WYO MEDICAID
DIVISION OF HEALTHCARE FINANCING

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

COMMUNITY CHOICES WAIVER SERVICE INDEX

Effective July 1, 2021

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Division of Healthcare Financing Service Requirements

The Community Choices Waiver (CCW) services defined in this document shall be performed in the manner described in the service definitions. Services must meet each participant's assessed needs. In accordance with the Wyoming Medicaid Provider Agreement, CCW providers and case managers must be knowledgeable of the Department of Health's Medicaid rules and guidance affecting CCW services.

Many CCW service providers are required to have additional licensure or approval through other State of Wyoming entities. Obtaining and maintaining this licensure is essential to providing CCW services; entities without the appropriate licensure will be referred to Program Integrity for potential recovery of funds, and will face additional provider credentialing consequences, up to and including termination of their provider agreement.

Each service, in combination with other services included in a participant's service plan, must be determined necessary by the case manager's assessment of the participant's needs. The participant's service plan must account for services to cover the entire plan year. With the exception of case management services, which participants must receive each month, a minimum number of service units is not required.

Waiver services shall not duplicate services offered through another funding source, such as Section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation or Workforce Services), the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.), or the Medicaid State Plan.

Participant-directed services shall be performed in the manner described in the service definitions and meet the participant's assessed needs. Services offered through participant direction are only billable in 15-minute increments. The Employer of Record must ensure that all participant-directed services fit within the participant-directed budget. CCW participant-directed services allow for the hiring of any person at least 18 years of age, including relatives who are not legally responsible for the participant.

The CCW program does not allow a spouse or other legally responsible person to be reimbursed for providing CCW services.

A National Provider Identifier (NPI) number is required for providers of the following services:

- Case Management
- Personal Support
- Skilled Nursing
- Home Health Aide
- Adult Day (Health and Social Models)
- Assisted Living Facilities

Other waiver services do not require referring or ordering provider NPIs to be submitted on billing claims. The Financial Management Service (FMS) contracted to provide support to participants who direct services through participant direction on CCW shall maintain a single NPI that is associated with the Home and Community Based Services (HCBS) within DHCF. The FMS is not required to obtain a second NPI to process CCW claims.

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* Please note that Prior Authorization is required for Waiver Services				
Service		**Code**	**Rate**	**Unit**
Adult Day Services	Health Model	S5101 U7	$34.06	Half Day
	Social Model	S5101	$26.84	

Adult day services are generally furnished four or more hours per day on a regularly scheduled basis, as specified in the service plan. Services must be provided in a non-institutional, community-based setting, which may encompass health and social services needed to ensure the optimal functioning of the participant.

Health model services include group socialization and companionship, assistance with activities of daily living, and supervision as specified in a program plan. The program plan must be individualized to the participant's assessed needs, and include realistic and measurable goals.

Social model services include group socialization and companionship supports to participants at risk for isolation or loneliness. Only incidental assistance with activities of daily living may be provided. A measurable goal is not required for this service model.

Exclusions and Limitations

Health model services are limited to a maximum of ten half-day units per service plan year, or the prorated equivalent of five days per week at eight hours per day. Social model services are limited to a maximum of six half-day units per service plan year, or the prorated equivalent of three days per week at eight hours per day. Services do not include the provision of physical, occupational, or speech, language, and hearing therapies available under the Medicaid State Plan. Adult day services may not be provided for purely diversional or recreational purposes.

Meals provided as part of these services shall not constitute a full nutritional regimen and are not intended to serve as the sole source of nutrition for the participant. If food insecurity is identified as a risk on the participant's assessment, the service plan must address how the participant's additional dietary needs are being met. Participant transportation costs are not associated with the provision of adult day services and must be billed separately.

Adult day services cannot be provided virtually.

Reimbursement is limited to the following provider types:

- Health Model - Adult day care facilities licensed by the Wyoming Department of Health, Division of Aging pursuant to W.S. 35-2-901(a)(xxiii).
- Social Model – Eligible senior centers as established by W.S. 9-2-1201(a)(iii) and overseen by the Wyoming Department of Health, Division of Aging as credible and capable to receive grants for Older Americans Act services pursuant to W.S. 9-2-1204(a)(vii).

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* Please note that Prior Authorization is required for Waiver Services				
Service		**Code**	**Rate**	**Unit**
Assisted Living Facility Services	Standard	T2031	$70.44	Daily
	Memory Care Unit	T2031 U8	$82.49	

Assisted living facility services include personal care and supportive services, to the extent permitted under state law. Services must be furnished in a residential setting that meets the home and community-based setting requirements and includes 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security. Services include social and recreational activities, and medication assistance permitted under state law.

