

WyHS/WSSB Program & Fiscal Overview

New Directors Training 2020

Day 1 - Session 2 (2/8) - November 2nd

Aging Division Community Living Section

Hathaway Building 2300 Capitol Avenue, 4th Floor Cheyenne, WY 82002 Main Office: (307) 777-7995 Toll Free: (800) 442-2766 Fax: (307) 777-5340

Email: <u>wyaging@wyo.gov</u> WellSky A&D/Data Requests: <u>aging-sams@wyo.gov</u> Website: <u>health.wyo.gov/aging</u> Social Media: <u>facebook.com/agingdivision</u>

Community Living Section - New Directors Training 2020 - Day 1 Session 2 - (2/8)







- Understand WyHS and WSSB program overviews
- Outline of WyHS and WSSB fiscal overviews

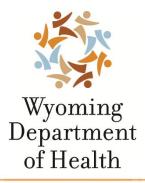


Wyoming Home Services Program (WyHS)



Jeanne Scheneman Program Manager (307) 777-8536 jeanne.scheneman@wyo.gov

Community Living Section – New Directors Training 2020 - Day 1 Session 2 - (2/8)



Wyoming Home Services Program (WyHS)

The goals of the program:

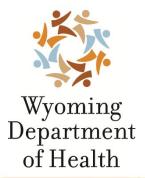
- Fostering self—sufficiency
- Preventing abuse, neglect or exploitation
- Maintaining individuals in the least restrictive safe environment
- Preventing inappropriate or premature institutionalization



Eligibility

Eligibility:

- At least 18 years of age
- In need of program services
 - Determined through an on going assessment to be "at-risk" of premature institutionalization



WyHS Program Services

The program consists of the following services:

- Care Coordination
- □ Hospice care
- Personal care
- Home modifications
- Medication Set-up

- □ Homemaking services
- □ P.E.R.S. *(Lifeline, etc.)*
- □ Chore services
- Respite care
- Adult day care



WyHS Program Overview

- Social program
- Mandated by the State of Wyoming through legislation
- Fully funded by the State General Fund
- Granted to 1 provider in each county
 - Total of 23 providers
 - Each provider can provide up to 10 services (based on availability of provider resources)



Wyoming Home Services (WyHS) Services/Sub Services

Service Category	WyHS – Wyoming Home Ser	vices – Service Plans	;				
	Service	Sub–Service	Sub–Service	Sub-Service	Sub-Service	Sub–Service	Sub–Service
Case Management	Case Management (Care Coordination – Hourly)	Evaluation Initial	Follow-up of Evaluation – Case Management	Quarterly Evaluation	Re-evaluation Renewal		
Personal Care	Personal Care (Hourly)	Dressing	Skin Care	Bathing/ Showering	Transferring	Personal Care - Other	
Homemaker	Homemaker (Hourly)	Housekeeping	Meal Preparation	Laundry/ Linen Change	Shopping	Homemaker – Other	
Chore	Chore (Hourly)	Snow Removal	Handyman	Yard Maintenance			
Respite	Respite (Hourly)	In Home	Assisted Living	Adult-Day Care	Institutional		
Adult Day Care (ADC)	Adult Day Care/Health (Hourly)						
NAPIS Other	Hospice (Hourly or Daily)	In-Home Hospice	Licensed Facility-Hospice				
	Home Repair – Minor Home Modifications (\$300 max per year – Caregiver – Hourly)						
	Nursing (Hourly)	Medication Management	Delegation	Re-assessment	Assessment		
	Personal Emergency Response System (PERS)	Installation Fee (One time)	Monthly Service Fee				



Program Fees

Client Fees

- Utilizing the Community Living Section's sliding fee schedule as a guideline, clients will pay a fee for all services, based on their ability to pay.
- CLIENTS WHO CANNOT PAY WILL <u>NOT</u> BE DENIED SERVICES.
- ABSOLUTELY NO TIPPING ALLOWED!



