



Wyoming HCBS Spending Plan and Narrative for the Implementation of the American Rescue Plan Act of 2021, Section 9817

The Wyoming Department of Health, Division of Healthcare Financing provides access to quality, cost-effective services for Wyoming citizens within available financial resources in order to promote self-sufficiency and positive health outcomes.

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DELIVERED VIA EMAIL

September 3, 2021

Ref.: TG-2021-011

Department of Health and Human Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

RE: Updated Wyoming Initial HCBS Spending Plan and Narrative Submission for the American Rescue Plan Act FMAP Increase

To Whom It May Concern:

On May 13, 2021, the Wyoming Department of Health, Division of Healthcare Financing (Division) received guidance from the Centers of Medicare and Medicaid Services (CMS) related to the implementation of Section 9817 of the American Rescue Plan Act of 2021 (ARPA). This guidance established several requirements, including a submission of an initial spending plan and narrative that describes the activities that the state has implemented or intends to implement to enhance, expand, or strengthen home and community-based services (HCBS) under the Medicaid program. These initial documents were due to CMS on or before June 12, 2021.

On May 25, 2021 the Division received further guidance that CMS will consider requests for a 30-day extension of the date the initial spending plan and narrative are due. The Division requested and received approval for an extended deadline of July 12, 2021 by which to submit Wyoming's initial HCBS spending plan and narrative. Please accept the following document as Wyoming's submission.

In an effort to streamline communication, and as required in the guidance received on May 13, 2021, the Division designates Lee Grossman, Administrator for the Home and Community-Based Services Section, to serve as Wyoming's point of contact for all questions and communications related to the initial and quarterly HCBS spending plans and narratives.

As the State of Wyoming Medicaid Director, I attest to the following statements:

- Wyoming is using the federal funds attributable to the increased Federal Medical Assistance Percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- Wyoming is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- Wyoming is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Wyoming is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- Wyoming is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Sincerely,



Teri Green, State Medicaid Agent and Senior Administrator
Division of Healthcare Financing

cc: Lee Grossman, Home and Community-Based Services Section Administrator
Shirley Pratt, HCBS Policy and Communications Unit Manager
Jan Stall, Provider and Benefit Management Administrator

Executive Summary

The Wyoming Department of Health, Division of Healthcare Financing (Division) is the Medical Assistance Unit within the Single State Agency and directly administers the Wyoming Medicaid home and community-based (HCBS) waiver programs. Wyoming's HCBS programs include:

- The Comprehensive Waiver and Supports Waiver, collectively referred to as the Developmental Disabilities (DD) Waivers. The DD Waivers serve participants who have an intellectual or developmental disability, or an acquired brain injury (ABI).
- The Community Choices Waiver (CCW). The CCW serves individuals who are 65 and older, or who are between the ages of 19 and 64 and are determined to have a disability, which is demonstrated through a disability determination by the Social Security Administration (SSA) or by the Department of Health or its agent using SSA determination criteria.
- The Care Management Entity (CME) and Children's Mental Health Waiver (CMHW), referred to as the CME/CMHW. The CME/CMHW serves youth between the ages of 4 and 21 who have a serious emotional disturbance or serious mental illness.
- Home health and rehabilitation services delivered through the Medicaid State Plan.

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA). Section 9817 of the ARPA provides a temporary 10 percent increase to the Federal Medical Assistance Percentage (FMAP) for specified Medicaid HCBS expenditures. On May 13, 2021, the Division received guidance from the Centers of Medicare and Medicaid Services (CMS) related to the implementation of Section 9817 of the ARPA. This guidance included the requirement that states submit an initial and quarterly spending plan and narrative on the activities that the state has implemented or intends to implement to enhance, expand, or strengthen HCBS under the Medicaid Program.

The following spending plan and narrative describes the activities the Division intends to implement, the expected cost of each activity, and the overall estimated funds attributable to the increase in the FMAP that the Division anticipates claiming between April 1, 2021 and March 31, 2022.