In the event that a participant's needs extend beyond the facility's capability to support those needs within its licensure authority, the facility may consult with the participant's case manager to coordinate additional Medicaid or non-Medicaid services to supplement, but not replace, the care provided by the assisted living facility. The assisted living facility is responsible for coordinating services that are provided by third parties.

Exclusions and Limitations

Reimbursement does not include the costs for room and board, items of comfort or convenience, or facility maintenance, upkeep, and improvement.

Participant transportation costs are not associated with the assisted living facility services and must be billed separately. Nursing and skilled therapy services are incidental rather than integral to the provision of assisted living services; therefore, reimbursement does not include 24-hour skilled care.

Reimbursement is limited to assisted living facilities licensed by the Wyoming Department of Health, Division of Aging pursuant to W.S. 35-2-901(a)(xxii).

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* Please note that Prior Authorization is required for Waiver Services				
Service		**Code**	**Rate**	**Unit**
Case Management	Service Plan Development /Annual Update	T2024 U6	$507.81	Initial plan/annual update
	Monthly Monitoring	T2022	$193.50	Monthly

Case management services assist participants in gaining access to needed waiver and other Medicaid State Plan services, as well as medical, social, educational, and other services, regardless of the funding source for the services being accessed.

Case management services include:

- Comprehensive assessment and periodic reassessment of participant needs to determine the need for any medical, educational, social, or other services.
- Facilitation and oversight of the development and periodic revision of a person-centered service plan. Case managers cannot add or reduce waiver services unless it aligns with the participant's assessed need and has been chosen by the participant.
- Service coordination, referral, and other related activities, such as scheduling appointments for the participant, to help the participant obtain needed services. Other needed services may include activities that link the participant with medical, social, and educational providers or other programs and services that address the participant's identified needs and achieve the goals specified in the participant's service plan.
- Service plan implementation, monitoring, and follow-up activities, including activities and contacts that are necessary to ensure that the service plan is effectively implemented and adequately addresses the needs and desires of the participant. Contacts may be with the participant, legally authorized representative, family members, service providers, or other entities or individuals, and must be conducted as frequently as necessary in order to:
  - Ensure services are being furnished in accordance with the participant's service plan;
  - Evaluate the effectiveness of the service plan in meeting the participant's needs;
  - Identify changes in the participant's condition or circumstances;
  - Periodically screen for potential risks or concerns;
  - Periodically assess the participant's satisfaction with services and supports; and
  - Make any necessary adjustments in the service plan and service arrangements with providers.
- Provision of information and assistance in support of participant direction as necessary to:
  - Inform participants of participant direction opportunities;
  - Ensure that participants who express an interest in participant direction are informed of the potential benefits, liabilities, risks, and responsibilities associated with participant direction;
  - Determine whether participants meet the additional criteria for participant direction;
  - Assist the participant or designated employer of record (EOR) in obtaining and completing required documents;
  - Determine the participant's monthly budget allocation;
  - Coordinate with the Financial Management Services (FMS) agency; and

- Monitor participant-directed service effectiveness, quality, and expenditures against the monthly budget allocation.

Case Management Agency Responsibilities

Case management agencies are responsible for the following:

- Assign one (1) person to act as the Division's primary contact and assume responsibility for the case management agency's administration and operation;
- Ensure all case managers meet the requirements outlined in the approved Community Choices Waiver and the CCW Case Manager Manual, including all training required to deliver case management services;
- Maintain adequate administrative and staffing resources and emergency backup systems to deliver case management services in accordance with all federal and state requirements;
- Assign one (1) person to serve as the participant's primary case manager based on the participant's preferences;
- Ensure all participants have a backup case manager in the event that the primary case manager not be able to provide case management services for any reason;
- Provide up-to-date information about public and private state and local services, supports, and resources to participants or individuals inquiring on their behalf;
- Establish and maintain working relationships with community-based resources, supports, organizations, hospitals, service providers, and other organizations that assist in meeting the participant's needs;
- Collaborate with other entities, as needed to support participants;
- Ensure that case managers have access to federal and state statutes, regulations, and other documents and information relevant to the provision of case management services;
- Ensure that case managers maintain a working knowledge of CCW policies and procedures;
- Overcome any geographic barriers, including distance to the participant, to provide timely case management services;
- Ensure that case management services are, at minimum, available during normal business hours (Monday through Friday, 9:00 AM to 5:00 PM, excluding state holidays);
- Provide access to a telephone system and trained staff to ensure timely responses to messages and telephone calls received outside of normal business hours;
- Ensure the agency meets established billing standards;
- Maintain sufficient documentation to substantiate claims for reimbursement of case management services for six (6) years after the date of service, including all documents, records, communications, notes, case manager qualifications, and other materials related to services provided and work performed; and
- Facilitate access to telecommunication devices and interpreters for participants with hearing or vocal impairments, and access to foreign language interpreters as necessary to conduct all required case management activities. If a participant needs translation services, the case manager should contact the areas Benefits and Eligibility Specialist for further information.

