



Community Choices Waiver Flexibilities in Response to COVID-19

The following guidelines for providers of the Community Choices Waiver services are specific to the Division's response to Coronavirus Disease 2019 (COVID-19). Identified flexibilities are specific to this crisis and will only be implemented upon notification of the Division. The flexibilities will remain in place until the Division gives notice that they will be rescinded.

Temporary Modifications to Service Plan Development and Monitoring Requirements

Effective March 13, 2020, and until further notice, case managers are granted additional discretion in conducting service plan development and monitoring activities while implementing social distancing measures to mitigate the spread of COVID-19. The Wyoming Department of Health, Division of Healthcare Financing (the Division) will allow for the following temporary modifications to Community Choices Waiver service plan development and monitoring requirements until further notice:

- Case managers may conduct service planning and monitoring activities by telephone or video conference as an alternative to in-person case management visits. The Division will accept Community Choices Waiver forms and program materials without the required participant/legal representative's signature (e.g. Choice of Provider or Monthly Evaluation form) if the form includes documentation that the activity was conducted remotely.
- Participants who refuse waiver services as a social distancing measure or whose services are limited by disruptions in the provider network shall not be terminated from the Community Choices Waiver program as a result of the inability to receive the required two services per month. Case managers must report to and seek guidance from the Division in circumstances where disruptions in service provision pose an imminent threat to the participant's health and welfare.
- The Division may extend current service plans beyond the required renewal date if the annual level of care evaluation (LT-101 assessment) and/or service planning activities cannot be conducted as a result of COVID-19 mitigation strategies (e.g. assisted living facility quarantine).
- Limits on home-delivered meals will be temporarily increased to three (3) meals per day in order to support individuals who are at increased risk for severe illness to avoid public gatherings and implement social distancing measures.

Guidance to Service Providers

Effective March 13, 2020, and until further notice, service providers may be granted additional discretion in Waiver service delivery in order to ensure participants maintain access to critical services as communities implement strategies to mitigate the spread of COVID-19. The following temporary modifications to Community Choices Waiver provider qualifications and service specifications may be applied until further notice:

- Limits on home-delivered meals will be temporarily increased to three meals per day in order to support individuals who are at increased risk for severe illness to avoid public gatherings and implement social distancing measures.
- If disruptions in the workforce limit a service provider's ability to deliver critical Community Choices Waiver services, the service provider must inform the participant's case manager. Service providers may also contact the Division to request modifications to provider qualifications as necessary to assure

participant health and welfare (e.g. the use of Licensed Practical Nurses (LPNs) to deliver skilled nursing care). Service provider staff must continue to deliver services within their respective scope of practice and consult with the Aging Division's Healthcare Licensure and Survey unit, the Wyoming State Board of Nursing, or other applicable regulatory agency for information on any potential modifications to those requirements.

- Providers of covered waiver services who are not currently enrolled as a Community Choices Waiver provider may contact the Division for an expedited, temporary enrollment as needed to ensure participant access to critical Waiver services.

Temporary Modifications to Nursing Facility Level of Care Evaluation Procedures

Effective March 13, 2020, and until further notice, the Division will allow for the following temporary modifications to its nursing facility level of care evaluation procedures in order to implement social distancing measures and inhibit the transmission of COVID-19. These temporary modifications are permitted until further notice and at the discretion of the County Public Health Nurse Manager:

