Community Choices Waiver: Participant Handbook

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Section 1. Program Overview

The Wyoming Department of Health, Division of Healthcare Financing (the Division) is the agency responsible for the administration of the Wyoming Medicaid program. As part of this work, the Division is responsible for the administration and operation of the Community Choices Waiver.

1.1 Purpose

The Community Choices Waiver program provides older adults and adults with disabilities a community-based alternative to nursing facility care. You are supported to achieve independence, maintain health and safety, and fully participate in community living through access to high quality, cost effective community-based services.

1.1.1 Program Objectives

As someone receiving services from the Community Choices Waiver, it is important for you to know the objectives of the program and how each objective applies to you. Below is a list of the objectives and what each means for you:

Objectives of Community Choices Waiver	
Individual Authority Over Services & Supports	The program provides you with the opportunity and authority to exert control over your services, supports, and other life circumstances to the greatest extent possible.
Person-Centered Service Planning & Service Delivery	The program acknowledges and promotes your strengths, goals, preferences, needs, and desires through a person-centered service planning process. In addition, the program respects and supports your strengths, goals, preferences, needs, and desires through person-centered service delivery.
Promotes Community Relationships	The program supports and encourages your self-determined goals to be an active member of your community. The program also recognizes that the nature and quality of community relationships are central to your health and wellness.
Health & Safety	The program supports you to effectively manage risks and to achieve independence while maintaining health and safety.

Service Array	The program offers services which complement and/or supplement the services that are available to you through the Medicaid State Plan and other federal, state, and local public programs as well as the supports that families and communities provide to individuals.
Responsible Use of Public Dollars	The program demonstrates sound stewardship of limited public resources.

1.1.2 Community Choices Waiver Eligibility

Before you can receive services through the Community Choices Waiver, you must be determined eligible for the program. Eligibility begins with a referral, followed by an application, and then a determination of eligibility.

1.1.2.1 Referrals

Referrals for the Community Choices Waiver can happen in many ways; however, most referrals are made by the Division's Client Services Unit when you apply for Medicaid. Case management agencies, hospitals, senior centers, family members, friends, and any other persons or agencies may also make a referral on your behalf. If you or anyone else want to make a referral, please call the Division's Community-Based Services Unit at **1-855-203-2823**.

1.1.2.2 Application and Eligibility Determination

If you wish to receive services through the Community Choices Waiver, you must complete an application for Medicaid as well as the Waiver application for the Community Choices Waiver. To qualify for enrollment, you must meet all three categories of target population criteria, which are detailed below:

Categories for Target Population	
Financial Eligibility Group	You must be otherwise eligible for Wyoming Medicaid (such as a Supplemental Security Income recipient) or must meet income and resource requirements to qualify for the "Special HCBS Waiver Group."
Target Group	You must be determined by the Division to be: • Aged (65 years or older) or • An adult (19 to 64 years old) with a disability. Disability is demonstrated by a disability determination by the Social Security Administration (SSA) or by the Division or its agent using SSA criteria

Nursing Facility Level of Care	You must be evaluated by a trained public health nurse using a Division required assessment and be determined by the Division to require the services and level of care provided by a nursing facility.

During the application process, you will receive a list of case management agencies serving your county of residence. You have the freedom to choose a case management agency from the list of all qualified providers.

1.2 Services Available in the Community Choices Waiver

The Community Choices Waiver has a variety of services available to meet your needs. Your case manager will work with you to arrange for the necessary services. The services available include:

Services	
Adult Day Services (Health Model)	Group socialization and companionship, assistance with personal care (e.g. walking, using the restroom), and supervision
Adult Day Services (Social Model)	Group socialization and companionship
Case Management	Assessment of needs, development of a service plan, referral for and coordination of services, and monitoring of your health, safety, and satisfaction with services
Home Health Aide	Assistance with personal care (e.g. bathing, using the restroom), and may be provided in the home or in the community
Personal Support Services	Assistance with personal care (e.g. eating, bathing, grooming) and general household tasks (e.g. meal preparation, shopping, light housekeeping), and may be provided in the home or in the community; may be provided by an agency or through participant direction
Respite	Temporary care in the absence of or need for relief of a primary caregiver, may be provided in the home or out of the home in an assisted living or skilled nursing facility
Skilled Nursing	Skilled nursing care that is required to be provided by a Registered Nurse, and may be provided in the home or in the community

Assisted Living Facility	Personal care and supportive services in a residential setting and includes 24-hour on-site response to meet resident needs
Home Delivered Meals	Hot or frozen meals delivered to the home for those who are unable to prepare their own meal
Non-Medical Transportation	Transportation to waiver and other community services, activities, and resources; does not include transportation to medical appointments
Personal Emergency Response Systems	Electronic devices with a help button that enables someone to secure help in an emergency

For more information regarding the services in the Community Choices Waiver, please talk with your case manager.

1.3 Overview of Long-Term Services and Supports

Long-Term Services and Supports (LTSS) are programs designed to provide services and supports for people who are aging or have a disability. The Community Choices Waiver is one program within the LTSS options and is called a Home and Community Based Services (HCBS) program. Other LTSS programs include Skilled Nursing Facility Service, the Program of All-inclusive Care for the Elderly (PACE), and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). There are many other programs and information about those are provided later in this section.