Wyoming Home Services (WyHS) Program

2020-2021 Suggested Eligible Participant Sliding Scale Fees

Effective from July 1, 2020 through June 30, 2021

Household Income per month		\$1,063 - \$1,328	\$1,329 - \$1,594	\$1,595 - \$1,859	\$1,860 - \$2,125	\$2,126 - \$2,391	\$2,392 +
Care Coordination	Per occurrence	10% of cost	15% of cost	20% of cost	25% of cost	30% of cost	40% of Cost
Licensed Nurse Care Coordination	Per occurrence	15% of cost	20% of cost	25% of cost	\$30% of cost	35% of cost	45% of Cost
Personal Care	Per hour	\$7.00	\$9.00	\$11.00	\$17.00	\$20.00	\$22.00
Homemaker/Chore	Per hour	\$4.00	\$6.00	\$8.00	\$10.00	\$ 12.00	\$16.00
In-home Respite	Per hour	\$5.00	\$7.00	\$9.00	\$11.00	\$14.00	\$16.00
Hospice/Facility Services	Per occurrence	10% of cost	15% of cost	\$20% of cost	\$25% of cost	30% of cost	35% of cost
PERS Installation	One time	20% cost	40% of cost	60% of cost	80% of cost	90% of cost	Full cost
PERS Maintenance	Per month	20% of cost	40% of cost	60% of cost	80% of cost	90% of cost	Full cost
Adult Day Care Services	Per occurrence	10% of cost	15% of cost	20% of cost	25% of cost	30% of cost	35% of cost

The fee is based on the <u>household</u> net income. Clients, who <u>are unable to pay</u>, will not be denied services. However, please keep in mind that the program relies on client fees to serve the most clients possible.

Revised September 28, 2020



Program Effectiveness

- WyHS provides a unique set of services, at a very low cost to participants.
 - Smaller communities might not have these services at all without WyHS.
- Resource coordination for participants
 - ACCs are trained to assist participants in finding additional resources in their communities.



Program Output & Efficiencies

- 2020 Stats
 - 1,882 Participants
 - 81,839 Service hours provided
- Average State Cost Per Person
 - \$1,517
- Average State Cost Per Unit of Service
 - \$35
- Average Annual Cost Per Participant
 - \$211



WyHS Program Funding

Funding

- 100% state funded.
- Each grantee must provide at least five (5) percent of the contracted amount, based on actual expenses, to be applied as local match.
- Program income must be a part of the grantee's program budget, and it must be spent first.



Wyoming Home Services Program (WyHS) Match

- WHAT IS THE MATCH REQUIREMENT FOR THE WyHS PROGRAM?
 - 5% of the total state grant funds expended
- SO, HOW DO I FIGURE THE MATCH FOR THE WyHS PROGRAM?
 - Total cumulative state funds expended
 - (\$25,000) * 5%= \$1,250 Local Match Required

Wyoming Department of Health

Basic Client Information			of Asse	essment:	1	1	Nickname:	
Legal First Name:			Legal Last Name:				Middle Initial:	
Date of Birth:	Age:	Gend	ler (che	eck one): 🛛 Female 🖉 Male			Are you disabled?	
Residential Address	5	12		Check if some as Residential Address Mailing Address:				
Residential City, St	ate and Zip Co	ode:		Mailing City, State and Zip Code:				
County of Residence	te:			Email Ad	idress:			
Primary Phone Nur	mber: ()			Secondar	y Phone Nu	umber: ()	
Asian OBL			O Ame	rican Indian/Alaskan 🛛 His			Ethnicity (check one) Hispanic or Latino Not Hispanic or Lating	
Are you married? 🗆 Yes 🛛 No	- Wido	wed Oth	er	Do you live			you live in a rural area? Yes 🛛 No	
Are you eligible for Medicaid? Are you a veteran'			eteran?					
Is your monthly inc Family size 1-\$1,04		w this amount ly size 2- \$1,4		□ Yes Family s	□ No ize 3- \$1,7		Family size 4- \$2,146	
Emergency contact	name:		Relati	onship:		Phone ()	mumber:	
Are you working? Full Time	🗆 Part time	D No		Are you v	willing to w	olunteer?		
How did you hear a	bout our servi	ces and what s	ervices	are you inte	erested in re	eceiving?		
(WDH), Aging Divis Health Insurance Por disclose your hee https://health.wyo.go you feel you have bee	ion, Communit, tability and Ac- alth informati- wadmin/privacy on treated in appo- tated in the serv-	y Living Section countability Act on, please so of or you may re- ropriately, receiv- vice plan, you mu	a. The line (HIPA) se the quest a c red servit ay conta	WDH will on A). For mo WDH N opy from the ces that have ct the Wyom	nly use or di are detailed i lotice of wDH Agin e not been of sing State Lo	sclose the in information Privacy 1 ag Division f the quality	Vyoming Department of Heal information as permitted by to on how the WDH may use Practices found colline by calling 1 (800) 442-2766. expected, or you have not be are Ombudsman at 1 (800) 85	



