

38

- Once self-direction services have been added, monitor implementation of the IPC, and ensure that self-directed employees are following service definitions. Address any issues that may arise.
  - If a participant exceeds the established self-directed budget, he or she may lose the opportunity to receive self-directed services.
- Every three (3) months for habilitation services, and every six (6) months for all other services, conduct observations of each self-directed employee on the IPC.
- Advocate for the participant, and assist the participant and his or her legally authorized representative when there are issues or concerns with employees or the financial management service provider (ACES$)

39

Self-Directed Services Module Complete

Continue to Team Meetings Module

Return to Module List

To earn continuing education credit, please complete the linked survey.

40

Team Meetings

Wyoming Department of Health

Team Meetings

41

Team meetings are vital to supporting the participant in his or her community.

Team Meetings

42

- Team meetings should involve all of the important people in the participant's life.
- The variety of perspectives are important in coordinating all services, wavier and non-waiver, for the individual.
- Ongoing meetings will ensure the needs of the participant are met initially, and as needs change in his or her life.

Wyoming Department of Health

Team Meeting Guidance

43

- The IPC Team Meeting Checklist is found on the DD website under the Forms and Reference Library, Form tab.
  - The checklist walks you and the team through any team meeting.
  - Many components of the checklist should be completed prior to the meeting so the meeting is more effective and productive.

Prior to any team meeting, the case manager shall assist the individual and legally authorized representative to:

- ☐ Identify desired outcomes, dreams, employment, and service utilization over the plan year.
- ☐ Identify non-waiver services, self-directed services, traditional services, and potential providers to meet desired outcomes. Document how the individual was offered choice in service providers.
- ☐ Coordinate new provider visits if needed.
- ☐ Identify the amount of time the individual would like to spend in each service.
- ☐ Review other service setting options, including setting options that are not disability specific.
- ☐ Identify who should be at the meeting
- ☐ Identify a date and time for the team meeting that is convenient for the individual and legally authorized representative.
- ☐ Determine if there are sections of the plan of care the individual/ legally authorized representative would like to present at the meeting.
- ☐ Review/update the following sections of the plan: Individual Preferences, Demographics, Medical information, Specialized Equipment, Circle of Supports, and Needs and Risks.
- ☐ Review the Rights section.

Wyoming Department of Health

Team Meeting Guidance (cont.)

44

- You are required to send written notice to all team members at least twenty (20) days in advance of the annual and six month review meetings. A copy of the notice must be uploaded in the *Document Library* in EMWS.
- You are required to send written notice to all team members at least two (2) weeks in advance of any transition meeting. A copy of the notice needs to be uploaded in the *Document Library* in EMWS.
- A special team meeting may be requested by any team member at any time during the plan year.
- Team members include the participant, legally authorized representative, family members, providers, unpaid supports in the participant's life (i.e., employer, coworkers, friends) and others the participant chooses to have participate.

Wyoming Department of Health

45

Team Meetings Module Complete

Continue to Individualized Plan of Care (IPC) Module

Return to Module List

To earn continuing education credit, please complete the linked survey.

46

Individualized Plan of Care (IPC)

Wyoming Department of Health

Individualized Plan of Care

47

The Individualized Plan of Care (IPC) identifies the wants, needs, goals, and potential risks of the participant. It is the primary document that guides how services should be provided in order to best support the participant.

Completing the Individualized Plan of Care (IPC) in EMWS

48

- Plan Status
- Individual Preferences
- Demographics
- Rights
- Assessments (Slides 10-23)
- Circle of Supports
- Needs and Risks
- Medical
- Specialized Equipment
- Behavioral Supports
- Service Authorization
- Verification
- Final Submission

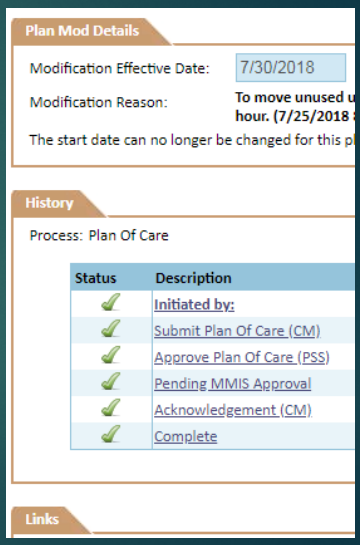
Refer to the IPC Planning Workbook to help you develop an IPC.

Wyoming Department of Health

IPC – Plan Status Section

49

- Section shows the plan start/modification date, and provides a detailed process history
- Plans must be submitted thirty (30) days prior to the plan start date
- Submit the final IPC after completing all sections of the plan



Wyoming Department of Health

IPC – Individual Preferences Section

50

IPCs must be person centered, and focus on the participant's wants and needs.

Individual Preferences should:

- Give providers a well-rounded understanding of the participant
- Be reflected throughout the IPC
- Align with service goals
- Be free of any discussion of rights restrictions
- Be updated at least annually

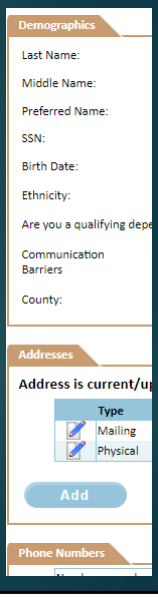
Wyoming Department of Health

IPC – Demographics Section

51

Demographic information must be kept current so the Division can send important information and notifications to the participant.