1.4 Medicaid State Plan Services Overview

When you are eligible for the Community Choices Waiver you also receive Medicaid State Plan benefits. When a state provides Medicaid benefits, there are specific services that must be provided. These services include:

- Inpatient/Outpatient Hospital Services
- Primary Care/Physician Services
- Prescription Drugs
- Durable Medical Equipment
- Mental Health and Substance Use Services
- Medical Supplies and Equipment
- Non-Emergent Medical Transportation
- Home Health Services
- Skilled Nursing Facility Services
- Hospice Care

States providing Medicaid, must also provide specific services to children up to age 21. Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standards

require that Medicaid-eligible beneficiaries under the age of 21 receive coverage of all services necessary to diagnose, treat, or improve conditions identified by an EPSDT screening. Under EPSDT coverage provisions, a state must cover any medically necessary services irrespective of whether the state explicitly includes such benefits in its state plan.

In addition to required State Plan benefits, the Wyoming Department of Health has also implemented WYhealth. WYhealth is a health management program designed to remove barriers to medical care and to encourage Wyoming Medicaid members, such as yourself to be actively engaged in managing your own health. Referrals to this program may be beneficial to you if you need assistance managing complex care needs or you could benefit from education or assistance with managing a chronic health condition. Your case manager can assist you in accessing more information about WYhealth and help connect you to the program.

The Division also provides a free Nurse Advice Line for you. The Nurse Advice Line provides you access to registered nurses 24 hours a day, 7 days a week and can be used to help you:

- Understand care options for symptoms and conditions
- Decide when and how to seek care for an urgent problem
- Make decisions about tests, medications, and treatments
- Learn about ways to improve your health
- Understand your medications
- Learn more about a diagnosis you have received from your doctor

You can call the nurse line at **1-888-545-1710**.

For additional information on any of the programs above, please talk with your case manager.

1.5 Other Community Resources

As a Wyoming resident, there are many community resources available to you. Below is a list of some of the resources that may be available to you. Your case manager is responsible for knowing what resources are available in your community and can help connect with those that may help meet your needs or be of interest to you. Resources include, but are not limited to:

- Churches and faith-based organizations – Can provide financial or food support along with support groups, or volunteer activities
- Local food pantries – Can provide food items and other household necessities
- Community services organizations such as the Salvation Army and Catholic Charities of Wyoming – Can provide various types of support and referrals for support

- Fraternal organizations such as the Eagles or Elks Club, Knights of Columbus or the Kiwanis, Junior League
- Aging and disability associations such as the Multiple Sclerosis Society and the Alzheimer's Association

1.1.3 Other Wyoming Department of Health Programs

The Aging Division administers the Older Americans Act (OAA) services that help keep older adults healthy and independent. Services include:

- Congregate and home-delivered meals
- Job training
- Senior centers
- Health promotion
- Benefits enrollment
- Caregiver support
- Transportation

Long-Term Care Ombudsman

- The Long-Term Care Ombudsman program is authorized by the OAA and exists to promote policies and consumer protections to improve long-term services and supports at a facility, local, state, and national levels. The role of the Long-Term Care Ombudsman is to investigate, advocate, and mediate on behalf of adults applying for or receiving long term care services, in an effort to resolve complaints concerning a participant's health, safety, welfare, or rights.

The Behavioral Health Division oversees an integrated continuum of care and providers. Services provided by the Behavioral Health Division include:

- Mental Health and Substance Use Treatment – Provides individual treatment, children and family treatment, court supervised treatment, mental health crisis support, and gambling support
- Early Intervention and Education Program (EIEP) – Provides early childhood development screenings for children ages 0-5

Your case manager can provide you with additional information or you can call **1-800-535-4006**.

The Public Health Division manages a statewide network of Public Health Nursing agencies. The Public Health Nursing agencies focus on preventing illness and improving health of groups of people. Services are in county health offices throughout Wyoming. For additional information, talk with your case manager or call **1-307-777-7275**.

The Wyoming Department of Health also collaborates with the University of Wyoming's Center on Aging to host an online resource information website called the Wyoming

Aging and Disability Resource Center (www.adrcwyoming.org) to help locate agencies that can provide assistance for many types of support.

1.1.4 Wyoming Department of Family Services Programs

Wyoming Department of Family Services Programs	
Supplemental Nutrition Assistance Program (SNAP)	Provides monthly benefits to help low-income households buy the food they need for good health
Supplemental Nutrition Assistance Program Education (SNAP-Ed)	Offers free cooking and nutrition education classes for both children and adults throughout Wyoming.
Wyoming Homeless Services Program	Assists individuals and families experiencing homelessness.
Low Income Energy Assistance Program (LIEAP)	Pays part of winter home heating bills for eligible people; seniors and those with disabilities are given program priority.
Weatherization Assistance Program (WAP)	Makes homes more energy efficient and further lower home heating costs (those approved for LIEAP may also be eligible for weatherization services)
Telephone Assistance – Lifeline	Lowers the monthly cost of phone or internet service (open to anyone enrolled in SNAP, LIEAP, Supplemental Security Income, Medicaid, or Federal Public Housing Assistance)
The Emergency Food Assistance Program (TEFAP)	Supplies a food box to those who are eligible. Wyoming Department of Family Services works with the Food Bank of the Rockies to help supply food to food banks across the state
Commodity Supplemental Food Program (CSF)	Provides a monthly food box, at no charge, for individuals age 60 or older and are income eligible
Temporary Assistance for Needy Families (TANF)	Provides temporary cash assistance for families in need