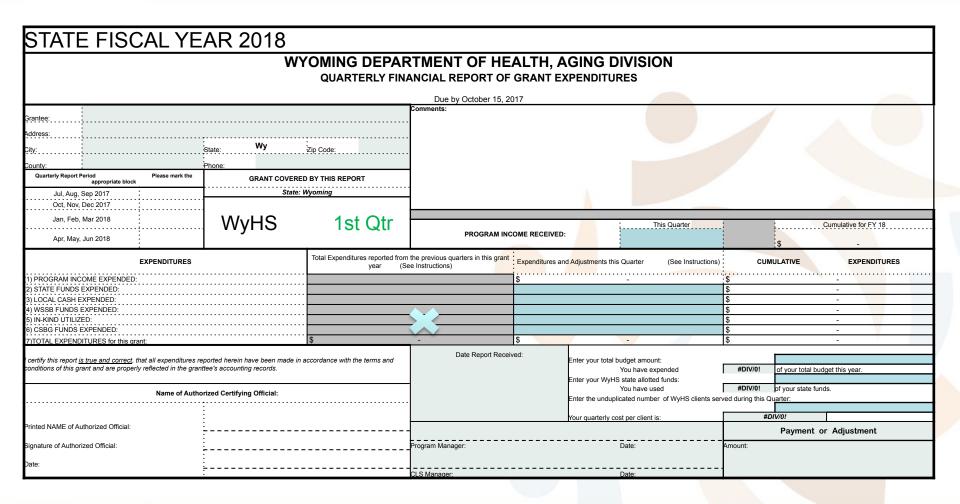
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Community Living Section – New Directors Training 2020 - Day 1 Session 2 - (2/8)



Wyoming Home Services (WyHS) Quarterly Financial





Wyoming Senior Services Board (WSSB)

Aging Division Community Living Section



Marge Myers Board President (307) 281-0190 <u>marge.myers@wyoboards.gov</u>

Community Living Section - New Directors Training 2020 - Day 1 Session 2 - (2/8)



WSSB Overview

The Wyoming Senior Services Board (WSSB) consists of seven voting members and a nonvoting, ex-officio member, as follows:

- (i) The administrator of the Aging Division within the Department of Health or his designee shall serve as a nonvoting, ex-officio member;
- (ii) One member of the advisory council on aging appointed by the governor;
- (iii) Three persons who are senior citizens appointed by the governor;
- (iv) Three members at large appointed by the governor.



WSSB Overview

The board, in consultation with the Aging Division, appropriates funding to eligible senior centers to provide services and meet the needs of older adults.

Eligible Senior Center: Must be awarded a Title III-B or Title III-C Federal Grant Award by the Aging Division to be eligible for WSSB funds.



WSSB Annual Grants

- Basic Grant: Each eligible senior center shall receive (\$30,000.00) annually.
- Formula Grant:Of the amounts remaining after the basic grants are awarded, the board shall annually award grants to eligible senior centers based on the formula.



What are WSSB Funds For?

To meet the demands of Wyoming's growing elderly population;

- To enhance services to Wyoming's senior citizens;
- To strengthen the opportunity for senior citizens to age in the least restrictive environment possible;
- To be cost effective in the provision of services to senior citizens;
- To promote compliance with federal and state mandates requiring placement of people in the least restrictive environment; and,
- To supplement and enhance existing programs providing services to senior citizens in the state.



