

# Case Manager Support Call

## Comprehensive and Supports Waiver Service Requirements and Restrictions

Wyoming Department of Health  
Division of Healthcare Financing  
Home and Community Based Services Section  
May 10, 2021



Good Afternoon. My name is Kate Delgado, and I am a Benefits and Eligibility Specialist for the Home and Community-Based Services Section of the Division of Healthcare Financing (Division). Today we will be discussing waiver service requirements and restrictions.



The purpose of this training is to ensure case managers know and understand service definitions and limitations, and their role in ensuring that services are being delivered in accordance with Division requirements.

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# Training Agenda

- Review rules and guidance established to define and explain services
- Outline general service requirements and restrictions
- Discuss the layout of the service definition
- Explain the case manager's role in monitoring services

At the end of this training, the following topics will have been introduced and explained:

- We will review the rules and guidance in Chapter 46, Section 10 as well as the Service Index for the Comprehensive and Supports Waivers, or DD Waivers, which define and explain services.
- We will outline general service requirements and restrictions.
- We will discuss the layout of service definitions.
- Finally, we will outline the case manager's role in monitoring services.



Case managers must ensure that the participant's choice is being honored and respected during service delivery.

Choice is a basic tenet of home and community-based waiver services. Participants must have the freedom to choose the services they receive and 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. In order for a participant to make an informed decision, they must know what to expect from the service, and what is and isn't allowed as part of the service. It is the case manager's responsibility to provide this information. When monitoring services, case managers must ensure that the participant's choices are being honored and respected.

# Authorities and Resources That Support Division Expectations

- Chapter 46 - Medicaid Supports and Comprehensive Waivers
- Comprehensive and Supports Waiver Service Index (Service Index)
- DD Waiver agreements



Chapter 46, Section 10 of the Department of Health’s Medicaid Rules establishes rules that apply to waiver services, including overall restrictions. This section of rule states that service definitions can be found in the Comprehensive and Supports Waiver Service Index, which is typically referred to as the Service Index. The Service Index is a one stop shop that provides service definitions, billing codes, and reimbursement rates. The Service Index reflects the service definitions that are outlined in the DD Waiver agreements, which are approved by the Centers for Medicare and Medicaid Services (CMS).

# General Service Requirements and Restrictions



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Chapter 46, Section 10 establishes that the waiver services that are specified in a participant's individualized plan of care, or IPC, must be based on the participant's assessed needs, meet the service definition, be considered medically or functionally necessary, align with the participant's preferences for services, supports, and providers, and be prioritized based on the availability of funding in the participant's individual budget amount (IBA). This one subsection establishes the purpose of waiver services. But let's dig a little deeper.

## Service and IPC Requirements

- Services shall support and assist the participant in acquiring, retaining, and improving skills.
- The IPC shall reflect the services and actual units to which providers agree.
- The IPC shall include specific support needs.
- Services shall be prior authorized.

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The intent of home and community-based services is to offer an alternative to institutional services, which means that the services that the participant receives should support and assist participants in acquiring, retaining, and improving the skills that are necessary for the participant to function with as much independence as possible. Additionally, participants should be supported in exercising choice and self-management, and in participating in their community, with the rights and responsibilities that participation entails. This requirement is established in Section 10.

In previous trainings, we've discussed that the participant's IPC is the roadmap, or guide, for providers and direct support professionals to understand what participants want and need in their lives, what is important to them, the support they need to be as safe and healthy as possible, and what ultimately makes them happy. The IPC is also the contract that each provider has with the State of Wyoming. Providers are required to deliver services as outlined in the IPC. The IPC must reflect the services and units that providers agree to deliver over the plan year.

The IPC must also include details regarding the specific support, settings, times of day, and activities that may require more support than other activities. For example, Adam is at risk of choking when he eats, so he needs someone to sit next to him while he eats to ensure that he eats slowly and chews his food. When he is shopping, he needs reminders on how to use his debit card, and occasionally needs support when he is selecting items from the shelves. When he is at home, he prefers to be left alone when he is watching movies in his room, but still needs someone to check in on him every hour or so. These specific supports need to be included in Adam's IPC, and must be provided in every service that includes meals, shopping,

or time at home.