- Use the participant's legal name and information to complete this section
- Update section within seven (7) calendar days of being notified of a change
- Delete old information – only current information should be reflected



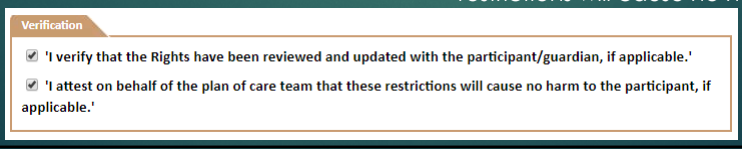
Wyoming Department of Health

IPC – Rights Section

52

Restricting the rights of a participant is serious, and must be done thoughtfully. Please view the training on rights restrictions, and review the Rights Restriction Review Tool before including a rights restriction in an IPC

- Address right restrictions and life-long supports on this page.
  - If a restriction is due to a medical need or physical disability, it is considered a life-long support.
  - If a restriction is due to a health and safety risk caused by a behavioral concern, it is considered a right restriction.
- Life-long supports related to privacy are considered rights restrictions.
- Rights cannot be restricted based solely upon guardian preference.
- Some right restrictions and life-long supports require additional documentation and/or follow up, which is required annually.
- You must verify that a participant's rights have been reviewed, and attest that the restrictions will cause no harm.



Wyoming Department of Health

IPC – Circle of Supports Section

53

- Document the participant's home setting and what supports he or she may need when at home.
- Document important people and providers in the participant's life.
  - Include people who are important to the participant
    - Friends and family
    - Waiver and medical providers
    - Employers and school contacts
- Document non-waiver services the participant receives.
- Upload guardianship or power of attorney documents, if applicable.
- Assure information is correct and isn't duplicated.

IPC – Circle of Supports Section – Back up Case Manger

54

- Every active case manager must identify a back up case manager.
  - The backup case manager is expected to continue case management services if you are unable to either temporarily or permanently continue as a participant's case manager.
- If you have a larger caseload, consider having more than one back up case manager to ensure that all participants' needs will be met should you not be able to continue as a case manager.
- You must meet with your back up case manager at least quarterly, and must document this in the participant's Case Management Monthly Review.

IPC – Circle of Supports Section – Back up Case Manger (cont.)

55

- The back-up case manager should be listed in EMWS under the contacts link.

- The back-up case manager's name will automatically populate into the *Circle of Supports* Section. Please add the contact information to this section as well.

IPC – Needs and Risks Section

56

This section outlines areas in which a specific risk to the participant has been identified. Please be detailed in this section.

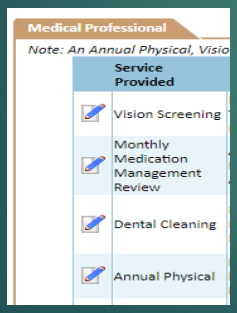
- Document how to assist the participant in each support area
- Include information regarding health and safety concerns
- Upload guidelines and protocols providers need to be utilizing
- If restrictions are included in this section, they must be reflected on the Rights screen.

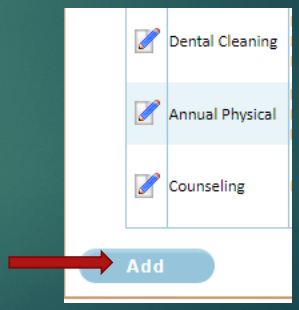
Wyoming Department of Health

IPC – Medical Section – Medical Professionals

57

- Medical professionals will automatically populate from *Contacts* Section
- If someone is missing, click "Add" to include that professional, or add to the *Contacts* Section under Waiver Links.



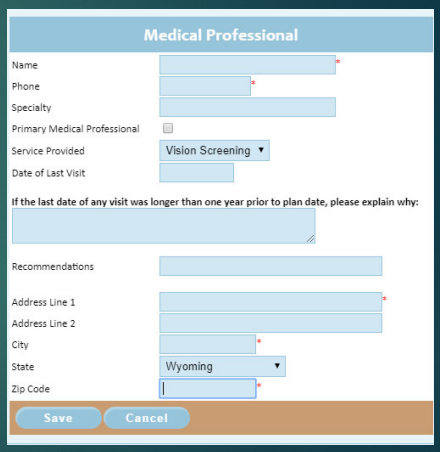


Wyoming Department of Health

IPC – Medical Section – Medical Professionals

58

- Select the edit icon to document the date of the last visit and any recommendations made by the medical professional.
- Unless otherwise directed by the participant's licensed medical professional, providers should ensure that participants receiving community living services receive a medical evaluation every twelve months.
- If a participant has not received a medical evaluation within the last twelve months, explain why the visit hasn't occurred, and what strategies the team is implementing to encourage regular medical care, under the *Medical Regimen* tab.



Wyoming Department of Health

IPC – Medical Section – Diagnoses

59

Diagnoses will automatically populate from the ICAP information entered in the *Assessment History* Section.

