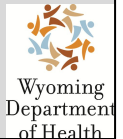


Comprehensive and Supports Waiver Case Manager Support Call **Targeted Case Management and Wait List**

Wyoming Department of Health
Division of Healthcare Financing
Home and Community Based Services Section
January 10, 2022



Good Afternoon. My name is Jennifer Adams, and I am a Benefits and Eligibility Unit Assistant Manager for the Home and Community-Based Services Section of the Division of Healthcare Financing (Division). Thank you for joining us for today's Comprehensive and Supports Waivers (DD Waiver) case manager training session.



- Process for placing a participant on the Supports Waiver waitlist
- Process for funding a participant from the waitlist onto the Supports Waiver
- Case manager's responsibilities to the participant while they are on the waitlist.

The purpose of this training is to discuss the process for placing a participant on, and funding them off of, the Supports Waiver wait list, and the case manager's responsibilities to the participant while they are on the waitlist.

Training Highlights

- Eligibility and funding notifications
- Targeted case management requirements
- Targeted case management plan of care

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

- We will review how and when eligible individuals are notified of their eligibility, placed on the waiting list, and notified about funding once it is available.
- We will discuss targeted case management and the requirements of the service.
- Finally, we will discuss the targeted case management plan of care.



Case managers must ensure that the participant's choices are being honored and respected.

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, what they want for their future, and if the waiver is right for them. Having choice is paramount to human dignity.

In order for an eligible individual to make an informed decision, they must be aware of the steps necessary to become an active participant of the waiver. It is the case manager's responsibility to provide this information, develop a plan of care that represents the participant's choices, and keep the participant informed. When providing targeted case management, case managers must ensure that the participant's choices are being honored and respected.

Authorities and Resources That Support Division Expectations

- Chapters 45 and 46 of the Department of Health's Medicaid Rules
- Supports and Comprehensive Waiver agreements
 - Appendix B - Participant Access and Eligibility
- Medicaid State Plan



Chapter 45, Section 9 of the Department of Health's Medicaid Rules establishes rules for case managers, including timelines that the case manager must meet when completing participant eligibility paperwork.

Chapter 46, Section 13 of the Department of Health's Medicaid Rules establishes rules related to the Supports Waiver wait list. Additionally, Appendix B of both the Comprehensive and Supports Waiver establishes how people access the waivers, and the steps the Division is required to take if funding opportunities are not immediately available.

The DD Waiver programs fall under the Wyoming Medicaid umbrella, and as such all providers must adhere to Medicaid State Plan requirements. The Medicaid State Plan establishes the requirements for targeted case management (TCM), which case managers are required to provide while participants are waiting for waiver services.

A Quick Review



Before we get too far into the weeds, let's take a step back and review some of the important steps that will lead us to the waitlist process.

Eligibility is the First Step

- An individual must be determined eligible to be placed on the waitlist.
 - Citizenship and residency
 - Financial
 - Level of care
 - Clinical



Before a participant can be placed on the waitlist, the participant must be determined eligible for DD Waiver services. In order for a participant to be eligible for the Supports Waiver, they must:

- Meet citizenship requirements;
- Be Wyoming residents;
- Meet financial criteria, including entitlement to Supplemental Security Income or having an income at or below three hundred percent (300%) of the federal poverty level;
- Meet the level of care required for an intermediate care facility for individuals with intellectual or developmental disabilities, or, if the individual has an acquired brain injury, meet the level of care required for nursing facility services; and
- Meet the clinical eligibility requirements for an individual with a developmental or intellectual disability, or an acquired brain injury, as established in Chapter 46, Section 7.
- Medicaid Rule Chapter 45, Section 9 requires case managers to submit an applicant's eligibility paperwork within thirty (30) days of being selected as the case manager.

Division Notification of Eligibility

- Upon placement on the waitlist, Division will mail a letter to the participant or legally authorized representative.
 - Letter is also placed on file in EMWS, Letter History
- The individual budget amount (IBA) is not available at this point in process.