- Modifications to Allow for Remote Assessments – The County Public Health Nursing Offices may conduct remote LT101 Assessments by phone or video conference. To conduct a remote LT101 Assessment, the Public Health Nurse (PHN) shall use the existing procedures for out-of-state LT101 Assessments. However, the in-person follow up assessment will not be required.
- Modifications to Allow for Abbreviated Reassessments – For individuals who require a periodic nursing facility level of care reevaluation (i.e. an annual Home and Community-Based Services (HCBS) waiver reevaluation, an annual Program of All-Inclusive Care for the Elderly (PACE) reevaluation, or a six-month continued stay review for nursing facility services), the County Public Health Nursing Offices may conduct abbreviated LT101 Assessments by phone or video conference. To conduct an abbreviated LT101 Assessment, the PHN shall:
 - Conduct a remote interview and review the results from the most recent LT101 Assessment with the participant, the participant's legal representative, and/or other credible sources of information on the participant's current functional status, as appropriate.
 - Determine, based on the remote interview, whether there have been any significant changes to the participant's functional status in each of the 13 assessment domains.
 - Use the available data and his/her best clinical judgment to code the level of assistance needed for each domain:
 - If there is no significant change in the participant's functional status, the PHN may use the documentation from the most recent LT101 Assessment in order to support the PHN's coding of the participant's level of assistance needed.
 - If there has been a significant change to the participant's functional status, the PHN may supplement the documentation from the most recent LT101 Assessment with the newly obtained information in order to support the PHN's coding of the participant's level of assistance needed.
- For all LT101 Assessments conducted remotely, the PHN must continue to document the source of the data used to code the level of assistance required for each domain. The PHN must also document that the LT101 Assessment was conducted remotely pursuant to this guidance ([LOC2020-CB01](#)) in the final summary section of the assessment form.

Temporary Modifications to Provider Qualifications and Service Specifications

Effective April 10, 2020, and until further notice, the Division will allow for the following temporary modifications to Community Choices Waiver provider qualifications and service specifications in order to ensure participants maintain access to critical services as communities implement strategies to mitigate the spread of COVID-19. These modifications will remain in effect until further notice by the Division.

- **Criminal History Investigation Requirements:** Provider agencies and employers of record under the participant-directed service delivery option may choose to permit an individual to begin delivering Waiver services prior to receiving the criminal history investigation results if that individual has signed an attestation affirming that he/she has not been convicted of, has not pleaded "no contest" to, and does not have a pending or deferred prosecution of any of the following barrier crimes:
 - Homicide
 - Kidnapping
 - Sexual assault
 - Robbery
 - Blackmail
 - Assault and Battery
 - Bigamy
 - Incest
 - Abandoning or endangering children
 - Violation of an order of protection
 - Human trafficking

The provider agency or participant/designated employer of record under the participant-directed service delivery option must ensure that the individual submits to a criminal history investigation within 30 calendar days of the expiration of the Public Health Emergency Declaration or as otherwise directed by the Division. Upon receipt of the criminal history investigation results, Medicaid reimbursement will not be available for Waiver services delivered by individuals who have a criminal history including a barrier crime.

These modifications apply only to the Waiver service provider qualifications overseen by the Division. Licensed/certified provider agencies and healthcare professionals should consult with the Aging Division's Healthcare Licensure and Survey unit, the Wyoming State Board of Nursing, or other applicable regulatory agencies for information on any potential modifications to those requirements.

- **Central Registry Screening Requirements:** Provider agencies and participants/designated employers of record under the participant-directed service delivery option may choose to permit an individual to begin delivering waiver services prior to receiving the Central Registry screening results if that individual has signed an attestation affirming that he/she is not currently under investigation and has not been substantiated by the Wyoming Department of Family Services for abuse and/or neglect.

The provider agency or employer of record under the participant-directed service delivery option must continue to submit Central Registry screening requests as soon as practicable. Upon receipt of the Central Registry screening results, Medicaid reimbursement will not be available for Waiver services

delivered by individuals currently under investigation or who have been substantiated by the Wyoming Department of Family Services for abuse and/or neglect.

These modifications apply only to the Waiver service provider qualifications overseen by the Division. Licensed/certified provider agencies and healthcare professionals should consult with the Aging Division’s Healthcare Licensure and Survey unit, the Wyoming State Board of Nursing, or other applicable regulatory agencies for information on any potential modifications to those requirements.

- Provider Qualification Standards for Personal Support Services, a.k.a. Direct Service Workers (DSWs): Participants/designated employers of record under the participant-directed service delivery option may choose to permit an individual to begin delivering waiver services prior to completion or renewal of the CPR, First Aid, and/or other caregiver training required by the Division. The participant/designated employer of record must ensure completion of any required caregiver training within 60 calendar days of the expiration of the Public Health Emergency Declaration or as otherwise directed by the Division.