1.1.5 Other Resources

Centers for Independent Living (CILs) are community-based, cross-disability, non-profit organizations operated and designed by people with disabilities. CILs provide the following services:

- Peer support
- Information and referral
- Individual and systems advocacy
- Independent living skills training
- Training

The Wyoming Department of Workforce Services, Vocational Rehabilitation Division provides Vocational Rehabilitation services. These services assist people with disabilities to establish goals for and obtain employment. The Vocational Rehabilitation Division can only provide services that are necessary for eligible individuals to reach employment goals. Services include, but are not limited to:

- Eligibility Assessment
- Counseling and Guidance
- Referral Services
- Job Search and Placement Assistance
- Deaf and Blind Interpretive Services
- Vocational and Other Training Services

Protection and Advocacy System, Inc. is Wyoming's protection and advocacy network, authorized by Congress to implement federal laws to protect the human, civil, and legal rights of people with disabilities, including veterans with disabilities. The Wyoming Protection and Advocacy office employs attorneys and other professional staff who provide a variety of services. You can contact Wyoming Protection and Advocacy by calling **1-307-632-3496** or talk with your case manager for more information or assistance.

Legal Aid of Wyoming is a federally funded, non-profit law firm providing legal assistance to low-income individuals living in WY. Legal aid provides representation in many, though not all, types of civil cases. Legal Aid of Wyoming cannot represent defendants in criminal cases. Talk with your case manager for more information on Legal Aid of Wyoming.

These resources are not all-inclusive of everything available to you as a resident of Wyoming. For more information about these programs or other programs available, please talk with your case manager.

Section 2. Freedom of Choice

Freedom of choice refers to your right to make choices (within program parameters) regarding the services you receive, where you receive them, and who you receive them from. Your case manager should discuss freedom of choice with you at least every year when you create your service plan. Discussions about freedom of choice may occur more often based on your needs and life circumstances.

2.1 Institutional vs. HCBS

You have a right to choose if you receive services in the community (through the Community Choices Waiver) or in an institution, such as a Skilled Nursing Facility. Your case manager should discuss this with you at least every year when you are creating your service plan.

2.2 Among HCBS Alternatives

As previously mentioned, the Community Choices Waiver is part of the HCBS program. When you receive services through this program, you have the right to choose where those services are received and who provides those services.

2.2.1 In-Home vs. Community-Based Residential Setting

You have the freedom to choose if you want to receive your services in your own home or in a community-based residential setting, like an Assisted Living Facility. The choice you make depends on your needs, your goals, and your preferences. It is your case manager's job to discuss the options and explain the differences to you.

2.2.2 Participant Direction Opportunities

When you choose to receive services in your own home, depending on the services you need, you have the ability to choose if those services are provided from an agency or if you want to manage and direct those services yourself. This is known as participant direction. Participant direction provides you the opportunity to recruit, hire, train, and fire your own employees. You act as the employer. Additional information regarding participant direction is found later in this handbook. It is important to note that not all services in the Community Choices Waiver are available for participant direction.

If you choose the participant direction service delivery option and have been determined to meet the participant direction criteria, your case manager is responsible for providing information and assistance. This consists of, but is not limited to:

- Assisting you to obtain and complete the required documents for participant direction
- Determining the monthly budget allocation
- Coordinating with the Financial Management Services agency
- Monitoring participant-directed service effectiveness, quality, and expenditures

Your case manager should also provide you with a Participant Direction Employer Manual and help you understand the requirements and information within the manual. The manual provides detailed information for you regarding your role as an employer along with information regarding requirements for participant direction. There is also a training you must take that provides information contained within the manual.

2.3 Any Willing and Qualified Provider

When you decide to have services provided in your home from an agency, you have the freedom to choose from all willing and qualified provider agencies serving your county of residence. When you are working with your case manager to create your service plan, your case manager must talk with you about the services you need and the providers available in your county to provide them. As part of this process, your case manager must provide a list of all enrolled providers serving your county of residence. If you do not know which provider agency to choose, your case manager can offer to assist you by providing resources for accessing information about the provider agency's quality, location, or other information based on your preferences.

If you select a provider agency that the case management agency and/or case manager has any ownership, affiliation, or financial interest in, your case manager must disclose this to you and give you the option to select a new case management agency or a new provider agency.

Section 3. Participant Rights and Responsibilities

As someone receiving services through the Community Choices Waiver you have the same basic legal, civil, and human rights as people not receiving services through an HCBS waiver. You may need accommodation, protection, and support to help you exercise these rights and your rights should never be limited or restricted without due process. Your case manager has an important role in ensuring that you are informed of your rights and responsibilities, provided the support you need to exercise them, and should review these with you at least once each year.