Once an individual is determined eligible, they will receive notification from the Division that they have been placed on the waitlist. This notification will be mailed to the individual directly or to their legally authorized representative, if they have one. This notification will also be uploaded into the Electronic Medicaid Waiver System (EMWS), so case managers should look for this letter in the *Letter History* a couple of weeks after they submit the individual's psychological or neuropsychological evaluation. Please be aware that this letter will not include a preliminary individual budget amount (IBA).

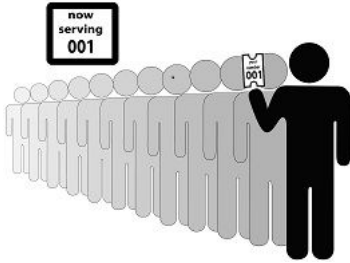
Wait List Process



The waitlist process is established in Chapter 46, Section 13 of the Department of Health's Medicaid Rules. Case managers should be familiar with this Section and understand how the waitlist will affect the individuals who are waiting for waiver services.

As established in this Section, the Division shall maintain a Supports Waiver wait list and add additional participants to the Supports Waiver as funding is appropriated and approved by the Centers for Medicare and Medicaid Services (CMS). The wait list is for Supports Waiver services only; the Division does not maintain a wait list for the Comprehensive Waiver. The only way for a participant to be placed on the Comprehensive Waiver is through the Extraordinary Care Committee process, which we will discuss later.

First Come, First Served



- Based on the date of eligibility determination
- Based on the date the Case Management Selection form is received by the Division, if multiple participants are determined eligible on the same date

In accordance with Chapter 46, Section 13, and as outlined in the Supports Waiver application, individuals are placed on the waitlist on a first come, first served basis, based on the date the individual was determined eligible. If more than one individual was determined eligible on the same date, the Division will use the date that the Case Management Selection form was received.

Reserved Capacity

- Transitions from state-funded institutions
- Eligible dependents of qualified military service members
- Emergency situations

There are limited situations in which an individual may not be subject to the waitlist process. The Division reserves capacity on the DD Waivers for individuals who are transitioning from state funded institutions into waiver services. In these circumstances, the individual can access funding for waiver services immediately as long as they meet eligibility criteria.

In accordance with Wyoming Statute 42-4-120, the Division reserves capacity on the DD Waivers for qualifying dependents of active military services members.

The Division also reserves capacity on the Comprehensive Waiver for individuals who are in an emergency situation, as defined by Chapter 46, Section 14. Individuals must request a review by the Extraordinary Care Committee in order to qualify for one of these reserved capacity funding slots.

Emergency Cases and the Extraordinary Care Committee

- Participants can only be funded for Comprehensive Services through ECC approval.
- IBA Methodology is used to determine the IBA.



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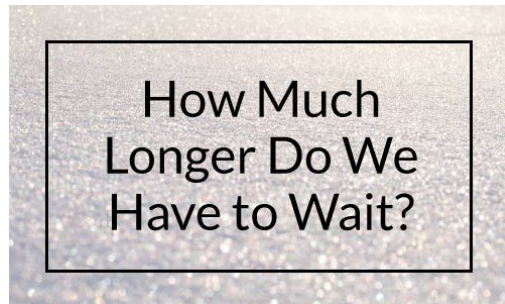
Chapter 46, Sections 14 and 15 establish the rules related to emergency cases and the Extraordinary Care Committee, or ECC.

The Division does not maintain a wait list for the Comprehensive Waiver. The only way an eligible individual or current Supports Waiver participant can receive Comprehensive Waiver services is to meet the criteria for one of the reserved capacity categories and be approved by the ECC.

If an eligible individual or Supports Waiver participant is granted a funding slot on the Comprehensive Waiver, their IBA is determined using the approved Comprehensive Waiver IBA Methodology, which is posted on the [Public Notices, Regulatory Documents and Reports](#) page of the Division website, under the *Statistics and Reports* section. The Division also posts a Level of Service/Individual Budget Amount Matrix, which lists the IBA associated with each level of service score. Eligible individuals and Supports Waiver participants must complete an Inventory for Client and Agency Planning (ICAP) assessment in order to be assigned a Level of Service Score.