Request for Clarification of Program Requirements

On May 19, 2021, the Division sought clarification from CMS on the requirement to maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021. On January 20, 2021 the Division submitted a renewal application for the CCW. This waiver renewal, which was approved on June 11, 2021, reflects changes to the cost estimates and assumptions that are representative of current service delivery requirements for the CCW program. The rate changes, which are the first significant rate changes since 2015, were developed in partnership with Guidehouse Consulting and stakeholder input. The rate changes are estimated to increase total CCW program expenditures by nearly \$1.4 million in the first waiver year.

At the time of the initial submission of this plan, the Division had not received additional guidance from CMS; however, in the letter of partial approval received on August 9, 2021, CMS stated that the rates approved in the CCW renewal, effective July 1, 2021, met the assurance set forth in State Medicaid

Director Letter (SMDL) #21-003 to maintain HCBS provider payments at a rate not less than those in place as of April 1, 2021.

Stakeholder Input and Engagement

In an effort to engage HCBS stakeholders early in the process, the Division conducted three separate input sessions to seek feedback from participants, providers, case managers, and other stakeholders of the CCW and DD Waivers on how Wyoming could best utilize the temporary influx of federal funding that is anticipated to be available through Section 9817 of the ARPA. Although anyone was able to join any session, one session was focused on case managers and providers, while another session was focused on participants, family members, and other interested parties. A final session that was open to all stakeholders was held in the evening to accommodate individuals who may not have been able to participate during typical working hours.

Stakeholder Feedback

- Increase provider rates
- Expand assistive technology and home modifications
- Fund transition services
- Conduct person-centered training
- Translate participant resource documents

The Division sent information on these input sessions to the Division email lists, as well as the email lists of several partners including the Wyoming Governor's Council on Developmental Disabilities, Wyoming's University Center for Excellence in Developmental Disabilities, Wyoming American Association of Retired Persons, and the Wyoming Community Service Provider Association.

Stakeholder input sessions generated several ideas on how to expend the additional funding that Wyoming will receive as a result of the implementation of Section 9817 of the ARPA, including:

- Increasing provider reimbursement rates;
- Expanding assistive technology and home modification services;
- Funding transition services;
- Providing education and skill building for case managers and direct support professionals, including education on person-centered practices;
- Funding waitlists;
- Funding additional supported employment services; and
- Translating participant resource documents.

The Division intends to implement several of these suggestions as part of its effort to enhance, expand, and strengthen HCBS in Wyoming.

Total Funds to be Claimed

The Division estimates that approximately \$17,601,000 in state general funds will be diverted between April 1, 2021 and March 31, 2022, which will result in a total of approximately \$35,202,000 attributable to the increase in FMAP. These amounts were calculated based on actual costs experienced in State Fiscal Year 2020. All amounts are estimates, and may change as projections are finalized.

Table 1
Service Category Expenditures that Qualify for 10% HCBS FMAP

| Service Categories | FFY 21 Q3: Apr to Jun | FFY 21 Q4: Jul to Sep | FFY 22 Q1: Oct to Dec | FFY 22 Q2: Jan to Mar | Total |
|-----------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Home and Community Based Services | \$ 37,519,221 | \$ 37,519,221 | \$ 37,519,221 | \$ 37,519,221 | \$ 150,076,884 |
| Home Health | \$ 251,000 | \$ 251,000 | \$ 251,000 | \$ 251,000 | \$ 1,004,000 |
| Rehabilitation Services | \$ 5,250,000 | \$ 5,250,000 | \$ 5,250,000 | \$ 5,250,000 | \$ 21,000,000 |
| Care Management Entity | \$ 982,160 | \$ 982,160 | \$ 982,160 | \$ 982,160 | \$ 3,928,640 |
| Subtotal: Qualifying Expenditures | \$ 44,002,381 | \$ 44,002,381 | \$ 44,002,381 | \$ 44,002,381 | \$ 176,009,524 |
| Funds Attributable to 10% HCBS FMAP Increase | | | | | \$ 17,601,000 |