Wyoming Department of Health

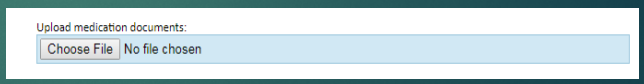
IPC – Medical Section – Medications

60

- Indicate if the provider assists with medications. Upload the signed Medication Consent Form under the Medications tab by clicking *Choose File*.

- Add participant medications ***OR*** upload the Medication Assistance Record (MAR).

OR



Wyoming Department of Health

IPC – Medical Section – Medication Regimen

61

- Mark the support level that best describes the participant's needs
- For each area, provide detailed information on the supports the participant will need
- Upload medical protocols (i.e., seizure protocol) here

Assistance needed at medical appointments

Assistance needed with medications

Medical conditions that require special instructions/protocols

How to assist the person in this area:

Protocol(s)

This assessment has protocols No

Document(s)

Upload File Choose File No file chosen Upload

Wyoming Department of Health

IPC – Medical Section – Known Allergies

62

Mark allergies and possible reactions

Known Allergies/Reactions

- No Known Allergies
- Aspirin
- Bee Sting
- Cosmetics
- Drug
- Eczema
- Eye
- Food
- Hay Fever
- Hives
- Latex
- Mold Allergy
- Other
- Penicillin
- Pet
- Poison Ivy and Plants
- Sulfite
- Sun

Wyoming Department of Health

IPC – Specialized Equipment

63

- Add all specialized equipment in this section
- If the participant does not have specialized equipment, do not complete this section
- Equipment commonly listed:
  - Medical equipment (glasses, dentures)
  - Mobility devices (wheelchair, walker, gait belt)
  - Adaptive equipment (tablet, communication device)

Wyoming Department of Health

IPC – Behavioral Supports Section

64

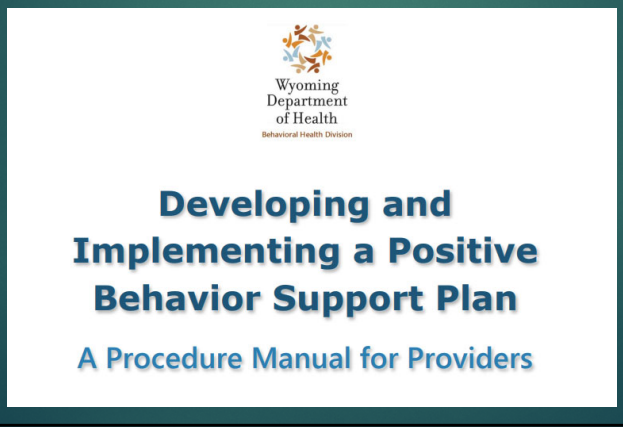
- Behaviors identified as moderate, serious, or critical in the ICAP information will populate to the *Behavioral Supports* Section
  - The following prompt will be displayed**:** *Include a Positive Behavior Support Plan (PBSP). The team completes a PBSP based on a Functional Behavior Assessment (FBA).*
- The FBA should guide the team during the development of the PBSP.
- Complete the FBA and upload the PBSP.
- PBSP template is located on the Division website under the *Forms* tab, or can be uploaded by clicking *View PBSP Form*

Wyoming Department of Health

IPC – Behavioral Supports Section

65

For assistance on developing and implementing a PBSP, refer to the Positive Behavior Support Manual, located on the Division website under the *Reference Materials and Tools* tab.

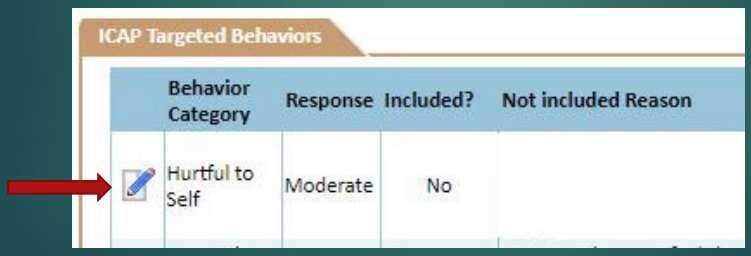


Wyoming Department of Health

IPC – Behavioral Supports Section

66

- If the team no longer considers a targeted behavior to be moderate or above, click the pencil icon next to the behavior and click *No behavior plan needed*.
- Document the reason a behavior plan is not needed.

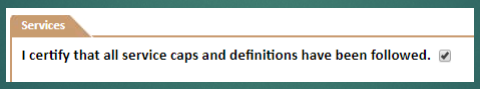


Wyoming Department of Health

IPC - Service Authorization Section

67

- Waiver Services must be prior-authorized
- Service levels must be consistent with the participant's level of service.
  - If the service definition is met, residential habilitation may be rounded up one level.
- Services must meet service definitions, and cannot exceed established caps. You must certify that all caps and definitions have been followed.