Wait Time and Participant Status

- Review Monthly Summary Report
- Contact the area Benefits and Eligibility Specialist



Each month, the Division posts a Developmental Disabilities Monthly Report on the [Public Notices, Regulatory Documents, and Reports](#) page of the Division website, under the *Statistics and Reports* section. This report provides updated information on the number of participants who are currently receiving services on the DD Waivers, as well as the number of individuals who are currently waiting for these services. This report is updated monthly, and is available to the public. If an individual wants to know where they fall on the waitlist, the case manager can contact the area BES to get specific details.

Case Manager Responsibilities



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As we've discussed in previous trainings, case management is a lynchpin service. The case manager is the key to a participant accessing community resources while they are waiting for waiver service funding. The case manager plays a critical role in assuring that the participant receives quality services, regardless of funding source.

The case manager is responsible for supporting individuals through the eligibility determination process and supporting the individual while they are on the waiting list. Although the individual is now in a bit of a holding pattern, the case manager still has a responsibility to remain in contact with and help to locate services that support the individual.

Targeted Case Management

■ State Medicaid Plan - Services: General Provisions

- Section 3.1-A
- [Supplement 1 - Case Management Services](#)
- Page 2a



Targeted case management, or TCM, is a service that allows DD Waiver case managers to be paid for the time that they spend working with a new waiver applicant, and for the required monitoring and follow-up activities that the case manager performs while an eligible individual is waiting for services. In accordance with the Medicaid State Plan, case managers must develop and periodically revise a specific care plan in order for TCM services to be authorized. This requirement can be found in Section 3.1A of the Medicaid State Plan.

Targeted Case Management Services Start Right Away

- A TCM plan of care must be developed as soon as the participant selects the case manager.
- An individual who is new to Medicaid must have TCM added to their case before eligibility assessments can be billed.

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The case manager is responsible for developing a TCM plan of care and providing TCM services once they submit the Case Management Selection form to the Division. If an applicant is not a current Medicaid client, they will need to have a TCM case in order for the provider who conducts the applicant's psychological or neuropsychological evaluation to be paid for the evaluation.

TCM services are clearly outlined in the Comprehensive and Supports Waiver Service Index. For more information visit the [Service Definitions and Rates page](#) of the Division's website.

Importance of the TCM Plan of Care

- Accountability
- Billing
 - Case manager work
 - Eligibility assessments
- Contact

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In the past, case managers have often opted to waive TCM services, and instead have supported applicants and eligible individuals without charging for these services; however, case managers don't have the authority to waive this service. TCM services are extremely important to individuals who have been placed on the waitlist, and the TCM plan of care is the mechanism that holds case managers accountable to these services.

TCM billable activities are outlined in the DD Waiver Service index, and include:

- Gathering information;
- Connecting providers with the applicant through calls and appointments;
- Monitoring and follow up on the TCM plan of care;
- Making referrals;
- Advocacy; and
- Crisis intervention

During the provision of TCM, contact with the applicant or individual waiting for services is critical. Case managers must document and update the TCM plan of care to reflect support changes that have occurred in the participant's life. It is important that a valid and current address is on file for the participant at all times, as notification of funding opportunities will be sent by mail, and opportunities could be missed if the participant's address is not current. Additionally, if an individual relocates, service availability may change. Case managers should assist with locating the community resources that will meet the needs of the individual while they are waiting for services. Depending on the amount of time an individual remains on the waitlist, they may experience status changes other than a location. Unfortunately, individuals may experience adversities requiring long term stays in an institutional setting, incarceration,

or even death. Changes in the individual's status must be updated to ensure the waitlist is accurate and that funding opportunities are being offered to individuals who are still eligible and need services.

TCM Plan of Care Requirements

- General demographic information
- Basic description of individual's support needs
- Case manager support plan
- Required signatures
- Submitted within 30 calendar days

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The Medicaid State Plan establishes specific requirements for the TCM plan of care:

- General demographic information, such as the individual's address, phone number, and birthdate;
- A basic description of the individual's support needs in the areas of medical, social, education or employment, and other areas that have been identified; and
- A case manager support plan, which includes how often the case manager will check in or visit, and how the individual or their support team can contact the case manager.

A valid and complete TCM plan of care will include the participant, legally authorized representative (if applicable), and case manager signatures. These signatures indicate that the parties are aware of the contents of the plan, the actions steps, and the obligation to remain in contact and make updates in a timely manner.

