

Wyoming Department of Health
Division of Healthcare Financing, Community-Based Services Unit
 Community Choices Waiver Program
 Case Manager Meeting Summary

Date and Time	Conference Line	Guest Passcode
February 25, 2020, 2:30 – 4:30 PM	1-877-278-2734	154416

Agenda Item	Summary of Discussion	Requests and Follow-Up
Welcome / Introductions	Everyone introduced themselves.	
Waiver amendment Public Comment	<ul style="list-style-type: none"> • Waiver amendment is in public comment now. • To make comments go to the web link, this was sent out via GovDelivery, our preferred method is online submission. • You can read over the summary of the changes or can read over the full amendment document, both posted online. • The waiver forecast is also posted. The forecast is what the state anticipates the change to be. This is not a cap, it is our prediction of participants, units of service, and total expenditures. In the trend line graphics, blue represents the actual expenditures and orange is our prediction. • Once public comment is over, we will post a summary and a general response to comments. There may not be a response to every comment made, but will provide a response to substantive comments or themes. • Public comment closes March 3rd at 5:00 p.m. Feel free to forward to any individual you think would have comments. 	
Waiver amendment Case management definition	<ul style="list-style-type: none"> • The definition of case management has been re-written in the amendment to match the federal regulation definition. • The case manager’s responsibility is to assist the participant in finding services in the waiver and in the community. It is also the responsibility of the case manager to develop and monitor service plan implementation. Case managers should inform participants of all feasible service alternative, including participant-directed services. • Case management agency qualifications have also changed. Enrollment of case managers to case management agencies will be shifted to the case management agency and not the Division. The Division’s responsibility is to qualify and enroll the case management agency. • The amendment also changes the qualifications of a case manager. No prior experience as a case manager is required. Experience in the human resource or social services field 	

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	<p>is still required. Education and experience are two different things and cannot be substituted for one another.</p> <ul style="list-style-type: none"> • Case management agencies will now be required to be enrolled as a business entity. For example, registered as an LLC or sole proprietor with the Secretary of State. 	
<p>Waiver amendment Transitioning meals</p>	<ul style="list-style-type: none"> • Transitioning meals for the amendment does not take place until the amendment is in place July 1st. • This transition will be a soft roll out much like the skilled nursing assessment. Participants will not be required to transition to one meal a day until their plan comes up for renewal. Any new participant enrolled after July 1st will only be allowed one meal on their plan. • We will be providing some options/resources for additional meals. • CMS still has to approve this transition plan. 	
<p>Waiver amendment Communication to case managers</p>	<ul style="list-style-type: none"> • Please continue to sign up for communications on our website. • Our case manager call is very important in our communication to all case managers. The notes cannot capture everything that was discussed in detail. • Communication and education will occur through our GovDelivery system and through the case manager call. • The agenda that we send out will always have the date and time of the next call as will the notes, both of which are posted online. 	
<p>Case Manager Updates Back-up direct service worker and back up case manager</p>	<ul style="list-style-type: none"> • Each participant on participant directed option must have a back-up direct service worker, who is not the primary enrolled direct service worker. The back-up can be an on-call or secondary direct service worker. • Back-up direct service workers must be assessed annually at plan review. If the back-up person has not changed this must be noted on the file and a new form is not needed. • It is a conflict for a case manager to be listed as the back-up direct service worker. • Case management agencies must remember to have a back-up plan in place in the event that the participant's regular case manager is not available. • When a back-up case management agency is being utilized this must be communicated to the state as well as each participant, with the dates being affected. 	
<p>Case Manager Updates Assisted living facility plan of care and private pay</p>	<ul style="list-style-type: none"> • Case managers will now be required to get the care plan from the assisted living facility and upload into EMWS. This will be for new and renewal plans. • Care plans from the facilities can be shared, this is not a HIPPA violation. • Assisted living facility should not require private pay before allowing a participant to be on Medicaid in the facility. 	