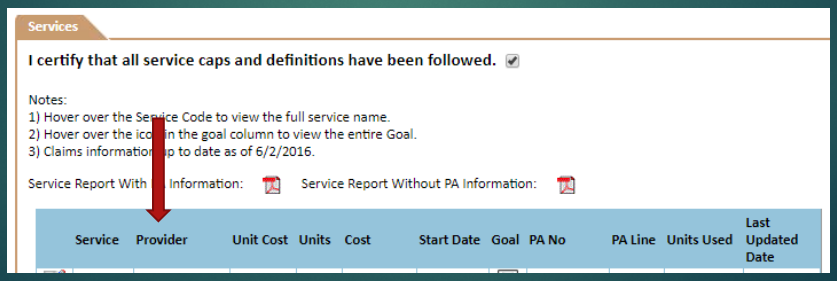
- The participant's service goal must align with his or her desired accomplishments, which are documented in the *Individual Preferences* Section.

Wyoming Department of Health

IPC - Service Authorization Section

68

- Planned service units must be sufficient to last the entire plan year.
- For traditionally delivered services, only providers certified for the service can be chosen from the drop down menu under *Services* tab.
  - If a provider is not in the drop down menu, the provider is not certified to provide the service. Contact the provider if you feel this is an error.

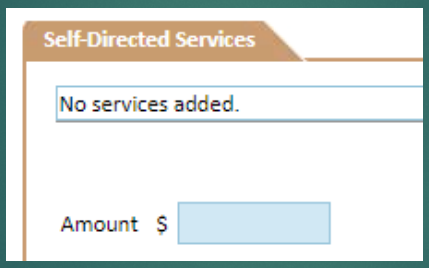


Wyoming Department of Health

IPC - Service Authorization Section

69

- For self-directed services, add the service under the *Self-Directed Services* tab. For more information on self-directed services, please refer to Slides 30-36.



- Services and units listed must match the services and units listed on the Team Signature and Verification Form, which is uploaded in the *Verification* Section.

Wyoming Department of Health

IPC – Verification Section

70

- Upload the signed Participant/Legally Authorized Representative Verification form.
- Indicate if a provider on the plan is a relative(defined as a biological, step, or adoptive parent), or a legally authorized representative.

- Upload the Team Signature Form.
  - Ensure all required signatures are present and services/units requested match the *Service Authorization* Section.

Wyoming Department of Health

IPC - Finalizing the IPC

71

- After all sections are complete, submit the IPC for review.
  - Return to the *Plan Status* Section and click *Submit*.
- The IPC will be reviewed
  - The IPC may be automatically reviewed by the system.
  - The IPC may be reviewed by a PSS. If reviewed by a PSS
    - The IPC may be returned to you for corrections, additions, or clarifications.

Wyoming Department of Health

IPC - Finalizing the IPC

72

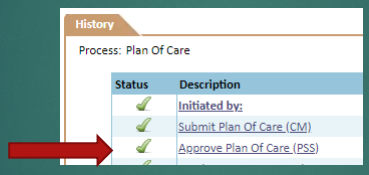
- Once the IPC is reviewed, you are responsible for distributing the IPC to team members
  - Team members must receive a copy of the IPC, along with copies of any protocols and the PBSP.
- You must train providers on the new IPC, and document the training.
  - The Participant Specific Training form is available on the Division website, under the *Examples and Templates* tab, for your convenience.

Wyoming Department of Health

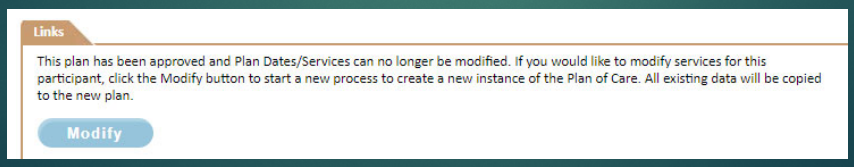
IPC - Finalizing the IPC

73

- Changes to the IPC can be made when the status says *Submit Plan of Care*.
  - Once plan status says *Approve Plan of Care (PSS)*, you cannot make changes



- To make changes, click *Modify*



Wyoming Department of Health

Quality Assurance Process

74

- Most IPCs will be reviewed by the EMWS system.
- In order to assure the quality of IPCs, a percentage of system reviewed plans will be checked for quality.
- You will be notified at least quarterly of deficiencies found in the IPCs you submit.
  - You will be notified of issues related to health and safety immediately.
- The Division will identify areas for programmatic improvement, and provide you with technical assistance.

Wyoming Department of Health

75

IPC Module Complete

Continue to Targeted Case Management (TCM) and Transitions Module

Return to Module List

To earn continuing education credit, please complete the linked survey.

76

Targeted Case Management (TCM) and Transitions

Wyoming Department of Health

Targeted Case Management (TCM)

77

Services under Targeted Case Management (TCM) can be billed, up to 120 fifteen (15) minute units per plan year (T2023), for the time you spend working with a new waiver applicant. This service can be billed for services provided while an applicant is applying for the waiver, and after he or she has been placed on the waiting list.

Targeted Case Manager Expectations

78

- **Gather information:** Complete the Level of Care Screening (LT104) and assist individuals to gather necessary documentation (ICAP assessment, medical records, psychological/neuropsychological assessment, etc.) for eligibility determination.
- **Linkage and Referral:** Work with individuals and service providers to secure access to non-waiver services while the applicant is on the waiting list. This includes informing individuals of services available, arranging appointments with service providers, and providing contact information of service providers.
- **Monitoring/Follow-up:** Maintain regular contact with individuals on the waiting list to assist with any questions or concerns he or she may have.
- **Update:** Assure individuals and LAR information is up-to-date, including physical and mailing addresses, phone numbers, and email addresses.