A TCM plan of care must be submitted in EMWS within 30 calendar days of the applicant selecting a case manager. Case managers who fail to submit the necessary TCM plan of care may be subject to corrective action and may jeopardize the applicant's position on the waitlist.

TCM Plan of Care Template


TCM PLAN OF CARE

Participant Legal Name: <input type="checkbox"/>	Case Manager:
Physical Address:	Medicaid #:
Mailing Address: <input type="checkbox"/> Same as Physical	Birth Date:
Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Plan Start Date:

Support Needs:
For each category, briefly describe the participant's support needs. Describe how these needs may be met through natural supports or other non-waiver services.

- Found on HCBS Document Library
 - DD Forms
- Must be uploaded in EMWS
 - T2023 - \$8.00/15 Minutes

To help case managers develop and maintain the TCM plan of care, the Division has developed a simple TCM Plan of Care template, which can be found on the [HCBS Document Library](#) page of the Division website, under *DD Forms* tab. This template must be completed and uploaded into EMWS for each individual for whom a case manager provides and bills for TCM activities. Case managers can only bill for TCM from the time TCM is added to a plan of care forward. TCM services provided prior to the start date listed on the plan of care will not be compensated.

Case managers must use the billing code T2023 when submitting claims for TCM. The reimbursement rate for TCM is \$8 per 15 minute unit.

TCM in EMWS

Waiver Links

- * Case
- * Waiver
- * Participant
- * Contacts
- * Associated Users
- * Plan Enrollments
- * Level Of Service
- * Letter History
- * Document Library
- * Assessment History
- * Supplemental Requests
- * Processes
- * Targeted Case Management
- * Notes

Targeted Case Management

Add New TCM

To add a new TCM, enter the fields and click 'add'. The dates should be no longer than one year and only 10 units/month can be allocated.

Start Date:

End Date:

Units Allocated:

Add

TCM History

Process	Status	Case Manager	Units Alloc	Start Date	End Date	PA
TCM Initiation	Complete		120	11/15/2018	11/14/2019	
TCM Renewal	Complete		120	11/1/2019	10/31/2020	
TCM Renewal	Complete		120	11/1/2020	10/31/2021	
TCM Renewal	PSS Review		120	11/1/2021	10/31/2022	X

TCM Closures

No Records Found

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In order for a case manager to receive payment for TCM, they must have an associated prior authorization number(PA). PAs are generated in EMWS when the case manager:

- Selects the *Targeted Case Management* link in the left hand navigation bar.
- Adds the start date of the TCM services on the *Targeted Case Management* screen.
 - The start date should always start on the first day of the month in which the plan is submitted.
- Adds the end date of the TCM services.
 - The end date should always be the last day of a month
 - TCM service lines must be updated annually to ensure TCM is provided as required during the time the participant is on the waitlist
- Adds the number of units in the *Units Allocated* field.
 - The maximum number of units allowed each year is 120
- Clicks the *Add* button.

Once the information for TCM services has been added into EMWS, the case manager can select the *Targeted Case Management* link in the left hand navigation bar to access the PA. Once the PA has been created, the case manager will be able to submit their billing claims in the Benefits Management System (BMS) and receive payment for TCM. The TCM service line must be added in EMWS within one month of the TCM plan of care start date. Services provided prior to the first day of the month in which TCM is initiated in EMWS will not be compensated. For example, if the service line is added on the 10th of the December, TCM services provided prior to December 1st will not be compensated.

TCM Plan of Care Benefits

- One-Stop Shop for participant information.
- Tool for tracking and identifying service needs, resources, and gaps.
- Can be utilized to develop the initial IPC.

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A well written TCM plan of care has the potential to benefit the case manager in many ways.

The TCM plan should be a one-stop shop for all of the necessary information about an individual, including their support needs and contact information. The case manager has access to this information, as well as natural and non-waiver supports that the individual is accessing. In the event that a case manager is unable to continue to support an individual, this plan should provide all of the information necessary for a smooth transition to a new case manager.

