AGENDA

- **Program Updates**
  - New service plan design
  - Service plan start dates
  - Required case manager trainings
  - Service plan review threshold
  - Process change in EMWS
  - LT101 process
  - Case manager contact information
  - Removal of billing code
  - Service name change

TOPICS

New service plan design

The Division of Healthcare Financing, Home and Community Based Services Section (Division) has been refining improvements to the Community Choices Waiver (CCW) service plan development process. These improvements, which are required and have been approved by the Centers for Medicare and Medicaid Services (CMS), were implemented February 1, 2021. Additionally, the Division has identified several system changes that will streamline the other internal and external processes related to providers and case managers.

As a part of this initiative, the Division implemented the use of the provider portal. The provider portal is an online method for providers and case managers to submit and review various tasks related to the provision and management of CCW services. Providers will also use the portal to document agreement and understanding of participant services, which is a critical part of the service plan development process.

Forms and documents related to the new service plan have also been revised. Case managers now have several resource documents to help them through the service plan process. These resource documents include:

- Case Manager Manual;
- Case Manager Service Plan Desk Reference; and
- Case Manager Service Plan Assessment Desk Reference.

The Division has updated the Participant Agreement Form so that the participant only has to sign one form to acknowledge their rights and responsibilities, confirm the person-centered planning process was used through the service plan development process, acknowledge their receipt of all necessary documents, verify that they had freedom of choice in providers and services, confirm that they have received the case manager's contact information, and acknowledge that they agree to the services and supports outlined in their service plan,

including any modifications to their rights. Case managers and other individuals who were involved in the person-centered planning process are also required to sign the Participant Agreement Form.
Forms and documents related to the participant-directed service delivery option has also been updated. These update include:

- Participant Direction Employer Manual;
- Participant Direction Support Plan, which the participant must complete in order to accurately explain the supports and services that their employees must provide;
- Employer of Record Designation and Power of Attorney Form, which designates the employer of record (EOR) and stipulates specific EOR authorities;
- Participant Direction Employee File Checklist, which the participant should use to ensure that they collected required paperwork for each of their employees; and
- Participant Direction Budget Calculator, which the case manager must use to determine the participant-directed budget, based on the participant's support needs.

These documents are available at the following link.

Service plan start dates

As of February 1, 2021, initial service plans will start on the first day of the month after the date of submission. The Division must have 15 calendar days to review the service plan, so if the service plan isn't submitted in time to allow for this review, the service plan will begin the following month. For example, if you submit a plan of care on February 20, 2021, the plan of care start date would be April 1st, since the Division wouldn't have a full 15 calendar days to review before March. Case managers should plan accordingly.

Service plan modifications must be submitted seven calendar days prior to the modification effective date to allow the Division time to review the changes. For example, if you are creating a modification to add services that begin March 1st, the modification must be dated March 1st and be submitted by February 22nd.

The May 2021 service plan renewals will be the first renewals to be developed using the new service plan process. All renewals will populate 90 calendar days in advance. Initial service plans with a start date of March 1, 2021 forward will be developed using the new service plan process. Service plans that were originally developed using the old plan process will be modified using the old plan process, should modifications be needed. The old process will be used until the service plans are renewed.

Beginning February 1, 2021, service plans and modifications that are developed using the new service plan process will note the reason that plans and modifications are rolled back to the case manager in red lettering at the top of the plan checklist screen where the "Current Status Comment" is noted.

Required case manager trainings

Current case managers, case manager supervisors, and case management agencies must demonstrate that they have completed identified trainings, which are required as part of the Division's assurance to the Centers for Medicare and Medicaid Services (CMS) that case managers will receive initial training that is commensurate with the level of responsibility required to serve in this role. These entities have until June 30, 2021 or their

next credentialing period, whichever is later, to complete the trainings and training summaries, and will be required to demonstrate their participation in each module upon the request of the Division. The Division conducted several of the required trainings in the last quarter of 2020. Individuals who can demonstrate that they participated in the live training do not need to complete the trainings again. Please complete and retain a Provider Training Summary for each module you finish.