Before a provider can be paid to deliver a service, the service must be authorized by the Division, and the provider must have a prior authorization number for the service.

## Service Limitations

- Children and adults shall not be served at the same time.
- Services shall not duplicate services available through other funding sources.
- Providers shall not charge for transportation if it is included in the reimbursement rate.

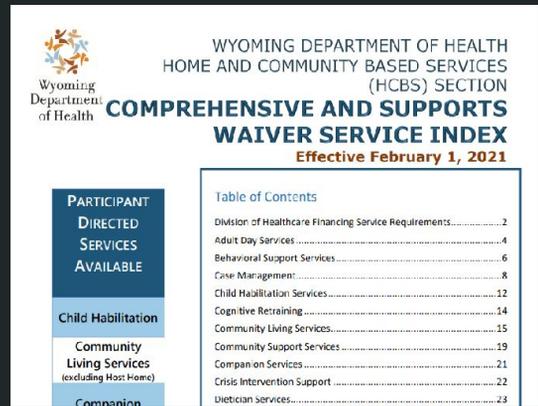
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Section 10 also outlines limitations that apply to all DD Waiver services. Please note that these limitation are outlined in this Section of rule, but there are other limits that apply to these services. Additional service limitations will be explained throughout the rest of this training.

Providers cannot serve children under the age of 18 and adults, defined for this purpose as an individual who is 18 or older, at the same time. Exceptions to this rule are limited, and these situations must be authorized in writing by the Division,

Services cannot duplicate the services that are available through other funding sources, such as the the Department of Education, Division of Vocational Rehabilitation, the Department of Family Services, or the Medicaid State Plan or other insurance. A Third Party Liability Form must be completed and submitted as part of the IPC if the participant will be receiving therapy, environmental modification, specialized equipment, or supported employment services. The Third Party Liability Form can be found on the [HCBS Document Library](#) page of the Division Website, under the *DD Forms* tab.

# The Service Index and Service Definitions



Wyoming Department of Health

WYOMING DEPARTMENT OF HEALTH  
HOME AND COMMUNITY BASED SERVICES  
(HCBS) SECTION

**COMPREHENSIVE AND SUPPORTS  
WAIVER SERVICE INDEX**  
Effective February 1, 2021

PARTICIPANT  
DIRECTED  
SERVICES  
AVAILABLE

Child Habilitation

Community  
Living Services  
(excluding Host Home)

Companion

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The purpose of the Service Index is to be a one stop shop for service definitions, billing codes, and rates. It is intended to be a guide for case managers, providers, and participants so they can understand the requirements and limitations of each service, as well as qualifications, required documentation, and other expectations that are specific to each service. The Service Index, which is specifically referenced in Chapter 46 of the Department of Health's Medicaid Rules, can be found on the [Service Definitions and Rates](#) page of the Division website.

# Division Requirements

- Aligns with Chapter 46, Section 10.
- Provides additional guidance on:
  - IBAs;
  - Participant-directed service billing requirements;
  - Relative providers; and
  - Habilitative services.

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The first section of the Service Index explains service requirements, most of which align with Chapter 46, Chapter 10 of the Department of Health's Rules. The first paragraph reads:

*"The home and community-based Supports and Comprehensive Waiver (DD Waiver) services defined in this document shall be performed in the manner described in the service definitions. Services must meet each participant's assessed needs. Certified DD Waiver providers and case managers must be knowledgeable of the Department of Health's Medicaid Rules affecting DD Waiver programs."*

Case managers and providers are responsible for knowing and complying with all rules that govern their work. Every Medicaid provider signs a Provider Agreement as a part of the Medicaid enrollment and re-enrollment process. When they sign this agreement, they are verifying that they are knowledgeable about the program rules and agree to follow them.

This section establishes that services must fit within the participant's IBA. Teams should help the participant use their IBA in a way that gives them the most bang for their buck. It may take some creativity, such as using a less expensive service tier to open up more flexibility within the IBA.

