



# Service Plan Development

## Frequently Asked Questions (FAQs)

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**How does Covid-19 play into the new plan development? Can some meetings occur over the phone?**

Covid-19 flexibilities remain in place. To learn about each flexibility, please go to:

<https://health.wyo.gov/healthcarefin/medicaid/communitybasedservicesunit/medicaid-communitybasedservicesunit-resources/>

**A provider is given two days to respond to a request. What happens if a provider is out of the office beyond a two day period?**

Providers should have other staff working and an assigned back up for these tasks. Please reach out to the provider or their assigned backup by phone if you have not received a response.

**If the provider accepts the referral but cannot accommodate the clients preferences, will there be notes from the provider as to when they will be seeing the client or what they can accommodate?**

The provider should not accept the referral if they cannot provide the service as requested. Instead, they need to determine how they would be able to provide services and then submit a modification to the referral for participant review with the case manager. The case manager will then need to discuss that option with the participant. If the participant agrees, the case manager must respond that the participant accepts the modification. It is important that the participant be involved in all discussions regarding when services will be provided and the participant must ultimately decide based on what will work best for him or her.

**When individuals are transitioning from a nursing home or hospital and require a new plan of care, could waiting for that plan to start on the 1st day of the month following the date that the eligibility process is completed result in a gap in services?**

The case manager should work with the nursing home, hospital, or other facility and the participant when planning for a discharge to the community. Most facilities have staff members who coordinate discharges to ensure the individual is going to a safe place. Case managers need to ensure that the participant understands that ongoing communication with the facility is vital in ensuring that waiver services are available when they leave a facility. If the participant had been receiving services through the Community Choices Waiver (CCW) and their stay at the facility was less than 30 days, the plan will have remained open.

**Can the participant sign the [plan of care] agreement during the case manager's initial visit? Can the participant sign the agreement digitally or do case managers need to go back and get the participant's signature after everything has been entered into the Electronic Medicaid Waiver System (EMWS)?**

A participant needs to be fully aware of everything in his or her plan of care prior to signing. Ensuring a full understanding of the participant's needs, risks, and services in the plan of care is essential to person-centered

planning. Multiple visits may be required to complete assessments, develop the plan of care, and obtain signatures. The participant's signature indicates that they have read the plan and agree to having the services provided. If the case manager's tablet has the signature capability and software that complies with Wyoming law, the Division of Healthcare Financing (Division) will accept digital signatures.

### **How soon can case managers start the process for renewals? With the changes to give us more time to work through the learning curve.**

The Division is reviewing timeframes required for plan of care renewals. Plans of care are currently populated 60 days prior to the renewal start date. This timeframe may be extended to 90 days in the future.

### **What is the grace period for case managers to learn the new process without having corrective action imposed?**

The Division will continue to provide technical support and assistance during this process. A formal grace period will not be given but the Division is always available for assistance. If you have questions or concerns regarding this process, please reach out to Division staff or the helpdesk.

### **Are case managers required to sign up for WyTrain?**

The service plan development training provided on January 14, 2020 was intended to help case managers understand the specific tasks that are required as part of the new plan of care development process. WyTrain is a specific training portal that contains trainings that provide general support and information about case management roles, responsibilities, and State expectations. The Division understands that this additional requirement is a concern for case managers and providers and is reviewing other options for training delivery. More information will be provided soon.

### **What is the Division's vision of how this process should look? Are there specific requirements on what tasks case managers can complete on a tablet or in the office?**

The Division provides expectations for what tasks are required in plan development and oversight. Tasks must be completed in accordance with program regulation; however, the logistics are a case manager's choice.

### **Will the Case Manager Monthly Evaluation be updated as well?**

A new Case Manager Monthly Evaluation will be live on February 1, 2021. Once the Division provides training, case managers will be required to use the new monthly evaluation. Please take the time to review and become familiar with the new Case Manager Monthly Evaluation after February 1st.

### **Does the new plan of care need to be provided on the 15th of the month or can it be submitted between the 1st and the 15th of the month prior to services beginning?**

As of February 1, 2021, backdated services or backdated plans of care will not be accepted by the Division. Plans will start on the 1st of the month after the date of submission. There must be 15 calendar days for Division review. For example if you submit a plan of care on January 20, 2021, the plan of care start date would be March 1st, since the Division wouldn't have a full 15 calendar days to review before February. Case managers should plan accordingly.

### **Are we expected to complete the WYTrain training prior to February 1st?**

No. More information will be provided related to deadlines for training.

**Instead of printing the assessment when the internet isn't available can we do the assessment via telephone and then review results at the home visit? Does this need to be completed in person or can we do it over the phone?**

Please review the flexibilities offered during the public health emergency and in accordance with the approved Amendment K. Currently case managers may conduct service planning and monitoring activities by telephone or videoconference as an alternative to in-person case management visits.

**Will the Case Manager Service Plan Desk Reference be sent out? It's hard to find some of the training links on the state website.**

No. You will need to review these items on the website. Please know the Division is working to make the website more user friendly. In the meantime, the Desk Reference can be found at: <https://health.wyo.gov/healthcarefin/medicaid/communitybasedservicesunit/case-management-companies-and-case-managers/>, under the *Case Manager Resource Documents* toggle.

**Case managers are not job coaches, life coaches, or vocational rehabilitation counselors for participants served on the CCW. Can the term "counselor" be removed?**

The term counselor is not used in the context of a credentialed professional. The Division is using this term to mean someone who provides advice related to the plan of care assessments and the responsibilities a case manager has when providing guidance related to a participant's rights, responsibilities, risks, and needs.

**Will assessments need to be completed for plan of care modifications? Requiring assessments each time a modification is completed will slow down the modification process.**

An assessment needs to be completed when a change in the participant's needs and risks warrant a change or addition in services. If the first assessment identifies those needs and risks, a new assessment will not be required.

**Can case managers add skilled nursing to a plan of care while waiting for approval from Comagine?**

The process for requesting skilled nursing has not changed. Once you receive approval from Comagine, you will be able to add skilled nursing to a plan of care. Please note that the risk is not mitigated unless it is addressed through a waiver service or natural support.

**When will the new process go into effect?**

The new process will be required for renewal plans of care with an April 1st start date or later. However, case managers will be required to use the new process for initial plans and modifications beginning February 1st.

**The new process is time intensive for renewal plans. Can case managers bill for the time it takes to develop an initial plan of care?**

The Division appreciates your concern. We're actively reviewing activities for which a case manager can bill. Part of case management delivery is coordinating care and bringing teams together. That responsibility includes asking for input and feedback, and allowing time for team members to respond. The Division would encourage case managers to build waiting for input and feedback into their processes when working with participants.