WSSB Grant Application

Grant P	Period for whi	ich funds are requested:
Jul	ly 1, 2020 thi	rough June 30, 2021
		Please check all that apply. if multiple grants are being submitted.)
X	Basic	X Formula
Applicant Organiza		
Building Owned By: I	íi.e. County, Cit	v. Senior C
Addres		<i></i>
	Sleer Ladde	ran, P.O. Pan, Cily, Slair, Zip Cadr)
Phon		Fax
Email		- 459 L. 1. (1823) (280-49)
Organization Dire		
		(Hame and official lille)
Terms and Condi		lerstood and agreed to by the undersigned uest are to be expended for the purposes s
forth, herein, and in acc procedures of the Wyo	oming Senior Serv	applicable laws, regulations, policies and vices Board, the Wyoming Department of ing Section, and the State of Wyoming.
Forth, herein, and in acc procedures of the Wyo Health - Aging Divisior 2) Any proposed chan approved by, the Wyom Division-Community L	oming Senior Serv n, Community Liv nges to the applica ning Senior Servio Living Section. Up	vices Board, the Wyoming Department of
Forth, herein, and in acc procedures of the Wyo Health - Aging Divisior 2) Any proposed chan approved by, the Wyom Division-Community L shall be deemed incorr 3) Funds awarded by th Aging Division-Comm	oming Senior Serv n, Community Liv ning Senior Servi- iving Section. Up porated into. and he Wyoming Section.	vices Board, the Wyoming Department of ing Section, and the State of Wyoming. ation shall be submitted in writing to, and ces Board, in consultation with the Aging oon notification of approval, the changes
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WSSB Grant Application

- Applications are updated and released once each year.
- Typically in March.
- Providers will have between 30-45 days to complete the application.
- Applications are approved by the WSSB.
- Once approved, the Aging Division will submit contract paperwork to the Attorney General's Office for a formal agreement.



WSSB Quarterly Invoice

Wyoming Dep	partment of Health, Aging Divis		Living Section	
	Provider Quarterly I	nvoice		
	Wyoming Senior Services	Board SFY21		
Legal Name:		Quarter:	Year	
WSSB Income by Source:	Basic	Formula		Totals
Basic Grant				
Formula Grant				
Total Income Received by Provider	\$0.00	\$0.00		\$0.0
		2		
WSSB Basic Expenditures	: Basic			Totals
Personnel/Employee Benefits & Taxes Travel Expenses				50.02
		-		0.02 50.0
Equipment Consumable Supplies				\$0.0
Other Expenses		0		50.0
Total Expenses (Pre-paid)	\$0.00	-		\$0.0
Total Expenses (Fre-paid)	90.00			30.0
WSSB Formula Expenditur	es:	Formula		Totals
Personnel/Employee Benefits & Taxes				\$0.00
Travel Expenses				\$0.00
Equipment	<u></u>	<u></u>		0.02
Consumable Supplies				0.02
Other Expenses				\$0.02
Total Expenses		\$0.00		\$0.0
Quarterly Invoice Total				\$0.01
Provider Comments:				
Provide Comments.				
By signing this report, I certify to the best of my know	wladge and balief that the report is true cor	mlote and accurate at	id the expanditures dishursements	and cash receipts
are for the purposes and objectives set forth in the ter				
the omission of any material fact, may subject me to	criminal, civil or administrative penalties f	er fraud, false statemen	ts, false claims or otherwise.	
	Authorized Certifying (Official:		
Name of Director:	WSSB Representati	ve Signature & Date:		
Director Signature		225		
(BLUE ink): Date:				
Name of Board				
Member:				
Board Member				
Signature:(Blue ink):				
Date:				



Contact Us

Wyoming Department of Health Aging Division Community Living Section Hathaway Building 2300 Capitol Avenue, 4th Floor Cheyenne, WY 82002 Main Office: (307) 777-7995 Toll Free: (800) 442-2766 Fax: (307) 777-5340

Email: <u>wyaging@wyo.gov</u> WellSky A&D/Data Requests: <u>aging-sams@wyo.gov</u> Website: <u>health.wyo.gov/aging</u> Social Media: <u>facebook.com/agingdivision</u>