The Division Requirements section provides some additional guidance on billing requirements related to participant-directed services. It also provides specific limitations related to relative providers, and lists the habilitative services that require participants to establish and work on training objectives.

It is important for case managers to know all of the information in the Service Index, but the service requirements established in the first section are critical!

# Components of the Service Index

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The Service Index is designed to be a straightforward tool for case managers, providers, participants, and other interested parties. However, it never hurts to walk through the design to ensure everyone understands the components of the Service Index, and how it is organized. The next few slides will provide you with guidance on where, generally, information can be found in the Service Index. However, you may find a component that you would typically find in one section is actually found in another section of the definition. This does not negate the fact that case managers need to know all aspects of each service definition.

# Billing Table

- Service
- Programs, including participant direction
- Codes, rates, and units

* Please note that Prior Authorization is required for Waiver Services.					
Service	Programs	Code(s)		Rate(s)	Unit
Companion Services	Comprehensive Waiver Supports Waiver • <i>May be participant-directed</i>	S5135	Individual	\$6.29	15 minute
		S5135 TT	Group up to 3	\$3.14	

The Service Index is organized in alphabetical order. Each service definition begins with a table that identifies the service. The Programs column identifies the waiver for which the service is approved, and if the service is one that can be delivered using the participant-directed option. Finally, the table outlines the billing unit, such as a 15 minute or daily unit, the rates associated with the unit, and the code that should be used when billing for the unit.

# Service Definitions

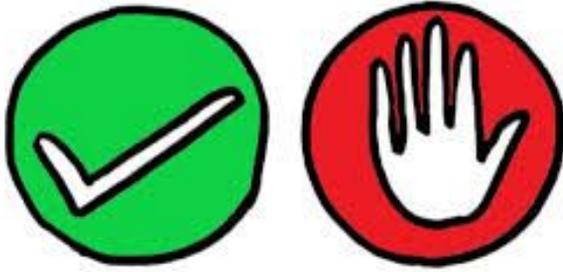
- Components included in service
- Billable activities
- Goal requirements
- Subcategories and tier levels

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The next section of the Service Index is the actual service definition. The definition is copied, for the most part, directly from the approved Waiver agreement, but does include some additional guidance to ensure clarity. In addition to the general expectations of the service, the definitions may include the following information, depending on the service:

- Components included in the service, such as transportation, personal care, and requirements related to community access;
- Billable activities and requirements, and necessary documentation;
- If the service is habilitative in nature, a reminder that the participant will be required to establish and work on a goal; and
- When applicable, subcategories and tier levels.
  - The definition of services with tier levels will establish the service level of participants who are typically served, and the general supervision and support that the participants will require. This information will be critical for case managers to know when they are observing or monitoring IPCs, so they know what services should look like in order to determine if the participant is receiving the appropriate services and supervision.

# Scope and Limitations



- Ages
- Providers
- Service limitations
- Concurrent services

The next section of the Service Index is the scope and limitations of the services.

This section establishes age limitations, as well as limitations on relative providers. This section also establishes limitations on the number of units a participant can receive, the number of hours that are required for the service, or the overall dollar amount that can be spent on the service. It is important to remember that unit limitations may be specific to the waiver. The Comprehensive Waiver tends to be more prescriptive, while the Supports Waiver has relatively few limitations related to service caps.

Standards related to concurrent services, allowable hours, and services that cannot be provided if a specific service is on a participant's plan, are also included in this section.

# How do case managers use the Service Index?

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Case managers have several resources available to them to help them do their job, including the IPC Guide, the Positive Behavior Support Plan Manual, and the rules that govern the DD Waiver programs. The Service Index is another extremely important resource that case managers must use when developing and monitoring IPCs.

# The Case Manager's Guide to the Galaxy

- Know the information
- Take it to plan of care team meetings and other meetings with the participant
- Refer to it when developing and monitoring the IPC

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Case managers must know the information that is outlined in the Service Index. They should refer to it when discussing service options with participants so that participants and legally authorized representatives, if applicable, can make an informed choice on the services they select.