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Exclusions and Limitations

Case management agencies must:

- Ensure that case managers meet all qualifications;
- Maintain adequate administrative and staffing resources and emergency backup systems to deliver case management services in accordance with all state and federal requirements; and
- Have internal mechanisms for assessing and managing the performance of each case manager. If agency does not address case manager performance concerns to the Division's satisfaction, the Division may require case manager retraining or other progressive disciplinary actions, up to and including termination of the case manager's status as a CCW program case manager.

The participant's service plan must be reviewed and updated annually. Only one service plan development/annual update unit can be billed for each service plan or service plan renewal that is developed. Reimbursement for monthly monitoring includes any periodic service plan modification activities as necessary to ensure that the service plan is effectively implemented and adequately addresses the needs and desires of the participant. The annual service plan update and monthly monitoring units may be reimbursed in the same month if the monthly monitoring activities are conducted and documented separately from the annual service plan update activities.

Reimbursement is limited to the following provider types:

- Case management agencies, which are corporations, limited liability companies (LLC), non-profit organizations, sole proprietorships, or other business entities registered in good standing with the Wyoming Secretary of State.
- County Public Health Nursing agencies.

Conflict Free Case Management

The case management agency and case manager responsible for the development of the participant's service plan must meet the following conflict of interest standards:

- The case manager must not be related by blood or marriage to the participant, or to any person paid to provide CCW services to the participant;
- The case manager must not share a residence with the participant or with any person paid to provide CCW services to the participant;
- The case manager or case management agency must not be financially responsible for the participant;
- The case manager or case management agency must not be empowered to make financial or health-related decisions on behalf of the participant; and
- The case manager or case management agency must not own, operate, be employed by, or have a financial interest in any entity that is paid to provide CCW services to the participant. Financial interest includes a direct or indirect ownership or investment interest or any direct or indirect compensation arrangement.

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* Please note that Prior Authorization is required for Waiver Services				
Service		**Code**	**Rate**	**Unit**
Home Delivered Meals	Hot	S5170 SE	$7.10	1 Meal
	Frozen	S5170	$5.25	

Home-delivered meals services comprise hot or frozen meals that are delivered to the home of the participant when the participant is unable to prepare their own meal and the individual regularly responsible for these activities is temporarily absent or unable to conduct these activities. Meals provided under this service will meet the standards for the nutritional services delivered under Title III of the Older Americans Act.

Hot meals are defined as ready-to-eat meals that are delivered on a daily or semi-daily basis by the meal provider. If, during the course of delivering the meal the provider notes concerns with the participant's well-being, the provider must report the concerns to the participant's case manager and, if necessary, the Division as an incident.

Frozen meals are defined as meals that are prepared and packaged on a commercial basis, and delivered in bulk through a mail or delivery service.

Exclusions and Limitations

This service is limited to two meals per day. Meals provided as part of these services shall not constitute a full nutritional regimen and are not intended to serve as the sole source of nutrition for the participant. If food insecurity is identified as a risk on the participant's assessment, the service plan must address how the participant's additional dietary needs are being met. Hot meals cannot replace or duplicate meals provided as part of another waiver service or meals for which the participant has already paid as part of the room and board paid to a residential provider.

Providers must meet the standards established in the Community Choices Waiver agreement. Reimbursement is limited to the following provider types:

- Commercial food service operators licensed or permitted by the state in which the commercial food service preparation facility is located.
- An agency overseen by the Wyoming Department of Health, Division of Aging as credible and capable to receive grants for Older Americans Act nutritional services pursuant to W.S. 9-2-1204(a)(vii).

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* Please note that Prior Authorization is required for Waiver Services			
Service	**Code**	**Rate**	**Unit**
Home Health Aide	T1004	$10.36	15 Minute

Home Health Aide Services include part-time or intermittent assistance with personal care and other daily living needs which is within the scope of practice and required to be delivered by a Certified Nurse Aide (CNA) under the Wyoming Nurse Practice Act.