Targeted Case Manager Expectations (cont.)

79

- **Advocacy:** Advocate for the individual for the purpose of accessing needed services.
- **Crisis Intervention:** Connect the individual with crisis intervention and stabilization services in situations requiring immediate attention or resolution.
- **Documentation:** Write the TCM plan of care, which must be approved by the Division, and document services provided. When a funding opportunity is granted, follow the process for team meetings and IPC development.

Direct Services such as transportation are NOT covered under TCM.

Institutional Transitions and TCM

80

- You cannot provide traditional case management services during the time that a participant is institutionalized.
  - Institutionalization results in termination of services as cited in Chapter 46.
  - Institutionalization includes placement in a nursing home, hospital, residential treatment facility, inpatient hospice, or a state institution such as the Wyoming State Hospital or Wyoming Life Resource Center.
- When a participant is preparing for discharge, the participant will require your assistance.
- These services are typically provided under traditional Targeted Case Management.
  - These services will be paid out of state funds.
  - You should document duties performed, and then submit an invoice to the Participant Support Unit Manager.

81

TCM and Transitions Module Complete

Continue to Provider Transitions Module

Return to Module List

To earn continuing education credit, please complete the linked survey.

82

Provider Transitions

Wyoming Department of Health

Provider Transitions

83

A participant may choose to change any provider at any time for any reason.

- You must work with the participant and LAR to review choice and current provider lists.
- You must inform the participant and LAR of the transition process when making a provider change
  - Explain that choice will be honored, but timelines must be followed
  - A provider may not be immediately available to begin services

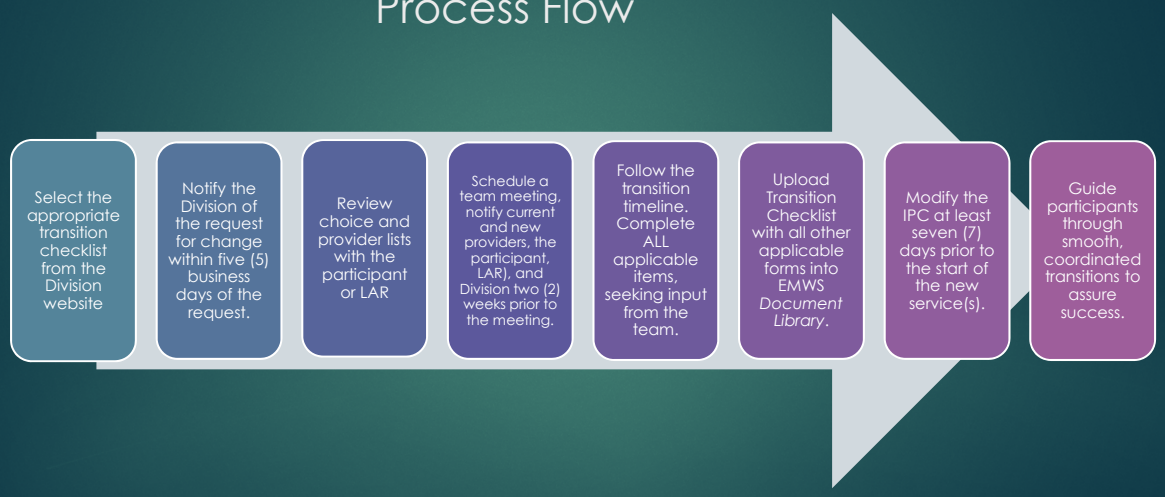
Transition checklists for various situations are available on the Forms and Reference Library page of the Division website, under the *Forms* tab.

Wyoming Department of Health

Provider Transitions

Process Flow

84



85

Provider Transitions Module Complete

Continue to Extraordinary Care Committee (ECC) Module

Return to Module List

To earn continuing education credit, please complete the linked survey.

86

Extraordinary Care Committee (ECC)

Wyoming Department of Health

Extraordinary Care Committee (ECC)

87

The ECC reviews requests regarding Level of Service (LOS) scores, extraordinary services or supports, temporary or permanent increases in a participant's IBA, and out-of-home placements.

Criteria for ECC Requests

88

- Emergency Requests
  - 24-hour residential services (out of home placement services) are needed
  - A material change in circumstances.
- Requests for specialized equipment that exceed $2,000, environmental modifications that exceed the lifetime cap of $20,000, or requests that exceed the IBA
  - In accordance with Wyoming Medicaid Rules, Chapter 44
- Requests for supported employment that exceed the IBA

Wyoming Department of Health

Inappropriate ECC Requests

89

- Requests for additional funding due to mismanagement of the IBA .
- Requests for residential services for someone under the age of eighteen (18).
- Requests for more than 24 hours of service within a 24 hour period.
- Requests for more than 7,280 units of Adult Day Services for someone who receives residential habilitation.
- Requests for additional funding or an increased level of service although there has not been a material change in circumstances, the plan of care team has not considered alternatives to waiver funded services, or natural supports are available as an alternative to additional waiver services.