A key component of person-centered planning is ensuring that a participant's services are selected based on their wants and needs. Plan of care teams should never make an assumption that specific services should be included on a participant's plan, and then try to meet the participant's needs within the services. The participant's wants and needs should always be considered first. For example, a participant who needs minimal supports may be receiving the basic level of community living services (CLS). However, the participant doesn't want help in their home on a regular basis, but would like more support to get out and about every day. This might indicate that the participant would prefer companionship services rather than CLS.

Case managers should take the Service Index to meetings, refer to it when developing the IPC, and when they are monitoring the IPC. Having this information available, and referring to it often, will help the case manager to determine if the service or service tier is the most appropriate, based on the participant's wants and needs.

Case managers should ensure they are using the correct version of the Service Index, as the Division will occasionally make changes to add detail or clarity. The Division publishes the most current version on the [Service Definitions and Rates](#) page of the Division website, and will send a notification to its email list if there are changes to the Service Index. Typically, changes will be noted in blue lettering.

# Ongoing Monitoring



The case manager is accountable for ensuring that the services on the IPC are in line with what the participant wants and are delivered in accordance with the Service Index. It is important to do this on a regular and ongoing basis to ensure that necessary changes are identified and made as a participant's circumstances change, rather than just once every six months.

# Service Observations

- Does the service being provided meet the standards identified in the Service Index?
- When applicable, does the objective align with the service being delivered?
- Does the service align with the goals and outcomes that the participant has identified in their IPC?

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Case managers are required to conduct service observations every quarter if the service is habilitative, which means the participant must have identified and is working on a specific objective in order to meet a goal. If a service is non-habilitative, meaning no goal is required, then the case manager must conduct a service observation every six months. The case manager must observe each habilitation service provider as they deliver services to the participant. Visiting the provider while the participant is not in services is not acceptable.

Service observations are an important monitoring activity that should give a case manager an idea of the service the participant is receiving, how the provider is delivering the service, and how providers and participants are working together on a participant's goals.

During the observation, the case manager should use the definition of the service that is outlined in the Service Index to determine if the service meets the identified standards. For example, Adam is a participant on your caseload. Adam is receiving community support services, which, according to the Service Index, shall be furnished in a variety of settings in the community, and shall not be limited to only fixed-site or congregate settings. You observe the service at the providers' day program building, which is okay, but you realize that Adam was receiving services at the day program building the last time you observed the service as well. This might indicate that the service isn't being delivered in a variety of settings, and should prompt the case manager to review documentation for the service to ensure that the service is being delivered in accordance with the definition.

The case manager should observe the participant working on their goal and ensure that the goal aligns with the service being delivered. Adam is an affectionate guy, and likes to give hugs. He is working on a goal to shake hands or say hello to strangers, rather than hugging

them. This goal would appear to meet the definition of the service since it will help him develop and maintain relationships, and will foster appropriate behavior, greater independence, and community networking. While the goal seems to align with the service, the case manager should ensure that Adam has the opportunity to practice his skills in his community, and that he isn't relegated to the provider's building.

Finally, the case manager should be aware of what Adam has identified in his IPC as important to him. When observing the service, the case manager should ensure that Adam's preferences are considered and implemented.

If the case manager identifies concerns during the service observation, they must note the concern on the Case Manager Monthly Review, add any follow-up activities that need to be completed in the Follow-Ups section of the Electronic Medicaid Waiver System (EMWS), and address the concerns with the provider.

# Monthly Documentation Review

- Do the activities listed align with the service definition?
- Has the provider delivered the correct number of units, and are there enough units to last the full plan year?
- Have trends been identified during the review of incident reports or medication assistance records?

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A monthly review of provider documentation is another important and required ongoing monitoring activity. During the review, the case manager should review the actual narrative of a provider's documentation to ensure that the services being delivered align with the service definition. If Adam is receiving community support services, but the documentation never states that he was shopping, eating, or involved in some other community activity, this could indicate that the services aren't being delivered as outlined in the definition.