Your case manager must inform you of your rights and responsibilities as part of the service planning process. Your case manager must review each right and responsibility with you and answer any questions that may arise. You have a right to:

- Be informed of your rights prior to receiving waiver services
- Be supported to exercise your rights as a participant in the waiver program
- Voice grievances, without fear of discrimination or reprisal
- Have your property treated respectfully by those providing services
- Choose to receive your services in a nursing facility or receive your services through waiver programs
- Freely choose qualified provider(s) to deliver services
- Receive services from approved, qualified, and willing providers
- A fair hearing at any time and be informed of how to access that process
- Receive services without regard to your race, religion, creed, gender, national origin, sexual orientation, marital status, age, or disability
- Privacy, including confidentially of personal records, within the scope of Wyoming statute and HIPAA requirements
- Consent to the release of confidential information
- Submit complaints or grievances related to rights violations or provision of services and have the complaints responded to
- Participate in the development, review, approval, and any changes of your service plan
- Have input into who, when, where, and how services are provided
- Be informed about the services to be provided and be informed about any changes in amount (increase or decrease), additional services and/or discontinuation of services
- Refuse services or treatment and be informed of the consequences of your decision
- Assume reasonable risks and have the opportunity to learn from these experiences

In addition to your rights, you also have responsibilities while participating in the Community Choices Waiver. As such, you have the responsibility to:

- Promptly apply for Medicaid with the Division’s Client Services Unit

- Provide complete and accurate records for the Division's Client Services Unit to determine and maintain eligibility for Medicaid and the waiver
- Keep providers and the Division's Client Services Unit aware of your current residence location or change in eligibility or program status
- Provide complete and accurate monthly information to your case manager when he/she visits or calls
- Be a cooperative, active participant in the development of your service plan and in following the plan
- Keep appointments or notify all providers when you are unable to keep them
- Use the services properly as indicated on your service plan
- Be respectful and maintain a safe environment for employees entering the home to provide services

3.1 Participant Privacy

Case management agencies and case managers must ensure compliance with all federal and state privacy laws and regulations. You must be ensured of your individual rights to privacy, dignity, respect, and freedom from coercion and restraint in any setting or service provided.

3.1.1 Safeguarding Protected Health Information

Protected Health Information (PHI) refers to health data created, received, stored, or transmitted by the Health Insurance Portability and Accountability Act (HIPAA) covered entities and their business associates in relation to the provision of healthcare, healthcare operations, and payment for healthcare services. PHI includes the following:

- Names (full or last name and initial)
- All geographical identifiers smaller than a state, except for the initial three digits of a zip code if, according to the current publicly available data from the U.S. Bureau of the Census: the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
- Dates (other than year) directly related to an individual
- Phone Numbers
- Fax numbers
- Email addresses
- Social Security numbers
- Medical record numbers
- Health insurance beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers (including serial numbers and license plate numbers)
- Device identifiers and serial numbers

- Web Uniform Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger, retinal and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data

The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities, which includes case management agencies, and gives you an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for your care and other important purposes.

Section 4. Person-Centered Service Planning

Since you are receiving services from the Community Choices Waiver, your case manager is required to develop a service plan with you that complies with federal and state requirements. Before your service plan can be developed, your case manager must assess your needs. This means your case manager will meet with you and talk with you about your needs, areas of interests, strengths, goals, preferences, and areas of your life that are of concern to you.

Once your case manager assesses your needs, he or she will work with you to develop your service plan. This process must:

- Include people chosen by you – your case manager must ask who you want to have present at the meeting
- Provide information and support so that you direct and lead the process as much as you want and is possible for you
- Be timely and done at times and locations that are convenient to you
- Reflect your cultural considerations, be conducted in plain language, and provide an interpreter should you need one
- Include methods to resolve conflict or disagreement with the process
- Ensure compliance with conflict of interest standards (outlined below)
- Offer informed choice to you regarding your services and supports
- Include methods for you to request updates to your service plan as needed
- Document the alternative settings you considered

During the service planning process, you and your case manager will discuss your needs, goals, preferences, and other information to help create your service plan. Your final service plan must:

- Reflect that the setting in which you reside is chosen by you
- Reflect your strengths and preferences
- Reflect the clinical and support needs as identified through the assessment
- Include goals and desired outcomes identified by you
- Reflect both paid and unpaid services and supports that will assist you to achieve your goals, and document the providers for those services and supports, including natural supports in your life
- Document risk factors and plans in place to minimize them, including your back-up plans and strategies
- Be understandable to you and those important in supporting you. The plan must be written in plain language and in a manner that is accessible to you
- Identify the case manager or case management agency responsible for monitoring the service plan
- Be finalized and agreed to, with your consent in writing, and signed by all individuals and providers responsible for its implementation
- Be provided to you and other people or agencies involved in the plan

- Document those services that you have elected to self-direct
- Prevent the provision of unnecessary or inappropriate services and supports
- Document that any modification of rights must be supported by an assessed need and justified in the service plan

Once your service plan is developed, your case manager will work with you to select the provider agencies you wish to have provide your services. Your case manager will then send those agencies a referral to see if they are willing to provide your services. If an agency is unable to provide services for you, your case manager will work with you to choose another agency.

After your services are in place, your case manager is required to meet with you monthly, which may occur via phone or in-person. Your case manager must meet with you in-person at least once every three months. These monthly meetings are done to ensure your health and safety, satisfaction with services, and assess if any changes are needed.

4.1 Conflict of Interest Standards

In 2014, the Centers for Medicare and Medicaid Services (CMS) published a rule regarding conflict of interest requirements and safeguards for HCBS waivers. 42 CFR §431.301(c)(1)(vi) requires that case management activities, including the development of the service plan, are conducted by an agency and case manager that does not have a relationship with or interest in you or agencies providing the services authorized in your service plan.