HCBS home health aide services differ in nature and scope from Medicaid State Plan home health aide services. HCBS home health aide services are not limited to rehabilitative services, may be provided on a long-term basis, are not subject to a physician's review every 60 days, and may include general household tasks, such as meal preparation, grocery or personal needs shopping, and light housekeeping when those tasks are incidental to the personal care provided during the visit, the participant is unable to complete these tasks and the individual regularly responsible for these activities is temporarily absent or unable to conduct these activities.

Home health aide services may be provided in the home or in the community when the participant requires assistance in order to participate in community activities or to access other services. Home health aide services do not include companionship or other services which are diversional or recreational in nature.

Exclusions and Limitations

Home health aide services may not duplicate those available through the Medicaid State Plan, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage, Individual Educational Plan (IEP), or other waiver services.

Participant transportation costs are not associated with the provision of home health aide services and must be billed separately.

Reimbursement is limited to home health agencies licensed by the Wyoming Department of Health, Division of Aging pursuant to W.S. 35-2-901(a)(xi). The individual providing the service must be a Nursing Assistant or Nurse Aide certified by the Wyoming State Board of Nursing in accordance with the Wyoming Nurse Practice Act [W.S. 33-21-120 et seq.].

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* Please note that Prior Authorization is required for Waiver Services				
Service		**Code**	**Rate**	**Unit**
Non-Medical Transportation	Public Transit Multi-pass	T2003	Variable	Per Purchase
	Service Route	A0120	$4.34	One way trip
	Wheelchair Accessible Vehicle	A0130	$9.75	
	Non Wheelchair Accessible Vehicle	T2004	$6.20	

Non-medical transportation includes participant transportation services offered in order to enable waiver participants to access waiver and other community services, activities and resources, as specified by their service plan.

This service supplements and does not supplant transportation offered through the participant's natural support system, or medical transportation services required under 42 CFR §431.53 or the Medicaid State Plan. Whenever possible, participants must utilize entities that provide this service without charge. Some examples may include family, neighbors, friends, community agencies, or other natural supports.

Exclusions and Limitations

The reimbursement for this service is limited to a total of $80.00 per month.

Reimbursement is limited to the following provider types:

- Public transit agencies determined by the Wyoming Department of Transportation as eligible to receive public transit funds in accordance with W.S. 24-15-101(a)(iii).
- Eligible senior centers as established by W.S. 9-2-1201(a)(iii) and overseen by the Wyoming Department of Health, Division of Aging as credible and capable to receive grants for Older Americans Act services pursuant to W.S. 9-2-1204(a)(vii).
- Contract motor carriers, which must be corporations, limited liability companies (LLC), non-profit organizations, sole proprietorships, or other business entities registered in good standing with the Wyoming Secretary of State and authorized as intrastate operating authorities through the Wyoming Department of Transportation, pursuant to W.S. 31-18-101(ii)..

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* Please note that Prior Authorization is required for Waiver Services				
Service		**Code**	**Rate**	**Unit**
Personal Emergency Response System (PERS)	Landline installation	S5160	$63.09	Per installation
	Cellular installation	S5160 CG	$63.73	
	Landline monitoring	S5161	$32.01	Monthly
	Cellular monitoring	S5161 U4	$41.73	

Personal Emergency Response Systems (PERS) include electronic devices that are programmed to signal a response center once a help button is activated and enable the participant to secure help in an emergency.

Monthly monitoring and maintenance fees include equipment rental; access to a 24 hour response center monitored by live, professional staff; equipment testing and troubleshooting; responses to alerts and alarms; and documentation of communications with participants, caregivers, case managers, and first responders.

Installation fees are billed separately and include the delivery, installation, and activation of all necessary equipment,as well as participant and/or caregiver education and training on equipment use.

Exclusions and Limitations

PERS is limited to participants who demonstrate needs based criteria for the service, including participants who:

- Live alone;
- Live with others who are unable to summon help; or
- Are alone for significant portions of the day, have no regular caregiver for extended periods of time, and would otherwise require routine supervision.

Reimbursement for installation is limited to a one-time per lifetime fee per participant unless otherwise warranted by extenuating circumstances (e.g. the participant moves, a change in service provider, or lost/stolen devices). Reimbursement for installation fees for the repair or replacement of equipment may not be granted if there has been abuse or misuse of the equipment or if the repair or replacement is sought before the equipment's ordinary life cycle.

Reimbursement is limited to PERS vendors.

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* Please note that Prior Authorization is required for Waiver Services				
Service		**Code**	**Rate**	**Unit**
Personal Support Services	Agency Based	S5125	$8.91	15 Minute
	Participant Directed	S5125 U5	$3.80	

Personal support services include part-time or intermittent assistance to accomplish activities of daily living, such as eating, bathing, grooming, dressing, using the restroom, and functional mobility tasks that they would normally do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance or prompting the participant to perform a task.

