



# Community Choices Waiver

## Case Manager Monthly Review Form

Wyoming Department of Health  
Division of Healthcare Financing  
Home and Community-Based Services Section  
April 8, 2021

Good afternoon. My name is Jennifer Adams and I am a Benefits and Eligibility Unit Assistant Manager for the Home and Community-Based Services Section of the Division of Healthcare Financing (Division). Thank you for joining us today



To review the implementation of the new Case Manager Monthly Review Form, and explain the updates that have been made to the Notes screen in EMWS.

The purpose of today's training is to review the implementation of the new Case Manager Monthly Review Form, which case managers will complete in the Electronic Medicaid Waiver System (EMWS) beginning May 1st, and explain the updates that have been made to the *Notes* screen in EMWS.

## Training Agenda

- Outline the purpose and importance of the CCW Case Manager Monthly Review Form
- Explain case manager expectations when completing the form
- Discuss the components of the form
- Review recent updates to the Notes screen of EMWS

By the end of this training, the following topics will have been introduced and explained.

- First, we will outline the purpose of the CCW Case Manager Monthly Review Form, and why the information within the form is so important.
- We will explain the Division's expectations of case managers when they complete the form.
- We will discuss the specific components of the form, and provide information on what should be included in each section.
- Finally, we will review the recent updates that have been made to the *Notes* screen of EMWS.

# Choice



The Case Manager Monthly Review Form is an important tool in documenting that a participant's right to choose is respected.

Choice is a basic tenet of home and community-based waiver services. Waiver participants must have the freedom to exercise choice in who provides their services, where they live, with whom they spend time, and what they want for their future. Having choice is paramount to human dignity.

The Case Manager Monthly Review Form is an important tool that is used to assure that a participant's right to choose is respected. Participant satisfaction is one topic covered on the form, and dissatisfaction with services or providers is an indication that the participant should be offered a choice of new providers or different services. The form is also used to document how providers are respecting a participant's choice as they deliver services.



# Completing the Case Manager Monthly Review Form

The new Case Manager Monthly Review Form, which the case manager will now complete in EMWS, replaces the paper version of the Case Manager Monthly Evaluation form, and functions as the case manager's monthly documentation for all case management activities. This form will populate at the beginning of each month, and can be found on the *Process* screen, which is located under Waiver Links.

This form should be used to document and record all activities that the case manager conducts during the month, including monthly and quarterly visits and other contacts. Relevant information related to the participant needs to be noted on the form. All contacts and visit information must be documented within five business days of the case management activity, and each section must be completed thoroughly and accurately.

This is a new process, and the Division understands that there will be some initial glitches. We are committed to working with case managers as we smooth any rough edges. We appreciate any constructive feedback that could improve the process, and will work to make adjustments based on the feedback we receive.

## **Objective and Importance of the Case Manager Monthly Review Form**

- Demonstrates the case manager's work and justifies their payment.
- Provides an accounting of what the participant is doing, where they are struggling, and where they are finding success.

The Case Manager Monthly Review Form is the formal documentation that the Division requires case managers to complete each month for each participant on their caseload. This documentation demonstrates the work that the case manager has completed and justifies the payment that they receive for the services they have provided.

When completed in accordance with the standards established by the Division, the form provides a detailed accounting of what a participant is doing, where they are struggling, and where they are finding success. This accounting is an extremely important piece of the participant's overall case file, and is often used to provide context for the Division when an incident or complaint is being investigated.

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# Monthly and Quarterly Evaluations

The first section of the form addresses monthly and quarterly evaluations of the participant.

# — Upcoming Changes to Participant Evaluation Requirements

Effective July 1, 2021

- Monthly evaluations can be conducted remotely.
- Quarterly evaluations must be completed face to face.

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When the CCW waiver renewal goes into effective on July 1, 2021 there will be changes to the monthly evaluation requirements. A monthly evaluation of the participant will still be required, but this evaluation may be conducted remotely, either by telephone or teleconferencing. The remote option is a flexibility that is currently allowed during the public health emergency, but will be an ongoing delivery method as of July 1st. Even though this is an option, case managers must be available to meet in person if that is the participant's preference.

Also effective July 1, 2021, an in-person quarterly review must be completed. This quarterly review requirement is different from the quarterly care conference that was previously required. A remote visit is not an option for this review. On months that the quarterly review is conducted, a monthly review will not be required. Both of these reviews must be documented using the Case Manager Monthly Review Form in EMWS.

Until July 1, 2021, a monthly evaluation is still required and must be completed and documented on the form in EMWS.