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	<ul style="list-style-type: none"> • Medicaid reimbursement for assisted living facility services includes personal care to the extent permitted under the facility’s licensure. If assisted living facilities charge the participant for covered services, we need to know. • Assisted living facilities can charge for room and board or for items/services of comfort and convenience. 	
Case Manager Updates Participant signature	<ul style="list-style-type: none"> • CCW does not have an attestation process, documents cannot be signed via telephone and must be signed by the participant. If the power of attorney is signing for the participant the power of attorney documents must be on file. • If the case management agency has the ability for a participant to sign a tablet or something similar that process is allowed. 	
Case Manager Updates Plan of care by the case manager	<ul style="list-style-type: none"> • Approved case managers by the Department must be the individual completing the plan of care. The plan cannot be developed by an agencies delegate as they are not an approved case manager with the Department. 	
Case Manager Updates Acknowledge skip MMIS	<ul style="list-style-type: none"> • When case mangers get the task Acknowledge Skip MMIS on their plan this means that no services were changed from the previous plan/modification to the plan/modification being submitted. 	
Case Manager Updates Case management tasks Forced closure	<ul style="list-style-type: none"> • The state has been noticing some trends with case managers and with case management agencies. Tasks will be monitored and we will reach out when we are concerned. • Emails will be sent to the case manager on file and their supervisor with our feedback. • The state is required to prove to CMS that our participants receive the services they need as our population is at risk of entering a facility in 30 days with no services. Monitoring tasks is just one way for us to keep that promise to CMS. • Review plans are due the 15th of the month the month prior to the review date. • We will continue to force closures for participants where the case manager has not acknowledged. We are required to give our providers 10 day notice when ending services. Acknowledging the closures prevents services from being completed on an individual who is not eligible. When services are provided to an individual who is not eligible the state cannot pay for the services rendered and payment will fall on the case management agency. 	
Case Manager Updates Incident reports/complaints	<ul style="list-style-type: none"> • CCW and DD incident reports must be kept separate. • Incident reports must be done using the link on the webpage, not faxed or emailed. • Incident reports cannot be completed when you have the incident report and EMWS open at the same time. • If issues arise while completing and incident report switch the browser and try again. • Incidents can be uploaded into EMWS. 	

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Case Manager Updates FMS communication	<ul style="list-style-type: none"> • When a participant is changing their case manager or their case management agency the FMS change form is required to be submitted to ACES\$ and uploaded into EMWS. This form is the only communication ACES\$ gets to notify them who the current case manager is. • The FMS form is also required, as noted on the form, for a decrease in services; termination of services; and placing services on hold. • When a case manager leaves the agency an FMS form is required for each participant to change the case manager and communicate that with ACES\$. • When a participant is terminated with ACES\$, the entire hiring process needs to be completed over again. When the state reactivates someone in EMWS, this does not automatically reactivate ACES\$. If the case manager believes that the participant will be getting their services back, they can place the participant on hold instead of terminating. 	
Case Manager Updates Monthly contact requirement	<ul style="list-style-type: none"> • In order to bill for case management services, the requirement is monthly face-to-face contact. If that contact is not made and documentation obtained, case management cannot be billed. The monthly visit verification is what shows documentation that case management was provided. • The monthly visit requirements will be changing with the new amendment, but for now, the face-to-face monthly visit is still required. 	
EMWS update	<ul style="list-style-type: none"> • New login process and new server location to go live over the weekend of the 28th. On Monday the 3rd login will occur on the new server and business as usual. • Emails were sent out explaining the new login process and timelines. Email notification will also go out when the old system goes down and when the new one is ready for access. • The URL for the old system will have a redirect to the new URL. The emails sent out will also have the new URL link. • Any issues with the login or the system can be emailed to the EMWS helpdesk. 	
EVV update	<ul style="list-style-type: none"> • EVV is still in contract negotiations. The contract should be finalized in late May. The self-directed portion of EVV is still behind by a few months. 	
Next Call	<ul style="list-style-type: none"> • April 28, 2020, 2:30 – 4:00 PM - Please submit any agenda items you would like. 	

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