



Developmental Disabilities Advisory Council

Meeting Agenda and Minutes

Date	December 2, 2021
Time	2:00pm – 4:00pm
Location	Meeting will be held via Zoom. Call In Information: https://uwyo.zoom.us/j/202849015 , (669) 900-6833, Meeting ID: 202 849 015
Purpose	To assist and advise the Division of Healthcare Financing (Division) in implementing a statewide service delivery system for persons who are identified as having developmental and intellectual disabilities, and acquired brain injuries (ABI).
Members	Rita Basom, Ginny Chidsey, Maria Clark, Brenda Dick , Heather Dodson , Jeff Gardner, Kayla Green, Buck Gwyn , Arkansas Le Marr , Erin O'Neill , Sandy Root-Elledge, Bob Sell
Division Staff	Elizabeth Forslund, Teri Green, Lee Grossman, Heidi Hoffman, Julie Lacey, Samantha Mills, Shirley Pratt

AGENDA ITEMS/KEY POINTS DISCUSSED

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	Topics and Highlights
1.	<p><u>Roll call and approval of minutes</u></p> <ul style="list-style-type: none"> Jeff called the meeting to order at 2:03pm. Teri Green, Division of Healthcare Financing Senior Administrator and State Medicaid Agent, announced that she will be retiring in January 2022. Council members offered congratulations and thanks for her many years of service. Rita moved to approve the minutes of September 2, 2021 as circulated; Maria seconded. Motion carried.
2.	<p><u>Rate rebasing project completion and implementation</u></p> <ul style="list-style-type: none"> The Division will hold a public meeting to review the Comprehensive and Supports Waivers SFY 2023 Provider Rate Study report, which was finalized in September 2021. The meeting is scheduled for December 16, 2021 from 3:00pm - 4:00pm. The Wyoming Department of Health contracted with Guidehouse Consulting to conduct a rate study for Wyoming’s home- and community-based waivers serving individuals with intellectual and developmental disabilities and acquired brain injuries. This rate study supports the requirement of WY Stat § 42-4-120 (g) that the Division of Healthcare Financing (Division) rebase its rates every two to four years. The report is publicly available on the Public Notices, Regulatory Documents and Reports page of the Division website, and frames the thorough process and results of the rate study. The report outlines several cost options, which were developed to inform policy makers of how different rates and resulting budget impacts could be implemented. The report also demonstrates differences in costs experienced by agency and independent providers. <i>Although independent provider rates will not be implemented</i>, it was important for the Division and stakeholders to have a better understanding of the business and cost differences associated with various provider types. The Division recently submitted waiver amendments to the Centers for Medicare and Medicaid Services (CMS) in order to get the rate methodology and associated provider reimbursement rates approved for implementation. The Division selected the rates identified in the 50th Percentile option, as the cost associated with funding these rates is what can be supported with funds from the American Rescue Plan Act (ARPA). In an effort to meet maintenance of effort requirements

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imposed by CMS, the Division will not decrease any reimbursement rates. The amendments are expected to be effective on February 1, 2022.

- The Division will publish a Frequently Asked Questions document and provide ongoing communication with stakeholders as the rates are being implemented.
- **Member question:** Will there be cuts to the waiver budget? *Division response: Neither the Department of Health nor the Governor are proposing reductions to the waiver budget.*
- **Member question:** Will adjustments to participant plans all be made in February, or as new plans are submitted? *Division response: Providers will be able to bill using the new rates beginning February 1, 2022. The Division will send guidance to providers on how to handle billing.*