Temporary Modifications to Benefit Coverage Standards, Provider Qualification Standards, and Reimbursement Rates

Effective May 29, 2020, and until further notice, the Division allows for the following modifications to Community Choices Waiver benefit coverage standards, provider qualification standards, and reimbursement rates. These modifications are implemented to ensure participants maintain access to critical services as communities implement strategies to mitigate the spread of COVID-19 and will remain in effect until further notice by the Division.

- Service Scope Expansion for Personal Support Services: Current coverage policies limit the provision of light housekeeping, meal preparation, and grocery/personal needs shopping to those services which are incidental to and delivered in conjunction with assistance with an activity of daily living (e.g. bathing or dressing). Personal support service coverage is extended to include the provision of light housekeeping, meal preparation, and grocery shopping independent of assistance with an activity of daily living. Please refer to the [benefit coverage standards](#) for additional information.
- Modifications to Service Provider Qualifications for Personal Support Services: Current policy limits personal support services to the participant-directed service option. The Division will allow for qualified Home Health Agencies and Senior Centers to be reimbursed for the delivery of personal support services. Please refer to the [benefit coverage standards](#) for additional information.
- Increases to Reimbursement Rates for Select Services: Effective retroactively to the President’s National Emergency Declaration on March 13, 2020, the maximum allowable reimbursement rates for the following services are increased to account for the increased costs to providers for hazard/retention pay, higher staffing levels, and personal protective equipment and other supplies.

Service	Procedure Code	Modifier	Unit Value	Maximum Allowable Rate
Assisted Living Facility Services				
Level I	T2031	U1	1 Day	\$48.30
Level II	T2031	U2	1 Day	\$58.57
Level III	T2031	U3	1 Day	\$70.44

Home Health Aide, a.k.a. Personal Care	G0156		15 Minutes	\$8.12
Skilled Nursing Care	S9123		1 Hour	\$76.60

- Coverage of Personal Protective Equipment (PPE) for Individuals Receiving Services Under the Participant-Directed Service Option: Participants or designated employers of record who employ individuals under the participant-directed service option may obtain PPE for their employees. The Division is conducting outreach to recruit Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers as providers of this service. As DMEPOS suppliers are enrolled, they will be added to the active provider lists for each county and available for case managers to include in the participant’s service plan. Please refer to the [benefit coverage standards](#) for additional information.
- Increase to the Maximum Wage Paid to Individuals Employed Under the Participant-Directed Service Option: The Division currently caps the wages paid to individuals employed under the participant-directed service option at \$12.00 per hour. The participant or the designated employer of record may pay wages up to \$13.62 per hour to allow for a temporary hazard/retention pay differential. Participants/designated employers of record who choose to temporarily increase employee wages must complete the [Temporary Wage Change Form](#) and submit it to the participant’s case manager. Upon service plan modification, the participant’s case manager must forward the form to the Division’s contracted Financial Management Services (FMS) agency, Wyoming ACES\$, for processing.

Procedure or Information: Case managers, service providers, and participants should refer to the [benefit coverage standards](#) for the detailed descriptions of service inclusions, exclusions, limits, provider specifications, and reimbursement policies. All Community Choices Waiver services must be prior authorized and delivered in accordance with the participant’s written service plan pursuant to 42 CFR §441.301(b). Case managers must modify existing service plans in order to include additional services and/or to increase units of service as necessary to support the participant’s needs. The Division has coordinated with its Fiscal Agent and information system developers to ensure these temporary program modifications are implemented with minimal operational impact to case managers and service providers. However, provider claims already submitted must be resubmitted in order to receive the increased reimbursement. Please refer to the [claim adjustment tutorial](#) for billing instructions and additional information.

For up-to-date information on the Wyoming Department of Health’s response to COVID-19 and other useful links, please visit:
<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/>.