Table 2
State Match Totals and Percentages, by Year

| | Year 1 4/1/21 - 3/31/22 | Year 2 4/1/22 - 3/31/23 | Year 3 4/1/23 - 3/31/24 | Total |
|---------------------------|----------------------------|----------------------------|----------------------------|---------------|
| State Match Share By Year | 20.00% | 47.00% | 33.00% | 100% |
| State Match by Year | \$ 3,520,200 | \$ 8,272,500 | \$ 5,808,300 | \$ 17,601,000 |

Table 3
Anticipated Supplemental Funding

| | Year 1 4/1/21 - 3/31/22 | Year 2 4/1/22 - 3/31/23 | Year 3 4/1/23 - 3/31/24 | Total |
|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------|
| Reinvested State Match | \$ 3,520,200 | \$ 8,272,500 | \$ 5,808,300 | \$ 17,601,000 |
| Federal Match | \$ 3,520,200 | \$ 8,272,500 | \$ 5,808,300 | \$ 17,601,000 |
| Supplemental Funding | \$ 7,040,400 | \$ 16,545,000 | \$ 11,616,600 | \$ 35,202,000 |

Narrative of Planned Projects and Expenditures

In accordance with Section 9817(b) of the ARPA, the Division has identified several projects that will enhance, expand, or strengthen HCBS. These projects include short-term activities that will be implemented in response to the COVID-19 public health emergency (PHE), as well as longer term strategies that will sustain promising and effective programs and services. The activities identified by the Division are intended only for services listed in SMDL #21-003, Appendix B, and are specifically allowable in Appendices C and D of the SMDL.

The identified projects can be grouped into five key categories. These categories are expanded home and community-based services, community transitions, expanding provider workforce and capacity, adopting enhanced care coordination, and structural planning, analysis, and accessibility. The previously noted stakeholder feedback has been incorporated throughout the key categories. The purpose of each key category is to enhance and expand the home and community-based service system in Wyoming across service populations in a sustainable manner. The activities noted in the key categories below will be refined, expanded, and supplemented based on stakeholder feedback, lessons learned in planning and implementation, and actual expenditures.

Table 4
ARPA Activities to Support State HCBS Capacity Building and LTSS Rebalancing Reform
Activity Expenditures and Summary

| Anticipated Timeline | Activity Summary |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| > Expanded Home and Community-Based Services - \$8,800,800.00 | |
| October 2021 - March 2024 | <ul style="list-style-type: none"> Increase supported employment services <i>Outcome Statement: Participants of the CCW and DD Waivers will have increased access to supported employment services in order to obtain and maintain integrated employment.</i> <p>The Division will increase the amount of supported employment services available to DD Waiver and CCW participants. This strategy has been specifically requested by stakeholders during stakeholder input sessions.</p> <p>This will be achieved through the submission of the appropriate waiver amendments. Services will be added to support individuals who choose to work, or will be revised to establish how a participant can request additional funding for supported employment in addition to their established individual resource allocation.</p> <p>This activity will be funded through March 31, 2024. The Division will reevaluate the financial feasibility of extending this activity beyond this date by September 30, 2023.</p> |

