Wyoming Department of Health
Behavioral Health Division

February 2022 DD Provider Rate Change
Frequently Asked Questions (FAQs)

Why are provider payment rates changing?

The Division of Healthcare Financing (Division) identified increases to provider payment rates as a key priority in its initial Spending Plan for enhanced federal funding through the American Rescue Plan Act (Section 9817). The Division has heard overwhelming stakeholder input that increased payment rates are needed in order to recruit and retain direct support professionals in provider organizations. The intent of this rate increase is to support such recruitment and retention efforts.

How did the Division set the proposed reimbursement rates?

The Division, in collaboration with Guidehouse Consulting, recently completed a study of Comprehensive and Supports Waiver (DD Waiver) provider reimbursement rates. This study, which is required in Wyoming Statute §42-4-120(g), resulted in the Comprehensive and Supports Waivers SYF2023 Provider Rate Study report (Rate Report), which was released on October 4, 2021.

This Rate Report establishes a rate methodology that is built on a direct care worker wage and benefit amount. Guidehouse then used different wage amounts to calculate potential rates for each service included in the study. The report highlights each of the options that was considered by the Division. The Division ultimately selected the rates presented in the 50th Percentile model. These rates were submitted to the Centers for Medicare and Medicaid Services (CMS) on November 12, 2021 and, if approved, will be effective February 1, 2022.

How much will the increase cost the State of Wyoming, and how will the State pay for the increase?

The budget impact of these rates, when implemented, will total approximately $9.4 million dollars annually. The Division intends to use additional funding available through Section 9817 of the American Rescue Plan Act (ARPA) to pay for this rate increase.

Is this rate increase permanent, or will rates decrease at some point?

The additional funding through ARPA will not be available after March 31, 2024. Provider payment rates beyond March 31, 2024 will be subject to budgetary appropriations as determined by the Wyoming State Legislature

Why are some of the rates different from what is stated in the Rate Report?

The Division is proposing the rates outlined in the 50th Percentile option, and is using funding available through ARPA to pay for the increase. In order to receive ARPA funding, the State cannot decrease provider rates. The 50th Percentile option did calculate a few of the rates at a lower amount than what is currently in place; however, the Division will not decrease these rates.

Will provider rates decrease?

No. The Division will not decrease any provider rates with this implementation. The Division will not implement different rates for agency and independent providers with this implementation.

Are providers required to pass along the payment rate increase to direct support professionals?

It is the Division's intent that this rate increase be passed directly to the compensation of direct support professionals. More guidance and information will be forthcoming related to this expectation.

Will there be a change to the Supports Waiver individual budget amounts (IBAs)?

Yes – Supports Waiver IBAs are calculated based on the rates of specific services. Since service rates increased, the Supports Waiver IBAs will increase. The IBA for children will increase to $22,267. The adult IBA will increase to $25,991. These increases include the cost of case management services.

Will Comprehensive Waiver IBAs change as well?

Yes – The Division uses several service rates to calculate the Comprehensive Waiver IBAs that correspond with each Level of Service score. The services used in the calculation are based on whether an IBA is for a child or an adult, since several of the services are age specific. The services used to calculate the IBAs include adult day services (ADS), companion services, community living services (CLS), personal care, and respite. The Division used the proposed rates for these services to update the Comprehensive Waiver Level of Service Score (LOS)/Individual Budget Amount (IBA) Matrix (Matrix).

For more information on the Division's methodology for calculating Comprehensive Waiver IBAs, please review the Comprehensive Waiver IBA Methodology. The IBA Methodology and the Matrix are located on the Division website.

When the participant's individualized plan of care (IPC) renews, they will retain the purchasing power that they had on April 1, 2021.

How will the participant IBA be adjusted for active plans? *- Updated 1/19/2022*

The Division will not adjust IBAs for a participant's active plans, so providers should continue to use their current active prior authorization (PA) numbers to bill at the higher rate. This process will simplify the process for the case manager. The Electronic Medicaid Waiver System (EMWS) will not display two lines for every service, and new PAs will not be required for most services. The Division will not need to conduct system modifications, so there will be minimal interruptions to EMWS and the work that case manager's do in the system.

Four services have new modifier codes, and will require new PAs. The Division will complete these modifications prior to February 1, 2022.

- Adult Day Services - Intermediate (Daily) will change to S5102 **U2**
- Community Support Services - Intermediate (Daily) will change to T2020 **U3**
- Community Support Services - High (Daily) will change to T2020 **U4**
- Respite - Group of 2 (Daily) will change to S5151 **U8**

Modifications must remain within the IBA assigned in the active plan of care.

Can plan of care teams submit an Extraordinary Care Committee (ECC) request to have the participant's IBA increased due to the rate increase?

No – ECC requests will only be reviewed if the criteria outlined in Chapter 46 has been met. ECC requests submitted as a result of these budget changes will not be considered.

Will participant-directed budgets change?

As a participant's IPC renews, their IBA will be increased to align with the Support Waiver IBA or the Comprehensive Waiver IBA Matrix. The participant or legally authorized representative will determine the annual budget for participant-directed services. Employers of record are not required to increase employee wages when the participant's IBA increases. Plan of care teams will need to discuss how to meet the participant's needs through participant-directed and traditional services. This is consistent with how prior rate changes have been applied to participant-direction.

The participant-directed budget for active IPCs will be prorated based on the number of months left in the plan year and the amount of the participant-directed budget. If the participant or legally authorized representative chooses to make changes to participant-directed services after the new budget for the remaining months has been calculated, the case manager must email the proposed changes to the assigned BES. The BES may only adjust the participant-directed section of the budget, and only for the months remaining on the plan. Once the adjustment is made, the BES will notify the case manager, who will modify the IPC to move the money to participant direction.

When will the rate change become effective?

The DD Waiver amendments have been submitted to CMS. The target date for implementation is February 1, 2022.

Will the Division inform providers about the rate changes

Yes. The Division will inform all providers of the rate changes and explain the process for billing at the new rate

Have the rates and IBAs for February and March IPCs been updated in EMWS?

Yes, the rates and IBAs have been updated in EMWS and are now available for the renewal plans.

How will the changes in the calculated IBAs affect participants?

The additional funding through the ARPA will not be available after March 31, 2024. Therefore, beginning April 1, 2024, increased participant IBAs will revert to what was in place prior to February 1, 2022 unless the legislature approves additional funding to pay for the increase after March 31, 2024.