# Identifying the Contact Type

**Contact**

Contact Type	<input type="text"/>
Individual(s) Present	<input type="text"/>
Monitoring Date	<input type="text"/>
Start Time	<input type="text"/> : <input type="text"/> <input type="text"/>
End Time	<input type="text"/> : <input type="text"/> <input type="text"/>
Location	<input type="text"/>

To start the monthly or quarterly evaluation, the case manager must indicate how the contact is being made, such as a phone call, video call, or face to face. Failed attempts should also be recorded, although a failed attempt will not be considered adequate to bill a monthly monitoring unit, once it is available. The individual contacted, such as the participant, legally authorized representative, or service provider, should also be identified. If more than one person is present during the contact, the case manager should select *Other* from the drop down menu, and list all of the individuals who were involved in the contact. It is important to note that simply contacting the provider for a monthly or quarterly evaluation, rather than the participant, is not acceptable.

The date, start time, and end time of the evaluation must be documented, and the location of the evaluation, such as the community or the participant's home, must be documented if the contact was conducted in person.

# Assessing the Participant's Situation

Have you seen your primary care provider since our last visit?

Yes  No

Are your current services and supports meeting your needs?

Yes  No

Next is a series of questions related to circumstances in the participant's life, such as:

- Changes in the participant's guardianship or legal representation;
- Changes in the participant's natural supports;
- Changes in the participant's living arrangements;
- Illnesses, falls, injuries, or emergency room visits that the participant may have experienced since the last case management visit;
- If the participant has seen their primary care provider since the last case management visit; and
- The participant's satisfaction with their services and providers.

The case manager must ask the participant each question and document their response on the Case Manager Monthly Review Form. This should be a time for the case manager and participant to have a conversation, so questions should be asked in a way that encourages participants to share information, rather than just answering yes or no. If the participant's response indicates that follow-up is needed, a box will populate to allow the case manager to provide additional detail. Case managers must provide detailed information, including dates and times, individuals involved, specific actions taken and concerns noted, and any follow-up that will be required by the case manager. Case managers should ensure that they discuss the potential need for additional services and supports with the participant, especially if there is concern that the participant's current services and supports are not meeting their needs.

# Identifying Risks and Concerns

## Case Manager Observations

Case Manager Notes:

Potential Risks/Concerns

- Housing Insecurity
- Environmental/Home Safety
- Social Isolation/Loneliness
- Mental/Behavioral Health
- Nutrition/Food Insecurity
- Personal Safety
- Health and Wellness
- Caregiver/Natural Support Fatigue
- Other

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The next section is Case Manager Observations. In this section, the case manager must identify areas in which risks are identified or concerns are noted in the areas of:

- Housing insecurity;
- Environmental or home safety;
- Social isolation or loneliness;
- Mental or behavioral health;
- Nutrition or food insecurity;
- Personal safety;
- Health and wellness;
- The fatigue of caregivers or natural supports; or
- Other areas identified by the participant or observed by the case manager.

In order to determine if a potential risk exists, the case manager must talk to the participant and ask questions about their comfort and experience in their home and the community; if they are experiencing loneliness or other feelings of anxiety that could suggest a concern with their mental health; how, what, and when they are eating; and any concerns with their overall health and wellness. If a risk or concern is identified, the case manager must document detailed information on how the risk or concern was identified, possible strategies that could be implemented in order to address the situation, and any action steps that the case manager will need to take.

For example, if a participant is experiencing more falls, and this situation has been identified as a risk to personal safety, health and wellness, or environmental or home safety, then the case manager may talk to the participant about contacting their primary care provider about

a referral to an occupational or physical therapist. The participant may choose to make the appointment; however, if the participant requests support, the case manager should help the participant make the appointment. The game plan should be included as a follow-up in the Follow-Ups section, so the case manager can make sure the appointment has been made and ask questions about results of the appointment during the next monthly or quarterly evaluation.

Please be aware that EMWS will require case managers to add information into the Case Manager Notes box for each monthly or quarterly evaluation.

# Verifying Plan Effectiveness

The participant's services are delivered in accordance with the approved service plan.

Yes  No

The approved service plan is effective in meeting the participant's needs and preferences

Yes  No

There are significant changes to the participant's condition or circumstances

Yes  No

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In the Case Manager Observation section of the monthly or quarterly visit, the case manager must verify the effectiveness of the participant's plan by answering three questions.