A case manager can utilize the TCM plan of care as a tool for identifying what services and resources are available, appropriate, and enjoyable for the participant. This may give the case manager the information needed to support the individual when they are helping the individual locate waiver services and service providers once they receive funding. The TCM plan of care should be a living document, meaning that should be regularly updated to reflect changes in the participant's needs and status. The TCM plan of care should help the case manager identify gaps in needed supports, as well as demonstrate an overall strategy for how services will be designed and implemented once funding is available.

The TCM plan of care is the first step in developing a thorough and supportive IPC. Once a participant receives funding, the TCM plan of care should translate into the bones of the initial IPC, identify the necessary services, and provide the plan of care team with a basic direction for developing and implementing the most supportive and least restrictive services for the participant.

TCM - Locating Resources

- Employment skill development
 - Department of Workforce Service, Division of Vocational Rehabilitation
- Education opportunities
- Housing and food assistance
 - Department of Family Services, Wyoming Homeless Collaborative, local housing authority
- Wyoming 2-1-1
 - wy211.communityos.org

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While an individual is waiting for services, the case manager is expected to help them find non-waiver services and resources to meet their needs. Available resources could include, but are not limited to school services, community action programs, and other state agency programs.

Case managers supporting individuals who are interested in working may contact the Division of Vocational Rehabilitation (DVR). If an individual is interested in higher education, the case manager may help them register for a class at the local community college or other learning institution. This might include locating and providing scholarship or grant information, or working directly with school staff to determine a viable and valuable course work path.

Additional resources, such as the Supplemental Nutrition Assistance Program (SNAP) and Emergency Food and Commodity Assistance, may be available through the Wyoming Department of Family Services (DFS). If housing is a concern, the Wyoming Homeless Collaborative or local housing authority may be able to help.

In Wyoming, 2-1-1 is a community resource haven! Just dial 2-1-1 on any phone to speak with someone about resource needs and availability in your area or go to wy211.communityos.org to learn more about available local resources.



So.. What happens next?

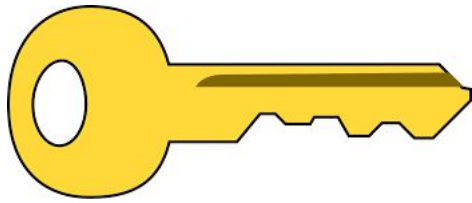
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Once a funding opportunity becomes available, the individual will receive notification from the Division that includes the amount of their IBA and the date their services can start. The case manager is responsible for helping the individual verify their financial eligibility with Medicaid, if this is required. Additionally, the individual may need to undergo additional assessments to ensure that they continue to meet clinical eligibility requirements. The notification letter will include information to this effect.

Typically, individuals will receive funding for Supports Waiver services. The currently approved IBAs for the Supports Waiver can be found in Appendix B-2-a of the Supports Waiver application, which is located on the [Public Notices, Regulatory Documents, and Reports](#) page of the Division website, under the *Current Waivers* tab.

Case Managers will receive an email notification once the participant receives funding. This notification is provided 90 days prior to the date the funding takes effect. This gives the case manager 60 days to work with the participant and their plan of care team to choose their providers and develop the initial IPC. As a reminder, the IPC must be submitted in EMWS at least 30 days prior to the start date.

Once the IPC is in effect, the case manager will need to close the TCM line in EMWS.



TAKEAWAYS

1. Eligible individuals may be placed on the waitlist until funding is available.
2. Targeted case management is required by the Medicaid State Plan.
3. TCM plan of care should be developed and updated regularly.
4. TCM identifies needs that may be met through other available resources

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

1. Eligible individuals may be placed on the Supports Waiver waitlist before receiving funding for waiver services
2. Targeted Case Management services are required by the Medicaid State Plan, and are fundamental to ensuring the waitlist is accurate and individuals waiting for services are having regular contact with their case manager. This service cannot be waived.
3. The TCM plan of care must be developed and updated regularly, including changes to the individual's support needs and contact information.
4. TCM must continue until the individual receives funding for waiver services. The case manager must continue to meet with the individual to ensure their medical, social, educational, and other needs are being addressed, to the extent possible, through non-waiver services and supports.

Questions???

Contact your 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 targeted case management and the waitlist. If you have questions related to the information in this training, please contact your Benefits and Eligibility Specialist. Contact information can be found by clicking on the link provided in the slide.