ECC Requests – The Case Manager's Role

90

When submitting an ECC request, ensure the following:

- Supporting documents are included.
  - A signed letter from the physician listing recommendations, if medical needs are addressed
  - Documentation to support the intensity, frequency, and duration behaviors, if an increase in problematic behaviors is addressed
  - A summary of incident reports
- The IPC reflects the need for additional funding
  - The *Needs and Risks* Section of the IPC reflects the additional need for support.
  - The PBSP is up-to-date and reflects an increase in problematic behaviors.

ECC Requests – The Case Manager's Role

91

- Complete the ECC Checklist. Upload the ECC Checklist and requested documents in the *Supplemental Requests* Section of EMWS

Waiver Links

- Case
- Waiver
- Participant
- Contacts
- Associated Users
- Plan Enrollments
- Level Of Service
- Individual Budget Amount
- Letter History
- Document Library
- Assessment History
- Supplemental Requests
- Processes
- Targeted Case Management
- Notes

Wyoming Department of Health

Wyoming Department of Health

Extraordinary Care Committee Checklist

Participant Legal Name: Participant Age:	Plan of Care Start Date:	Case Manager: PSS Name:
Comprehensive Waiver ☐ Supports Waiver ☐	Medicaid ID#:	Living Situation:
Date of Psychological Evaluation: Full IQ Score:	Assigned Level of Service:	Date of ICAP: Service Score:
ICAP General Maladaptive Score:	ICAP Personal Living Domain Score:	If participant is on another waiver, identify which waiver:

Required Documentation from the Participant Support Specialist:

- ☐ ECC Decision form
- ☐ ECC Budget Worksheet

Required Documentation from the Case Manager:

- ☐ ECC Checklist
- ☐ ECC Request form – including verification of team consensus that the ECC request is necessary and other support and resource options have been explored
- ☐ Individual Plan of Care
- ☐ Psychological Report
- ☐ ICAP
- ☐ IBA history
- ☐ Previous CRT and/or ECC decisions
- ☐ Team consensus that ECC request is necessary and other support and resource options have been explored.
- ☐ Weekly schedule of services
- ☐ Completed PAL consultation, with responses to recommendations (if applicable)
- ☐ Completed WY Health referral, with responses to recommendations (if applicable)

If Out-of-Home Placement:

- ☐ Out of Home Placement Request
- ☐ Letter from caregiver's primary medical care provider
- ☐ Discharge summary (nursing home/medical facility/institution)
- ☐ Proof of loss of caregiver (obituary, written evidence that person left)
- ☐ If request is due to maladaptive behaviors, complete the behavioral documentation section below
- ☐ Recommendations from WY Health review
- ☐ DFS documentation substantiating abuse, neglect, exploitation, or intimidation (email, report, etc.)
- ☐ Supporting medical documentation

ECC Requests – The Case Manager's Role

92

- Complete the ECC Request Form. Upload the ECC Request Form in the *Supplemental Requests* Section of EMWS. Form should include:
  - Services and units approved on the current IPC.
  - Levels of the services (Level 5, intermediate, etc.)
  - Requested funding that exceeds the current IBA.
  - Changes to the current service delivery
    - Increase in staff availability
    - Increase in support, which is referenced in the IPC
  - Explanation of participant's average day/week with the requested services

Wyoming Department of Health

Denied ECC Requests

93

- If a request is denied by the ECC, the decision can be appealed.
- If the participant chooses to appeal the decision, follow the Reconsideration or Administrative Hearing Process, explained in Slides 100-105.

Wyoming Department of Health

94

ECC Module Complete

Continue to Reconsiderations and Administrative Hearings Module

Return to Module List

To earn continuing education credit, please complete the linked survey.

95

Reconsiderations and Administrative Hearings

96

Reconsiderations and Administrative Hearings

If a Division decision results in an adverse action affecting a waiver applicant or participant, the Division is required to provide a notice to inform the applicant or participant of his or her right to request a review of the decision.

Adverse Actions

97

- Adverse action is defined as a denial, reduction, or termination of services or eligibility, including a reduction in the level of care.
- The Division will provide written notification of any adverse action. Notification will include:
  - A statement of the intended action;
  - The reason for the decision; and
  - An explanation of the applicant's or participant's right to request a reconsideration and/or an administrative hearing.

Reconsiderations

98

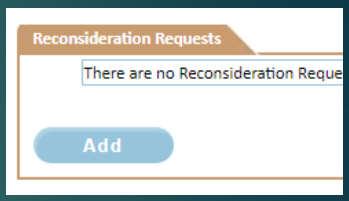
- The participant/applicant has thirty (30) days to request a reconsideration
- A request for reconsideration will be reviewed if:
  - Information used to make the decision that resulted in an adverse action was misrepresented;
  - Information used to make the decision that resulted in an adverse action was not represented to the fullest extent needed;
  - There was a misapplication of Division standards or policy during the decision process; or
  - The criteria used to make the decision was misunderstood.