To ensure compliance with this regulation, the Division requires that case management agencies and case managers meet the following conflict of interest standards:

- Your case manager must not be related by blood or marriage to you or to any person paid to provide Medicaid HCBS to you
- Your case manager must not live with your or with any person paid to provide Medicaid HCBS to you
- Your case manager/case management agency must not be financially responsible for you
- Your case manager/case management agency must not be empowered to make financial or health-related decisions on your behalf
- Your case manager/case management agency must not own, operate, be employed by, or have a financial interest in any agency that is paid to provide Medicaid HCBS to you (Financial interest includes a direct or indirect ownership or investment interest and/or any direct or indirect compensation arrangement)

Should a conflict arise, it is the case manager’s duty to inform you and assist you in finding a new case manager and/or case management agency.

In addition to the conflict of interest standards for HCBS waivers, the federal government has also implemented anti-kickback laws. These laws prohibit providers, such as case management agencies and case managers, from paying or receiving kickbacks for referrals. This means that your case manager cannot receive compensation or gifts from the providers you choose to provide your services. Your case manager should not influence your decision at all.

Furthermore, the HIPAA beneficiary inducement prohibits providers from providing free or discounted items to you that may influence the decision to receive services from the provider. As such, the case management agency and case manager are prohibited from incentivizing you to choose the case management agency once you have been determined eligible for the waiver or from choosing a new agency should you wish to change.

Section 5. Participant Safeguards

The Community Choices Waiver has safeguards in place to assure your health and safety. These safeguards include activities that you, your case manager, your providers, and state agencies are responsible for. The following sections provide more detailed information about the various safeguards in place.

5.1 Risk Management and Emergency Back-Up Planning

When your case manager assesses your needs, you also talk about and identify any risks to your health and safety. Risks can occur because a service is not available in your community, there is not a willing or qualified provider to provide the service, you choose to accept the risk, or for other reasons.

During the development of your service plan your case manager will document the risks that were identified and then talk with you about how to manage or mitigate the risks. Your risk management should include plans, services, and supports to minimize the potential for harm from the identified risks.

You also have the right to not address a risk, which is known as dignity of risk. Your case manager will talk with you to make sure you understand what could happen if a risk is not addressed. However, it is your right to accept risks.

Part of addressing risks includes the development of a back-up plan. This plan is developed for those waiver services that are critical to your health and safety and which a temporary disruption to those serves would put you in harm's way. Back-up plans may include, but are not limited to:

- Seeking temporary assistance from a member of your natural support network
- Contacting the provider agency for assignment of an on-call or alternate caregiver
- Contacting your case manager to coordinate delivery of an alternate service or support
- Employing an on-call or alternate caregiver under the participant-directed service delivery option

Your back-up plan should never consist of you calling 911, as emergency response services cannot provide waiver services. Your case manager should also discuss the importance of having more than one person or option for a back-up plan to assure you have the most options available to receive services and supports.

Your case manager should review the back-up plan with you at least once a year or as necessary to respond to changes in your needs or circumstances.

5.2 When to Contact Your Case Manager

You should contact your case manager any time you have questions or concerns regarding your services, your providers, or need information about other resources

available to you. The following sections highlight more specific situations or reasons that you would contact your case manager.

5.2.1 Incident Reporting

You and your case manager have a responsibility to report all incidents. Incident reporting helps you and your case manager manage your health and safety. Your case manager is a mandatory reporter which means he or she is required to report certain incidents to law enforcement and/or Adult Protective or Child Protective Services. The following is a list of incidents you must report to your case manager:

- Abuse
- Neglect
- Exploitation
- Death
- Restraints & Restrictive Interventions
- Serious Injury/Illness
- Serious Behavioral/Mental Health Concern
- Medication Error

When you report any of these to your case manager, he or she will follow-up with you, provider agencies, and others to assure your health and safety. Incidents that you report may lead to a change in service provider, an increase in services, or the addition of new services. Any changes are dependent on your needs and preferences.

5.3 Recognizing and Reporting Abuse, Neglect, and Exploitation

You have the right to be treated with dignity and respect and to receive services and supports in an environment that is safe and free from abuse, neglect, and exploitation. If you experience abuse, neglect, and/or exploitation, you should report it to your case manager and contact Adult Protective Services. To report abuse, neglect, or exploitation, you must know how to recognize it. The following table provides examples of each.

Abuse, Neglect, and Exploitation	
Abuse	• Physical Abuse • Verbal/Emotional Abuse • Sexual Abuse • Intimidation
Neglect	• Self-Neglect • Neglect of participant by a service provider • Neglect of participant by family or natural support
Exploitation	• Financial Exploitation • Sexual Exploitation • Prescription drug theft/diversion

	• Other material exploitation
Death	• Expected Death • Unexpected Death
Restraints & Restrictive Interventions	• Restraint • Restrictive Intervention, including seclusion

5.3.1 Adult Protective Services Information

Should you or someone you know experience abuse, neglect, or exploitation you should call Adult Protective Services. Adult Protective Services is the unit within the Wyoming Department of Family Services that serves at-risk adults ages 18 and older who are unable to take care of themselves without assistance because of advanced age or a disability. To contact Adult Protective Services, please call **1-800-457-3659**. If your life is in immediate danger, please call law enforcement.

5.4 Rights Modifications

Sometimes providers must modify your rights and/or the setting requirements to safely serve you. Rights modifications include restraints, restrictive interventions, use of aversive methods to modify your behavior, or any other action of intervention that limits your rights in any way.

5.4.1 Restraints

In certain limited situations, if you pose a significant danger to yourself or others, it may be appropriate for the provider to use restraints. Physical, chemical, and mechanical restraints are permitted for use in assisted living facilities services and for respite services provided in assisted living or nursing facilities. Restraints must be ordered by a physician and required by your medical symptoms. Providers may not impose restraints for purposes of discipline or convenience.