Recorded trainings and slides are available on the new Training page of the Division's website, under the *CCW Initial Case Manager Training* toggle. These trainings will not be available on the Wyoming TRAIN website. If you have already completed the training on the Wyoming TRAIN website, please retain that certificate as your documentation.

Case managers and case manager supervisors are required to take the following trainings:

- HCBS Settings Rule and Community Membership - Presented live November 13, 2020
- Participant Assessments - Presented live September 23, 2020
- Service Plan Development - Presented live September 24, 2020
- Ageism, Disability, and Cultural Awareness
- Effective Communication
- Identifying and Reporting Abuse, Neglect, and Exploitation
- Person-Centered Planning – Basic Concepts
- Person-Centered Planning – Process Overview
- Person-Centered Planning – Supported Decision Making

A representative from each case management agency is required to take the following trainings:

- Agency Administration and Responsibilities - Presented live November 12, 2020
- Case Manager Supervision

Service plan review threshold

The Division has updated EMWS to change the criteria for CCW service plans that require a review by a Benefits and Eligibility Specialist (BES). The system no longer requires service plans that exceed $1,800 per month to be reviewed. The new threshold will be changed to $2,200 per month.

The majority of plans that include assisted living facility services exceed $1,800, so it was determined that the monthly threshold should be increased. A BES review of plans that exceed $2,200 monthly will ensure that plans with higher service needs are monitored.

The case manager must ensure that a note is added to the *Plan Mod* section of the case if the monthly total is $2,200 or more. This will avoid potential rollbacks. Please note that if the case manager adds the note to the main note section, the note won't save into the *Plan Mod* section of the plan.

As a reminder, the county assigned BES is now reviewing CCW plans and modifications. Please reach out to the county assigned BES with questions or concerns. BES contact information can be found on the Contact and Important Links page of the HCBS Section (under construction) website.

Process change in EMWS

The Division has implemented a change in the EMWS process order for new applicants of CCW. After a participant's case is created in the system and the case management agency is assigned (by the Division), a task to assign the case manager will then populate for the agency to assign the case manager. The agency must assign a case manager before the case is sent to Long Term Care (LTC) Eligibility, which will allow case managers to follow the participant's case throughout the eligibility process rather than being required to contact the Division in order to obtain this information.

Please note you will have old *Select Case Manager* tasks on your task list. These tasks are assigned for participants who were already in the process and have not yet had a case manager assigned to their case. Case management agencies must assign a case manager for these participants as soon as possible.

LT101 process

In order to streamline the eligibility process and avoid the need for participants to undergo the LT101 assessment more than once, the Division has changed the service plan process flow in EMWS. A participant's financial eligibility will now be determined prior to the LT101 assessment being completed.

In the new process, the Division will create the application and assign the case management agency. The case management agency is then responsible for assigning the case manager. Once this occurs, the case is sent to the LTC eligibility worker to complete the participant's financial determination. After the participant's financial eligibility has been approved, the BES will be prompted to order the LT101 assessment.

Case manager contact information

In order to ensure effective communication, case managers need to add their contact information to their participants' cases in EMWS. This information should be added on the *Contacts* page, under the *Waiver Links* section of each participant's case. Case managers should choose the "Case Worker" contact type. Be sure to include your phone number and email address to allow for more than one way of contact.

Removal of billing code

Effective at the close of business on February 11, 2021, the Division will remove the T2040 billing code that was used to bill for Fiscal Management Services. The process for billing that service changed and the T2040 code is no longer required. When adding participant-directed services to a participant's service plan, the only code that should be used is the T2041 billing code for the Direct Service Worker.

Service name change

In an effort to align service names and billing codes, the Division has changed the name of billing code G0156 to Home Health Aide. This code was previously named Personal Care Attendant Services. This change has been made in EMWS and on the Choice of Provider form.

WRAP UP

Next call scheduled for March 11, 2021