Case managers should be reviewing the participant's use of service units to ensure that they are not receiving more or fewer units than what has been agreed upon in the IPC. If a participant is receiving fewer units than they should, then the case manager should follow-up to determine the reason. Has the participant been sick? Is there a problem with transportation? The case manager should be aware of any barriers to a participant's services. If the case manager identifies overutilization of the units, the case manager should notify the provider and set up a team meeting to discuss how the remaining units will be used in a way that ensures the participant has enough units for the plan year. A participant cannot request additional funding if they run out of units, so it is imperative that case managers identify issues with overutilization and make adjustments quickly.

Finally, as part of the review of incident reports and medication assistance records, which are part of the monthly documentation review, the case manager should look for trends that might indicate that the participant needs a change in their services or supports. Reviewing trends may help the case manager identify the ultimate cause of a behavioral or medical concern, including any underlying medical or environmental changes that are affecting the participant adversely.

Again, if the case manager identifies concerns during the monthly documentation review, they must note the concern in their documentation, add any follow-up activities that need to be completed in the Follow-Ups section of EMWS, and address the concerns with the provider.

## Participant Satisfaction and Status

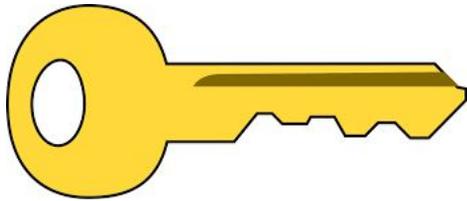
- Is the participant making progress in the service?
- Are the participant's choices being honored?
- Does the participant want something different?
- Are there changes in the participant's circumstances that require follow-up?

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One of the most important elements of ongoing monitoring is checking in with the participant and, if applicable, their legally authorized representative. This can occur during the participant's home visit or other face to face time.

During this check-in, case managers should ensure that participant choices are being respected and determine the participant's satisfaction with their services and their life. Are their services helping them gain skills, or at least maintain current skill levels? Are they doing the things that they want to do? Have there been changes in their life, such as a new medical diagnosis or a death in their family, that may require the case manager to follow up with the provider or other plan of care team member?

The case manager must note any areas of concern in their documentation, and include any follow-up actions that they need to take in the Follow-up section of EMWS.



# TAKEAWAYS

1. Services should be determined based on what the participant wants and needs in their life.
2. The Service Index is the case manager's Guide to the Galaxy.
3. Case managers must use the Service Index in order to do their jobs effectively.
4. Ongoing monitoring is critical to ensuring that services continue to meet participant needs.

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Before we end today, we'd like to remind case managers of the key takeaways of today's training.

1. In accordance with person-centered planning, services should be determined based on what participant wants and needs in their life. Teams should never make an assumption that specific services should be included on a participant's plan, and then try to meet the participant's needs within the services. The participant's wants and needs should always be considered first, and services may need to change as a participant's circumstances change.
2. The Service Index is the case manager's Guide to the Galaxy. Case managers should know service definitions, requirements, and the scope and limitations of each service. Case managers should always make sure they are using the correct version of the Service Index, which can be found on the [Service Definitions and Rates](#) page of the Division website.
3. Case managers must use the Service Index in order to do their jobs effectively. Case managers should refer to it when discussing services with the participant, when developing the participant's IPC, and when they are monitoring the IPC and the services being delivered. The information in the Service Index will help case managers facilitate team meetings, and is a tool for them to use when plan of care teams want a service that falls outside of a service definition. The Service Index can support the case manager in being successful in their job, support the provider in being more successful when delivering services, and ultimately result in the participant receiving services that promote success in their life.
4. Ongoing monitoring is critical to ensuring that services continue to meet participant needs and that necessary changes are identified and made as a participant's

1. circumstances change.

# Questions???

## Contact your Provider Support or Benefits and Eligibility Specialist

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

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Thank you for taking time to participate in today's training on waiver service requirements and restrictions. If you have questions related to the information in this training, please contact your Provider Support or Benefits and Eligibility Specialist. Contact information can be found by clicking on the link provided in the slide.