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| <p>October 2021 - March 2024</p> | <ul style="list-style-type: none"> Enhance assistive technology benefit <i>Outcome Statement: Participants will have increased access to their providers through the use of technology.</i> <p>The Division will expand participant access to needed technological devices, which will increase their access to telehealth and virtual services.</p> <p>This will be achieved through the submission of the appropriate waiver amendments to add services, or to revise the scope of services to specifically allow the purchase of smartphones, computers, or other technology that can be used by the participant to access telehealth and virtual services. The Division will develop necessary limitations to services to ensure that items are purchased in a reasonable and efficient manner.</p> <p>This activity will be funded through March 31, 2024. The Division will reevaluate the financial feasibility of extending this activity beyond this date by September 30, 2023.</p> |
| <p>➤ Community Transition - \$1,760,100.00</p> | |
| <p>October 2021 - March 2024</p> | <ul style="list-style-type: none"> Institutional transition services <i>Outcome Statement: Individuals will receive the initial financial support needed to transition from a nursing facility to their community.</i> <p>In accordance with Application for a §1915(c) Home and Community-Based Waiver Instructions, Technical Guide and Review Criteria [Version 3.6, January 2019], the Division will fund initial set up costs that individuals incur when they transition from nursing facilities back into their community. Covered costs may include security deposits, utility activation fees, and basic furnishings. Room and board costs, including food and rent costs, will not be covered under this service. This will be achieved through an additional Community Transition Services option, which will be included as part of a submission of Community Choices Waiver amendment.</p> <p>Due to the significant cost savings that will be realized as individuals move from institutional care to community support, the Division intends to extend this funding beyond March 31, 2024.</p> |
| <p>➤ Expanding Provider and Workforce Capacity - \$21,121,200</p> | |
| <p>October 2021 - March 2024</p> | <ul style="list-style-type: none"> Increase provider reimbursement rates <i>Outcome Statement: Providers of selected services that employ direct support professionals, including independent providers, will increase the compensation for direct support professionals.</i> <p>The Division will increase provider reimbursement rates of selected HCBS,</p> |

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| | <p>including CME/CMHW, for the purpose of elevating the compensation for direct support professionals, improving provider recruitment and retention, and ensuring network adequacy. This will be achieved through the submission of the appropriate waiver amendments to revise rate methodologies and increase provider reimbursement rates. This increase will only apply to services that are specifically categorized as HCBS, which are outlined in SMDL #21-003, Appendix B.</p> <p>This activity will be funded on a temporary basis. The Division will reevaluate the financial feasibility of extending this priority.</p> |
| October 2021 - March 2024 | <ul style="list-style-type: none"> Case manager training course <i>Outcome Statement: Case managers will implement person-centered planning and best practices in case management services.</i> <p>The Division will develop and implement a case manager training and incentivization program. Training focus will include, but is not limited to:</p> <ul style="list-style-type: none"> ■ Person-centered planning; ■ Best practices in case management services; ■ Communication and leadership skills; and ■ Developing and maintaining cross system partnerships. <p>The training program will include incentivized rates for case managers who complete the program. This will be achieved through the submission of the appropriate waiver amendments to increase provider reimbursement rates.</p> <p>Incentivized rates will be funded through March 31, 2024. The Division will reevaluate the financial feasibility of extending incentivized rates beyond this date by September 30, 2023. Once the training curriculum has been developed, ongoing training efforts will be extended beyond March 31, 2024 through a train-the-trainer model.</p> |
| October 2021 - March 2024 | <ul style="list-style-type: none"> Direct support professional certification <i>Outcome Statement: Direct support professionals will demonstrate exemplary skill and knowledge while supporting people with disabilities.</i> <p>The Division will reimburse providers for the cost of direct support professional certification through a nationally recognized entity such as the National Alliance of Direct Support Professionals (NADSP) or NADD. Certification focus will include, but is not limited to:</p> <ul style="list-style-type: none"> ■ Person-centered practices; ■ Crisis prevention and intervention; ■ Safety; and ■ Health and wellness. |