5.4.1.1 Consent

A provider cannot impose restrictions on you if you have not given informed consent for their use. When a provider must implement a modification to your rights, your case manager is responsible for documenting the modification in your service plan. Before a rights modification can be implemented, the following must be documented:

- Specific, individualized, and assessed need(s) for the modification
- Positive interventions and supports that were considered prior to the modification, including any less intrusive methods that were tried but did not work
- Description of how the right modification is proportionate to assessed need
- Ongoing data measuring effectiveness of modification
- Established time limits for periodic review of modifications
- Assurance that interventions and supports will not cause harm
- Your informed consent

Your case manager must review the rights modification at least every six months while meeting with you in person.

You also have the right to refuse a modification. If the provider is unable or unwilling to provide services to you without a modification, your case manager must discuss this with you. Your case manager will help you understand the options available to you and will assist you in finding a new provider if that is what you choose.

5.4.1.2 Reporting to Healthcare Licensing and Surveys

If there is a possibility that you may need restraints and you have given informed consent for their use, your case manager will monitor your provider to ensure they are used in a safe and appropriate manner. If your case manager suspects restraints were used for you inappropriately, your case manager is required to file:

- An incident report with the Healthcare Financing Division and
- A report of unauthorized use of restrictive interventions to the Wyoming Department of Health, Aging Division, Healthcare Licensure and Survey Section.

If you have concerns about the way your provider used a restraint, inform your case manager immediately. Your case manager can help you report this to the above agencies and follow-up with you and your provider to make sure you are safe.

5.5 Complaints

If you feel your rights have been violated or you are dissatisfied with the services you receive, you or someone you know may file a complaint. A complaint may be filed anonymously. Your case manager will assist you in filing a complaint. It is important that you provide as much specific information as possible about the situation, including who is involved, what happened, when it happened, how it happened, and where it happened.

5.5.1 Provider and Case Manager Complaints

If you have a complaint about your services or the provider/agency providing the services, inform your case manager. Your case manager can assist you in addressing the complaint. Your case manager will work with you and others to resolve the complaint. Resolution may include, but is not limited to:

- Finding a new provider agency
- Contacting the provider agency to request a change of caregiver
- Assisting the participant in selecting a new case management agency
- Revising the service plan based on your needs
- Conducting an internal investigation and reporting findings to the Division

If you have a complaint about support you are receiving from your case manager you may contact the case manager's supervisor or, if there is no supervisor, contact the Division at **1-855-203-2823**. Case managers must provide you with their contact

information and the contact information for their supervisor (if applicable) as part of your service plan.

The Division is the agency responsible to ensure the services you need are provided in a way that respects your rights and supports your health, safety, and wellbeing. If you have not been able to resolve a complaint about a violation of your rights or the support you receive with your case management agency, case manager, or your provider agency, you can contact the Division at **1-855-203-2823**.

5.5.2 Healthcare Licensing and Surveys

Healthcare Licensing and Surveys (HLS) investigates complaints relating to the quality of life and quality of care at a facility, including residents' rights, abuse, dietary concerns, staffing, and environmental concerns. The facilities HLS investigations include assisted living facilities and adult day care facilities. HLS cannot investigate complaints related to billing or insurance concerns. To protect your confidentiality, please do not e-mail your complaint. To file a complaint, use the information below:

Complaint Submission Information	
Telephone	**1-307-777-7123** (ask to speak with a health surveyor)
Fax	**1-307-777-7127**
Mail	Healthcare Licensing and Surveys Hathaway Building, Suite 510 2300 Capital Avenue Cheyenne WY 82002

5.5.2.1 Home Health Agencies

If you have a question about, or a complaint regarding, a Wyoming home health agency, call the Home Health Hotline at **1-800-548-1367**. This number may also be used to lodge complaints about the implementation of advance directives. The hotline service is available Monday through Friday from 8 a.m. to 5 p.m., excluding state holidays.

Section 6. Fraud, Waste, and Abuse

You play a vital role in protecting the integrity of the Community Choices Waiver program. Not only must you not engage in abusive practices and violations, but you may also become aware of or suspect fraud, waste, and abuse, and should report this to the proper agency.

6.1 Fraud

Medicaid fraud is defined as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. Simply put, fraud is the intentional providing of false information to get Medicaid to pay for medical care or services. Medicaid fraud can involve physicians, pharmacists, other Medicaid providers, and even beneficiaries.

Provider fraud may include, but is not limited to:

Provider Fraud	
Card Sharing	• Knowingly treating and claiming reimbursement for someone other than the eligible beneficiary
Collusion	• Knowingly collaborating with beneficiaries to file false claims for reimbursement • Submitted time sheets for services not rendered (participant-directed)
Kickbacks	• Offering, soliciting, or paying for beneficiary referrals for services or items
Program Eligibility	• Knowingly billing for an ineligible beneficiary
Billing Discrepancies	• Intentionally billing for unnecessary services or items • Intentionally billing for services or items not provided

Beneficiary fraud may include, but is not limited to:

Beneficiary Fraud	
Card Sharing	• Sharing a Medicaid identification card with someone else so they can obtain services
Collusion	• Helping a provider file false claims by having unnecessary tests conducted that are not needed • Approving time sheets for services not rendered (participant-directed)
Kickbacks	• Accepting payment from a provider for referring other beneficiaries for services
Program Eligibility	• Providing incorrect information to qualify for Medicaid

6.2 Waste and Abuse

Waste encompasses overutilization of resources and inaccurate payment for services, such as intentional duplicate payments. Abuse includes any practice that is inconsistent with acceptable fiscal, business, or medical practices that unnecessarily increase costs.