Personal support services may also consist of general household tasks, such as meal preparation, grocery and personal needs shopping, and light housekeeping when the participant is unable to complete these tasks and the individual regularly responsible for these activities is temporarily absent or unable to conduct these activities.

Personal support services may be provided in the home or in the community when the participant requires assistance with activities of daily living in order to participate in community activities or to access other services. Personal support services may not include companionship or other services which are diversional or recreational in nature.

This service may be participant-directed.

Exclusions and Limitations

Personal support services may not duplicate those available through the Medicaid State Plan, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage, or other waiver services.

Participant transportation costs are not associated with the provision of personal support services and must be billed separately.

Reimbursement is limited to the following provider types:

- Home health agencies licensed by the Wyoming Department of Health, Division of Aging pursuant to W.S. 35-2-901(a)(xi). The individual providing the service must meet the training requirements established by the Aging Division's Rules and Regulations for Home Health Agency Administration.
- Participant-directed employee hired under the participant direction service deliver option.

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* Please note that Prior Authorization is required for Waiver Services				
Service		**Code**	**Rate**	**Unit**
Respite	In Home	S5150	$10.36	15 Minute
	Assisted Living Facility	S5151	$80.38	Daily
	Skilled Nursing Facility	H0045	$185.09	

Respite includes short-term services provided to participants who are unable to care for themselves and need support because of the absence or need for relief of the individuals who normally provide care for the participant

In-home respite services may be provided in the participant's home or in the community when the participant requires assistance with activities of daily living in order to participate in community activities or to access other services. Out-of-home respite services may be provided in an assisted living or nursing care facility.

Respite services may not be authorized for the purpose of companionship or for purposes that are diversional or recreational in nature.

Exclusions and Limitations

Services are limited to the prorated equivalent of thirty (30) calendar days per service plan year.

Participant transportation costs are not associated with the provision of respite services and must be billed separately.

Reimbursement does not include the costs for room and board except when provided as part of respite care furnished in an assisted living or nursing care facility.

Reimbursement is limited to the following provider types:

- Home health agencies licensed by the Wyoming Department of Health, Division of Aging pursuant to W.S. 35-2-901(a)(xi). The individual providing the service must be a Nursing Assistant or Nurse Aide certified by the Wyoming State Board of Nursing in accordance with the Wyoming Nurse Practice Act [W.S. 33-21-120 et seq.].
- Nursing care facilities licensed by the Wyoming Department of Health, Division of Aging pursuant to W.S. 35-2-901(a)(xvi).
- Assisted living facilities licensed by the Wyoming Department of Health, Division of Aging pursuant to W.S. 35-2-901(a)(xxii).

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* Please note that Prior Authorization is required for Waiver Services				
Service		**Code**	**Rate**	**Unit**
Skilled Nursing	Registered Nurse (RN)	T1002	$26.12	15 Minute
	Licensed Practical Nurse (LPN)	T1003	$18.86	

Skilled nursing includes part-time or intermittent skilled nursing care which is within the scope of practice and required to be delivered by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) within their scope of practice as defined under the Wyoming Nurse Practice Act.

HCBS skilled nursing services differ in nature and scope from Medicaid State Plan skilled nursing services. HCBS skilled nursing services are not limited to rehabilitative services, may be provided on a long-term basis, and are not subject to a physician's review every 60 days. Skilled nursing services may not include companionship or other services which are diversional or recreational in nature.

Skilled nursing services may be provided in the home or in the community when the participant requires assistance in order to participate in community activities or to access other services in the community.

Skilled nursing services may only be added to the plan of care after the Utilization Management vendor approval letter has been received and uploaded into the plan of care. Referrals and claims billed for this service shall include the referring entity's NPI number.

Exclusions and Limitations

Skilled nursing services may not duplicate those available through the Medicaid State Plan, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage, Individual Educational Plan (IEP) or other waiver services. Services do not include 24-hour skilled care or private duty nursing services.

Participant transportation costs are not associated with the provision of skilled nursing services and must be billed separately.

Reimbursement is limited to home health agencies licensed by the Wyoming Department of Health, Division of Aging pursuant to W.S. 35-2-901(a)(xi). The individual providing the service must be a Registered Nurse or Licensed Practical Nurse with the Wyoming State Board of Nursing in accordance with the Wyoming Nurse Practice Act [W.S. 33-21-120 et seq.].