Wyoming Department of Health

Reconsiderations

99

- To submit a reconsideration on behalf of a participant or a legally authorized representative:
  - Add the request under Reconsideration Requests in the *Supplemental Requests* Section of EMWS
  - Submit a letter requesting a reconsideration, along with supporting documentation
  - Provide additional information, if requested
- The reconsideration will be reviewed by the Section Administrator



A request for reconsideration does not affect the availability of an administrative hearing

Administrative Hearings

100

- Requests for an administrative hearing are handled through the Office of Administrative Hearings.
- If a participant or LAR chooses to request an administrative hearing, you must assist the participant in submitting the request
  - Instructions are provided on the notification of the adverse action.

Wyoming Department of Health

101

Reconsiderations and Administrative Hearings Module Complete

Continue to Case Management Billing Requirements Module

Return to Module List

To earn continuing education credit, please complete the linked survey.

102

Case Management Billing Requirements

Wyoming Department of Health

Monthly and 15 Minute Unit Billing Requirements

103

Monthly

- Must be billed on or after the last day of the month.
- A minimum of two hours of billable services are required
  - Includes one (1) hour of person to person contact with the participant and/or LAR
- All billable services must be documented prior to billing.
- A home visit, with the participant present, is required

15 Minute

- At least one (1) unit per month must be billed
  - Based on the needs of the participant or the LAR
- Monthly home visit, with the participant present, is required for participants who receive any type of community living service
- Quarterly home visit, with the participant present, is required for participants who do not receive community living services
- All billable services must be documented prior to billing.
- IPC may not exceed 224 units annually, which is an average of 4.5 hours per month

Wyoming Department of Health

Billable Time vs. Non Billable Time

104

Billable time may be cumulative during the span for which the case manager bills.
All billable time should be documented.

Billable case management activities:

- Plan development
- Plan monitoring/follow up/documentation review
- Second-line medication monitoring
- Home visits
- Team meetings
- Participant specific training
- Face to face meetings with participants, LAR, and family
- Advocacy and referral for waiver and non-waiver services
- Crisis intervention and management
- Coordination of natural supports
- Offering and discussing choice
- Completing and documenting monthly and quarterly responsibilities
- Quarterly or bi-annual service observations, depending on the service
- Quarterly meetings with back-up case manager

Non-billable case management activities:

- Ancillary activities such as mailing, copying, filing, and faxing
- Supervisory or administrative activities
- Social time spent with the participant or LAR
- Incidental contact or social exchanges
- Travel time, as this is included in the rate

Wyoming Department of Health

In-Home Visits

105

Home visits provide an opportunity to see the participant in his or her home environment. Home visits must be conducted based on the service definition and as outlined in previous slides.

- Have a purpose – know what you intend to accomplish and monitor during your visit.
- Use a checklist to help you stay focused. Share your checklist with the participant/LAR.
  - Topics might include medical appointments, medication changes, providers/services used during the month, activities completed during the month, etc.
- Discuss other ways you can monitor the participant's plan if he or she is receiving limited services or case management services only.
- Develop and document strategies to include other waiver and non-waiver services.
  - Discuss community resources that are available, and how they can be accessed.
- Note any changes needed, and your plan to follow-up.
  - Discuss how and when this follow-up should occur.

Wyoming Department of Health

In-Home Visits (cont.)

106

Tips

- If a team meeting is held in the participant's home, document this separately from the home visit on the Case Management Monthly Review Form.
- Ask the participant or LAR to sign the Home Visit and Service Observation Form. If the participant or LAR is not able to sign, ask the provider staff to sign the form. Keep the form for your records and Division review.
- You must conduct a home visit for each participant at least once a quarter (see Monthly and 15 Minute Billing Requirements on Slide 108). It is always acceptable and appropriate to visit a participant in his or her home more than once a month if there is a reason that would warrant additional home visits.

Wyoming Department of Health

Monthly Review

107

Billable activities are documented on the Case Management Monthly Review Form, located in EMWS

- Document all activities you complete on behalf of each participant you serve.
- Documentation must occur within sixty (60) days
  - Timely documentation is critical to allow for Division follow-up on reported concerns
- Complete documentation *before* you bill, in accordance with Medicaid rule.
- Complete every category with as much detail as possible, to demonstrate the service provided and participant response.
  - Brief notes that do not capture the who, what, why and where are not best practice and are *not* acceptable documentation.

Quarterly Review

108

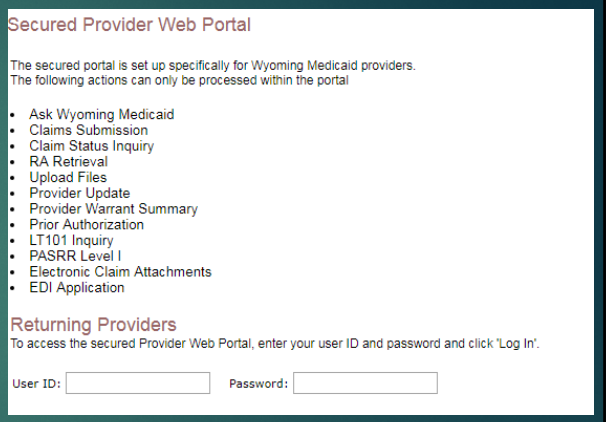
Case managers must complete a quarterly review (January, April, July, October) for each participant on their caseload.