6.3 Prevention and Education

Federally and at the state level, projects are underway to combat Medicaid fraud, waste, and abuse. These projects include data mining, audits, investigations, enforcement actions, technical assistance, and provider and member outreach and education. Projects enacted should ensure that:

- Eligibility decisions are made correctly
- Prospective and enrolled providers meet federal and state participation requirements
- Delivered services are necessary and appropriate
- Provider payments are made in the right amount and for appropriate services

You and your case manager play a crucial role in the prevention of fraud, waste, and abuse. The services authorized in your service plan must be based on your assessed needs. Your case manager also conducts monthly monitoring, which includes a review of service authorization and utilization. Services provided by the Community Choices Waiver and authorized on your service plan can only be reimbursed after they have been provided to you. Providers can only deliver services to and submit claims if you are eligible for the waiver and are residing in the community. Providers cannot submit claims for services when you are:

- In a nursing facility
- In a hospital
- Deceased
- Or otherwise unable to receive services

Case managers cannot bill for case management services provided on the day you are admitted to a hospital or nursing home. You should never authorize or approve time for services if they were not provided.

6.4 Reporting

You may become aware of or suspect Medicaid fraud, waste, and abuse while receiving services from the Community Choices Waiver or other Medicaid programs. If you do, you must report this.

6.4.1 Program Integrity

The Division’s Program Integrity Unit is responsible for ensuring the integrity and accountability of all payments made for Wyoming Medicaid services. Should you become aware of or suspect Medicaid fraud, waste, or abuse, you must report this by

calling **1-855-846-2563**. For more information or to file a report online contact your case manager.

6.4.2 Medicaid Fraud Control Unit

Wyoming's Medicaid Fraud Control Unit (MFCU) is part of the Wyoming Attorney General's Office. This unit investigates and prosecutes Medicaid provider fraud as well as patient abuse, neglect, or exploitation in health care facilities and board and care facilities. The MFCU is a multidisciplinary team with statewide authority. The unit employs an investigator, auditor, paralegal, and an attorney. You can report concerns with any of the above issues by calling **1-800-378-0345**. For more information please contact your case manager.

Section 7. Important Notices

While receiving services through the Community Choices Waiver, your case manager may make decisions you do not agree with. Such decisions include:

- Denying a requested service
- Reducing the frequency and/or duration of a service
- Discontinuing a service
- Terminating enrollment from the waiver

When these decisions are made, your case manager must provide you with a Notice of Adverse Action. You must receive this notice at least ten (10) business days prior to the effective date of the adverse action. The notice must include the following information:

- An explanation of your rights to request a fair hearing
- The methods and instructions for requesting a fair hearing
- A description of the intended adverse action
- The reason(s) for the intended action
- The specific regulations or changes in federal/state law that require the adverse action
- Where applicable, an explanation of the circumstances under which benefits may be continued if a hearing is requested pursuant to 42 CFR §431.231

7.1 Right to Request a Fair Hearing in Response to an Adverse Action

When you receive a Notice of Adverse Action, your case manager is responsible for ensuring you understand your rights to request a fair hearing. Your case manager may even assist you in submitting the request and required documents. However, your case manager may not submit the request on your behalf or act as your representative in the hearing process.

If you submit a request for a fair hearing, you may be able to continue receiving already authorized services pending the outcome of the fair hearing. During this time, your case manager cannot make any changes to the services already authorized in your service plan. If you need assistance or representation for the fair hearing, please contact your case manager who can provide you with agencies that offer this type of support.

7.2 Civil Rights

If you believe that you have been discriminated against because of race, color, sex, age, religion, political beliefs, national origin, or disability you have the right to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) by visiting www.hhs.gov/ocr/office/file.

7.3 Statement of Penalties

If you make a willfully false statement or representation or use other fraudulent methods to obtain public assistance or medical assistance you are not entitled to receive, you could be prosecuted for theft under state and/or federal law. If you are convicted by a court of fraudulently obtaining such assistance, you could be subject to a fine and/or imprisonment for theft.

Section 8. Participant Agreement

During your service plan process, your case manager should review your rights and responsibilities with you. This review also includes your acknowledgement and understanding of the participant agreement form. This form includes your receipt and/or understanding of the following:

- Participant handbook
- Freedom of choice
- Person-centered planning process
- Participant rights and responsibilities
- Fair hearing
- Role of the Long-Term Care Ombudsman

This form also provides acknowledgement of the receipt of contact information for the Long-Term Care Ombudsman, your case manager, and your case manager's supervisor (if applicable). In addition, the participant agreement form documents your consent to any rights modifications and your agreement to receive the services and supports authorized in your service plan. The participant agreement form includes you and your case manager's signatures, along with signatures of others who participated in the development of and/or are responsible for the implementation of your service plan.

If you did not sign this form or your case manager did not review it with you, please contact your case manager.

Notes

Glossary

Abuse – The intentional or reckless infliction of injury or physical/emotional harm.

Adult Protective Services (APS) – The unit within the Wyoming Department of Family Services that serves vulnerable individuals aged 18 and older who are unable to manage and take care of themselves without assistance as a result of advanced age or physical or mental disability.