1. *The participant's services are delivered in accordance with the approved service plan.* The answer to this question is determined through a review of service utilization and discussions with the participant to identify if the services were delivered in the amount planned, as identified in the participant's service plan, and as defined in the service definition. The Division is developing a Service Index that will include the definition and limitations of each service. This Service Index will be available beginning July 1, 2021. Until then case managers can refer to the Community Choices Waiver agreement, which is located on the [Public Notices, Regulatory Documents, and Reports](#) page of the Division website, under the *Waivers* tab.
2. *The approved service plan is effective in meeting the participant's needs and preferences.* The answer to this question is determined through discussions with the participant and overall observations. If a risk or concern related to services and supports has been identified, then this question will most likely be answered *No*.
3. *There are significant changes to the participant's condition or circumstances.* The answer to this question is again determined through discussion with the participant and overall observations. If the participant has experienced injuries, falls, or hospital visits, or if a risk related to the participant's health and wellness has been identified, then the answer to this question will most likely be *Yes*.

Answers to these questions may identify a need to modify the participant's service plan.



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# Other Monthly Case Manager Documentation

The monthly and quarterly evaluations are an important component of the case manager's monthly work; however, each contact or activity that the case managers conducts over the course of the month must be documented on the Case Manager Monthly Review Form.

# Contacts

## Contact Notes

Note	Modified By	Modified Date	
 Test		4/2/2021 3:37:31 PM	

[Add Contact Note](#)

### Contact Note

Contact Type

Date

Contact Method

Note



[Cancel](#) [Save](#)

The case manager should use the Contacts section of the Case Manager Monthly Review form to document any case management activity outside of the monthly or quarterly evaluation.

To enter documentation, add a Contact Note. You will need to select a contact type, which will include options like *Meeting* or *Service observation*. Enter the date and select the contact method, which will include options such as *In person*, *Email*, or *Phone call*. Finally, describe what happened during the contact, in detail, in the Note section. Again, it is important that you clearly describe what was discussed during the contact. The best way to ensure good content in your description is to answer the who, what, when, where, and why of the discussion in a way that the reader can clearly understand what happened, as well as any follow up needed or resolution that occurred.

# Follow-Ups Section

Follow Ups

Follow Up Date	Note	Modified By	Modified Date	
 22/03/2021	notes	mathew.webb	3/22/2021 12:53:05 PM	

[Add Follow Up](#)

Add Follow Up

Follow Up Description

Follow Up On

Note

[Cancel](#) [Save](#)

As the case manager identifies a risk or concern during the monthly or quarterly evaluation, or during any other time of the month, they should note the steps they need to take to follow-up on that concern in the Follow-Ups section. Include a target date by which the follow-up should be completed. A benefit of using the Follow-Ups section is that it clearly demonstrates to the Division that the case manager has identified issues that need to be addressed.

The case manager should document the follow up activities that they complete as part of their ongoing documentation in order to close the loop and demonstrate that the necessary action has been taken.



# Case Manager Affirmation

As the participant's case manager, I affirm:

- I am not related by blood or marriage to the participant or to any person paid to provide Medicaid Home and Community-Based Services (HCBS) to the participant
- I do not share a residence with the participant or with any person paid to provide Medicaid HCBS to the participant
- I am not financially responsible for the participant
- I am not empowered to make financial or health-related decisions on behalf of the participant
- I do not own, operate, am not employed by, and do not have a financial interest in any entity that is paid to provide Medicaid HCBS to the participant. Financial interest includes a direct or indirect ownership or investment interest and/or any direct or indirect compensation arrangement
- This is a true and accurate representation of this service plan monitoring activity

Yes

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Before the Case Manager Monthly Review Form is submitted for the month, case managers will be required to affirm the absence of any type of conflict of interest in serving as the participant's case manager. Additionally, the case manager must attest that the information they have provided in the form is true and accurate. Once the case manager attests to these factors, they must select *Yes* and *Submit* the form.

Case managers need to understand that when they click the box that verifies these statements, they are not simply clicking a box. They are verifying, as part of a legal document, that they don't have a conflict of interest, and that they have truly and accurately represented the monitoring activities they have completed and the information they have learned through the monitoring activities. If a case manager represents their status or the participant's information inaccurately, this may be considered fraud, and the case manager may be subject to a referral to the Medicaid Fraud Control Unit.

Once the form is submitted, information contained in the form cannot be changed. Case management agencies should not bill for services until the form has been submitted. Once the agency has billed for this service it becomes a completed Medicaid claim and no further changes or addendums should be added. It is very important that you double check for completeness and accuracy prior to submission.