- Quarterly reviews contain important information used to track trends and concerns for each participant.
  - Information should add supplemental detail to information recorded in the monthly reviews.
  - Information is reported to the Centers for Medicare and Medicaid Services (CMS) to demonstrate statewide system improvement.
- The quarterly review will populate on your EMWS task list at the beginning of the month it is due.
  - The quarterly review is due on the last day of the month after the quarter ends (i.e., Report for January – March is due April 30, Report for April – June is due July 31)
- **Quarterly reviews cannot be submitted late**. If quarterly reviews are submitted late, you will be required to submit a corrective action plan (CAP) that details how you will ensure future submissions are on time

Submitting claims

109

- All Developmental Disability Waiver claims are submitted through an online provider portal: https://wymedicaid.portal.conduent.com/wy/general/home.do
- **Conduent** is the fiscal agent for Wyoming Medicaid.
  - Conduent processes all billing claims and adjustments.
  - Conduent answers provider inquiries regarding claim status, payments, client eligibility, and known third party insurance information.
  - For billing questions, contact Conduent at 1-800-251-1268.



Wyoming Department of Health

Billing Requirements Module Complete

110

Continue to Case Management Certification Module

Return to Module List

To earn continuing education credit, please complete the linked survey.

111

Case Management Certification

Wyoming Department of Health

Case Management Certification

112

Case managers are certified in conjunction with Chapter 45, Section 28, and may receive a one, two, or three year certification.

Case Management Certification Options

113

- Certification renewal can be conducted as a desk audit or on-site visit, based on additional factors.
- Desk audit
  - No direct services are provided by the case management agency
  - Two (2) to five (5) files per case manager are reviewed
  - Agency policies and procedures are reviewed, along with any other pertinent information
- On-site or in-person certification
  - Review of same information reviewed during a desk audit.
  - If services other than case management are provided, a review of these services will occur as well.

Wyoming Department of Health

Case Management Training Requirements

114

- Each year, you must submit evidence of the following to your Provider Support Specialist (PVS):
- CPR, First Aid, and Medication Assistance (if applicable) Training
- Eight (8) hours of continuing education, in addition to the trainings listed above.
  - Continuing education must be related to your caseload, or the direct case management services you provide
  - Contact your PVS for questions regarding continuing education requirements

Wyoming Department of Health

Important Links and Tools

115

Refer to the following tools for questions, clarifications, and processes.

- ***Medicaid Chapter 45***: DD Waiver Provider Standards, Certification and Sanctions.
  - This chapter outlines the rules and regulations with which you are required to comply as a Waiver Case Manager.
- ***Comprehensive and Supports Waiver Service Index***
  - The Service Index describes each waiver service, including the service definition, rate, unit, and scopes and limitations.

Tip: Have these available to reference during Team Meetings and when completing the IPC.

Wyoming Department of Health

Additional Links and Tools

116

- Developmental Disability Section Website
- Chapter 44 – Environmental Modifications, Specialized Equipment, and Self Directed Goods
- Chapter 46 – Medicaid Supports and Comprehensive Waivers
- Commonly Used Terms
- Participant and Provider Support Region Maps
- Forms and Reference Library
- Provider Information, including support call notes and bulletins
- Participant information, including Supports Waiver Application and Case Management Selection Form

Commonly Used Acronyms

117

ABI: Acquired Brain Injury
CAP: Corrective Action Plan
CIR: Critical Incident Report (DD Critical Incident)
CM: Case Manager
CMMR: Case Management Monthly Review
CMS: Centers for Medicare & Medicaid Services
DD: Developmental Disabilities
DFS: Department of Family Services
DHCF: Division of Healthcare Financing, or Division
DVR: Division of Vocational Rehabilitation
ECC: Extraordinary Care Committee
EMWS: Electronic Medicaid Waiver System
FBA: Functional Behavior Analysis
HCBS: Home and Community-Based Services (Waiver Services)
HIPAA: Health Insurance Portability and Accountability Act
IBA: Individual Budgeted Amount
ICAP: Inventory for Client and Agency Planning
ICF/ID: Intermediate Care Facility for persons with Intellectual Disabilities
IMPROV: Information Management for Providers
IPC: Individualized Plan of Care
IQ: Intelligence Quotient
IR: Incident Report (Internal)
LAR: Legally Authorized Representative
LOC: Level of Care
LOS: Level of Service
LTC: Long Term Care
MAR: Medication Assistance Record
MFCU: Medicaid Fraud Control Unit
MMIS: Medicaid Management Information System
PA: Prior Authorization
PAL: Partnership Access Line
PBSP: Positive Behavior Support Plan
PHI: Protected Health Information
PSS: Participant Support Specialist
PVS: Provider Support Specialist
TCM: Targeted Case Management
WDH: Wyoming Department of Health
WIND: Wyoming Institute for Disabilities

Wyoming Department of Health

Thank You!

FOR QUESTIONS, CONTACT YOUR PARTICIPANT SUPPORT SPECIALIST (PSS)

PLEASE REMEMBER TO ADD THIS TRAINING TO YOUR CONTINUING EDUCATION TRACKING RECORD. COMPLETION OF THIS TRAINING IS TRACKED BY THE DIVISION AND WILL BE VERIFIED, SO A CERTIFICATE WILL NOT BE ISSUED.

Wyoming Department of Health