Applicant – An individual applying for Medicaid services.

Assessment – An initial evaluation or periodic reevaluation of a participant in order to determine the need for any medical, educational, social, or other services.

Behavioral/Emotional Crisis – Volatile actions or behaviors, such as extreme agitation, irrational thoughts, threatening language, or property destruction, which place the participant at imminent risk of harming self/others.

Case Management Agency – An agency that meets all requirements set forth by the Division and is enrolled and approved as a Medicaid provider in the state of Wyoming.

Case Manager – A person who provides case management services, is employed, or contracted by a qualified CMA, and meets all requirements set forth in this manual.

Centers for Medicare and Medicaid Services (CMS) – The agency within the United States Department of Health and Human Services responsible for the administration and oversight of the Medicare and Medicaid programs.

Child Protective Services (CPS) – The unit within the Wyoming Department of Family Services that serves families, children, and juveniles with the goal of children remaining home safely.

Home and Community Based Services (HCBS) Waiver – Means a program of services and supports authorized under §1915(c) waiver of the Social Security Act and provided to individuals who would otherwise care in a Medicaid-covered institution.

Code of Federal Regulations (CFR) – The codification of the general and permanent rules and regulations published in the Federal Register by the executive departments and agencies of the Federal Government of the United States.

Conflict of Interest – A real or appearance of incompatibility between one’s private interests and one’s public or fiduciary duties.

Critical Incident – Incidents or potential incidents of abuse, neglect, exploitation, unexpected death, use of restraint, and/or unauthorized use of restrictive interventions.

Exploitation – Fraudulent, unauthorized, or improper acts or processes of an individual who uses the resources of the participant for monetary or personal benefit, profit, or gain or that results in depriving the participant of his/her rightful access to, or use of, benefits, resources, belongings, or assets.

Financial Exploitation – The illegal or improper use of an older adult's or vulnerable adult's funds or assets.

Intimidation – Communication by word or act that the individual subject to intimidation, or his/her family, friends, or pets will suffer physical violence or will be deprived of food, shelter, clothing, financial support, supervision, prescribed medication, physical or mental health care, and/or other medical care necessary to maintain health.

Medication Error – A mistake in medication administration that includes, but is not necessarily limited to, the following:

- Wrong medication
    - An individual receives and takes medication which is intended for another person
    - Discontinued medication
    - Inappropriately labeled
- Wrong dose
    - An individual receives the incorrect amount of medication.
- Wrong time
    - An individual receives medication dose at an incorrect time interval); and
- Omission of medicine
    - A missed dose when an individual does not receive a prescribed dose of medication
    - Not including when an individual refuses to take medication

Neglect – The deprivation of, or failure to provide, the minimum food, shelter, clothing, supervision, physical and mental health care, and/or other care and prescribed medication as necessary to maintain the participant's life or health, or which may result in a life threatening situation.

Other Material Exploitation – The illegal or improper use of an older adult's or vulnerable adult's property or possessions.

Participant – An individual who meets the eligibility requirements for and has agreed to receive services through the waiver. For the purposes of this manual, participant also means legally authorized representative, as appropriate.

Physical Abuse – Intentional or reckless infliction of physical injury, harm, or pain.

Prescription Drug Theft/Diversion – The theft of another's prescription medications for one's own personal use, often committed by someone the victim knows well and has unfettered access to the home.

Provider – Any person, group, or entity with an approved Wyoming Medicaid Provider Participation Agreement, approved to render services or provide items to a participant.

Restraint – Any physical, chemical, or mechanical intervention that is used to control acute, episodic behavior that restricts the movement or function of the participant or a portion of the participant's body.

Restrictive Intervention – An action or procedure that limits the participant's movement; limits the participant's access to other individuals, locations, or activities; or restricts participant rights.

Seclusion – The involuntary confinement of a participant alone in a room or an area from which the participant is physically prevented from having contact with others or leaving.

Self-Injurious Behavior – The occurrence of behavior that results in physical injury to one's own body.

Self-Neglect – Refusal to perform or accept assistance with performing essential self-care tasks, such as: providing essential food, clothing, shelter or medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; or managing financial affairs.

Serious Behavioral/Mental Health Concern - Any situation in which the participant's behavior puts them at risk of hurting themselves or others and or prevents them from being able to care for themselves or function effectively in the community.

Serious Injury/Illness – An injury or illness for which the participant is provided emergency medical treatment and/or is hospitalized.

Service Plan – The written document that specifies assessed needs and services, to include Medicaid and non-Medicaid services regardless of funding source, to assist a Participant to remain safely in the community and developed in accordance with Division requirements.

Sexual Abuse – Sexual contact including, but not limited to, unwanted touching, all types of sexual assault or battery, sexual exploitation, and sexual photographing.

Sexual Exploitation – Acts committed through non-consensual abuse or exploitation of another person's sexuality for the purpose of sexual gratification, financial gain, personal benefit or advantage, or any other non-legitimate purpose.

Substance Abuse – Overindulgence in or dependence on an addictive substance, especially alcohol or drugs.

Unexpected Death – The death of a participant when not a result of an expected medical prognosis.

Verbal/Emotional Abuse – Presence of behaviors, such as threatening or demeaning language, resulting in displays of fear, unwillingness to communicate, or sudden changes in behavior.

Waiver Services – Those optional Medicaid services defined in the current federally approved Community Choices Waiver agreement and do not include Medicaid state plan services.