## Case Manager Expectations

- Document required monthly and quarterly contacts.
- Document case narrative, service utilization, and participant satisfaction and choice.
- Provide adequate and accurate notes that reflect conversations and observations throughout the month, and document follow-up as necessary.
- File incident reports as necessary.

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As mentioned previously, the Case Manager Monthly Review Form is the formal documentation that demonstrates the work that the case manager has completed each month, and justifies the payment that they receive for the services they have provided. This detailed accounting is an extremely important piece of the participant's overall case file, and is often used to provide context for the Division when an incident or complaint is being investigated.

It is critical that case managers complete this documentation thoroughly and accurately. They must document the monthly or quarterly visit, and ensure that they adequately describe participant circumstances, identified risks, and potential concerns, as well as any follow up that needs to be conducted. They need to document the participant's satisfaction or dissatisfaction with services, as well as information on how the participant was given the choice to change services and providers. They also need to document conversations with participants that happen throughout the month. They must document and conduct necessary follow-up actions.

If, during the monthly evaluation or other contact, an incident is discovered, the case manager must report it in accordance with Appendix G-1-b of the Community Choices Waiver agreement that has been approved by the Centers for Medicare and Medicaid Services (CMS).

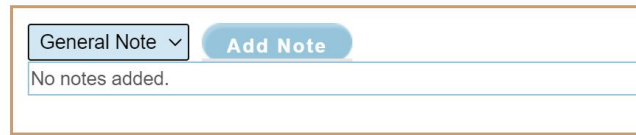


# CCW Notes Screen

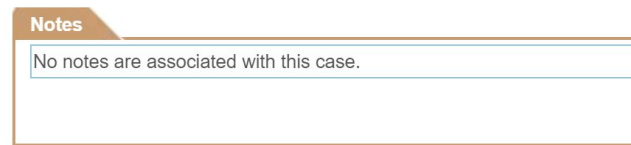
In addition to the new Case Manager Monthly Review Form, the Division has made enhancements to the *Notes* screen of participant cases. The *Notes* screen is located under the Waiver Links in EMWS.

## What is it and why is it important?

- Case managers may communicate with Division.
- Case Managers may create a task for Division follow up.



General Note ▾ Add Note  
No notes added.



Notes  
No notes are associated with this case.

The *Notes* screen should be used differently than the Case Manager Monthly Review Form. The *Notes* screen is intended to be a mechanism by which the case manager can communicate with the Division about specific plan issues, or when they need help with a case.

The case manager will select the general note type. Once the note is added, the case manager will have the option to select Follow-Up Required. If the case manager selects Follow Up Required, EMWS will create a task for the Division to read the note. This option should only be used if the case manager needs assistance, such as help with participant-direction or a participant's transition from an institution to the community, or if the case manager needs to notify the Division of something such as a participant's admission to the hospital. Once the Division reads the note, they can send follow-up to the case manager, essentially creating a communication log.



# Key Takeaways



1. The required Case Manager Monthly Review Form functions as the case manager's monthly documentation for billing purposes.
2. Detailed information must be submitted timely and accurately.
3. The Division uses the form to understand what is going on in the participant's life.
4. The Notes screen in EMWS has been enhanced.

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As we end this training, we'd like to review some of the key items that case managers need to remember:

1. The required Case Manager Monthly Review Form functions as the case manager's monthly documentation. This form should be used to document visits and contacts that occur during the month, and any other relevant information related to the participant that needs to be noted. This form functions as the case manager's case notes, and should include the detail necessary to demonstrate the case management services that were provided.
2. It is extremely important that case managers complete this documentation thoroughly and accurately. They must adequately describe participant circumstances, identified risks, and potential concerns, as well as any follow up that needs to be conducted. All contact and visit information must be documented within five business days of the case management activity. The information in this form will be used to verify that case management services were provided in accordance with Division standards, so detailed information is necessary.
3. The Division uses the Case Manager Monthly Review Form to understand what is going on in the participant's life, and provide context for incidents, complaints, and requests. If the Division receives a complaint due to the provider's service delivery or the participant's health and safety, the Division will refer to the form to determine if the concern has been identified by the case manager, and if the case manager has taken any action to resolve the problem.
4. Finally, the *Notes* screen in EMWS has been enhanced.

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# Questions???

## Contact your Provider Support or Benefits and Eligibility Specialist

<https://health.wyo.gov/healthcarefin/hcbs/contacts-and-important-links/>

Thank you for participating in the training on the CCW Case Manager Monthly Review Form and EMWS *Notes* screen. If you have questions related to the information in this training, please contact your Division representative. Contact information can be found by clicking on the link provided in the slide.