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| | This activity will be funded through March 31, 2024. |
| ➤ Adopting Enhanced Care Coordination - \$352,020.00 | |
| September 2021 - March 2024 | <ul style="list-style-type: none"> Enhance care coordination for children receiving CME/CMHW services <i>Outcome Statement: Participants of CME/CMHW will have access to care coordination while waiting for Supports Waiver services.</i> <p>Currently, children and youth who are served by, or applying for participation in, the CME/CMHW program may not be served by the CME if they are on the waitlist for another waiver. The Division will amend the CME program's 1915 (b)/(c) waivers to permit participants with co-occurring disorders the choice to either continue to receive CME/CMHW HCBS services or receive state funded targeted case management services while they are waiting for Supports Waiver services. CME enrollment will terminate at the point in time that a youth is moved from the waitlist to funded status on the other waiver.</p> <p>This activity will be funded through March 31, 2024. The Division will reevaluate the financial feasibility of extending this activity beyond this date by September 30, 2023.</p> |
| ➤ Structural Planning, Analysis, and Accessibility - \$3,168,180.00 | |
| August 2021 - December 2023 | <ul style="list-style-type: none"> Document translation <i>Outcome Statement: Participants, legally authorized representatives, and other stakeholders will have immediate access to spanish and Braille translations of written materials.</i> <p>The Division will translate HCBS written materials that may be utilized by participants, including but not limited to program rules, participant manuals, fact sheets, service indices, and documents related to participant-directed services. These materials will be translated to, at a minimum, Spanish and Braille. The Division will accomplish this by expanding its current contract for translation services to include these materials.</p> <p>Future translation contract deliverables will include regular updates to translated documents. Additional translations will be conducted as needs are identified.</p> |
| October 2021 - March 2024 | <ul style="list-style-type: none"> Level of care planning <i>Outcome Statement: Functional Assessment Standardized Items (FASI) will be implemented as the level of care assessment for participants of the CCW and DD Waiver programs.</i> <p>Prior to the COVID-19 PHE, the Division consulted with Public Consulting</p> |

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| | <p>Group (PCG) to review the Division's current level of care assessments, and make recommendations for implementing FASI. PCG developed a work plan that identifies the activities needed to transition Wyoming to the use of the FASI for institutional level of care assessments.</p> <p>In order to align with national efforts to create exchangeable data across Medicare and Medicaid programs, the Division will continue to evaluate and plan for the implementation of the FASI as the new institutional level of care assessment for Wyoming Medicaid. The FASI will not be implemented prior to April 1, 2024.</p> <p>Once this project is fully implemented, the administrative costs associated with regular level of care assessments will be absorbed by the Division.</p> |
| | <ul style="list-style-type: none"> Planning and implementation of IT system improvements <i>Outcome Statement: The Division will plan, design, and implement necessary IT enhancements that will improve the administration of HCBS programs.</i> <p>The Division presently maintains two IT systems that are focused on Medicaid HCBS. The Division intends to modernize its platform for service planning, provider management, and critical incident reporting.</p> |
| | <ul style="list-style-type: none"> Quality Improvement Activities - Customer Experience Tool <i>Outcome Statement: A customer experience tool, such as NCI or CAHPS, will be implemented for all HCBS populations in order to measure the participant's experience with services.</i> |

Spending Plan Projection

The following spending plan demonstrates the expenditures the Division expects to incur for the identified projects. Projected expenditures are reported by fiscal quarter. Figures will be updated and specific information on identified activities will be presented as funds are expended and the Division is able to more accurately pinpoint planned expenditures.

Table 5
Total Wyoming Planned and Expended Funds Attributable to Enhanced FMAP

| Federal Fiscal Year | Totals | Q1: Oct to Dec | Q2: Jan to Mar | Q3: Apr to Jun | Q4: Jul to Sep |
|------------------------|---------------|-------------------|-------------------|-------------------|-------------------|
| 2021 | | | | | |
| Planned Expenditures | \$ - | | | \$ - | \$ - |
| Actual Amount Expended | \$ - | | | \$ - | \$ - |
| 2022 | | | | | |
| Planned Expenditures | \$ 15,312,900 | \$ 3,520,200 | \$ 3,520,200 | \$ 4,136,250 | \$ 4,136,250 |
| Actual Amount Expended | \$ - | \$ - | \$ - | \$ - | \$ - |
| 2023 | | | | | |
| Planned Expenditures | \$ 14,080,800 | \$ 4,136,250 | \$ 4,136,250 | \$ 2,904,150 | \$ 2,904,150 |
| Actual Amount Expended | \$ - | \$ - | \$ - | \$ - | \$ - |
| 2024 | | | | | |
| Planned Expenditures | \$ 5,808,300 | \$ 2,904,150 | \$ 2,904,150 | | |
| Actual Amount Expended | \$ - | \$ - | \$ - | | |

Total Amount Planned \$ 35,202,000

Total Amount Expended \$ -

Total Amount Remaining \$ 35,202,000