Division updates

- American Rescue Plan Act (ARPA)
 - The Division was required to submit an initial spending plan to CMS that identified the enhanced funding that Wyoming anticipated, as well as the activities we intended to implement as part of the ARPA. This spending plan has received partial approval from CMS.
 - The Division is required to submit an updated spending plan every three months. Each spending plan submission is available on the Division website at: <https://health.wyo.gov/healthcarefin/hcbs/hcbsarpa/>. The next update is due January 14, 2022.
 - Wyoming was selected as one of seven states to participate in a program to provide targeted technical assistance in developing a comprehensive project plan to help states turn activities identified in their spending plans from concept to reality.
 - **Member question:** How are the ARPA funds and rate increase connected? *Division response: The Division will use ARPA funding to pay for the rate increase.*
 - **Member question:** Is the 75% option identified in the rate report an option? *Division response: The Division is moving forward with the rates established in the 50th Percentile option since the ARPA funding will cover that cost. The Division will not be implementing the 75th Percentile model.*
 - **Member question:** Will the ARPA funds address cost of living increases in the Jackson area? *Division response: The reimbursement rate increases will be implemented statewide. Participant-direction is an option, and allows for some flexibility in how participants and employers of record assign wages.*
 - The intent of the Division and CMS is that the majority of the increased funding that providers receive as a result of the wage increase are passed along to direct support staff members through wages and compensation.
 - The Director of Health is part of the Governor's strikeforce that is discussing statewide ARPA funding. He has suggested that ARPA funding be used to address workforce issues across all healthcare systems.
- Electronic visit verification (EVV)
 - The EVV system is in the final stages of development. The date the system will be available to providers is now anticipated to be some time in early January, rather than December. This system must integrate with the new Benefits Management System (BMS). The Division is still working through some final implementation issues with BMS, so the go live date for EVV has been delayed.
 - Once the system goes live, providers will need to attend training and become familiar with the system. The system will be required beginning February 28, 2022.

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	<ul style="list-style-type: none"> ○ More guidance, including finalized timelines, will be forthcoming. ● Federal and legislative updates <ul style="list-style-type: none"> ○ The Division is closely monitoring federal legislation related to the Build Back Better Act (BBBA). This is a large piece of legislation, so while we are monitoring, we anticipate additional changes before a version of the Act is actually enacted. This Act would provide significant resources to home and community-based services, but will also include considerable requirements. ○ CMS and Occupational Safety and Health Administration (OSHA) vaccination requirements are being challenged in the courts. Vaccination requirements related to healthcare settings are handled through the Division of Healthcare Licensing and Surveys. ○ The Joint Appropriations Committee is reviewing the Governor’s budget. The Division is closely monitoring these meetings, and is contributing to the conversation as needed. ● Quality Improvement Strategy <ul style="list-style-type: none"> ○ The Council reviewed the DD Waiver Performance Measure Report. This report reflects the information that was provided to CMS as part of the Division’s required reporting on quality measures and assurances that are part of the DD Waiver agreements. Quality data is provided to CMS six months after the waiver year (April 1 - March 31) ends. ○ The Division noted two performance measures that fall below the 86% accepted by CMS. <ul style="list-style-type: none"> ▪ Comprehensive Waiver - <i>G.i.a - Percentage of abuse, neglect, exploitation and unexplained deaths that were reported and referred to the appropriate authority in accordance with Division policy and within the required timeframe.</i> In cases of deficiency, the Division pursued individual provider training, support, and technical assistance in order to mitigate issues of timeliness. ▪ Comprehensive Waiver - <i>G.i.c - Percentage of substantiated abuse, neglect, exploitation, unexplained death incidents in which required/recommended follow up was completed in accordance with DHCF policy and within the required timeframes.</i> There were 3 incidents that resulted in additional follow up from the provider. In one instance, the provider did not complete the necessary steps to implement the corrective action plan and was ultimately decertified. Because the number of instances is so low, even one or two instances of non-compliance can cause significant deficiencies with this performance measure.
4.	<p><u>Member updates</u></p> <ul style="list-style-type: none"> ● The Wyoming Governor’s Council on Developmental Disabilities is following Medicaid expansion during the legislative session. ● In response to concerns about the workforce shortage, the Wyoming Institute for Disabilities (WIND) held several community meetings to get input from stakeholders on this issue. Several key issues were raised, including professionalism of the direct support worker, organizational efficiencies, and hiring and onboarding. The executive summary will be available once it is finalized.
5.	<p><u>Bylaws Committee</u></p> <p>Ginny, Rita and Kayla volunteered to review the Council bylaws, and bring recommendations back to the Council as a whole.</p>
6.	<p><u>Public Comment</u></p> <p>There was no public comment offered during the public comment period.</p>
7.	<p><u>Adjournment</u></p> <p>Bob moved to adjourn the meeting. Maria seconded.</p>