



Community Choices Waiver

Technical Assistance

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

Good afternoon. My name is Nicole Gabel and I am the Case Management and Technical Assistance Coordinator for the Home and Community-Based Services Section of the Division of Healthcare Financing, or Division. Thank you for joining us today.



Introduce the technical assistance process and discuss what it means to receive technical assistance.

The purpose of this training is to introduce the the technical assistance process and discuss what it means to receive technical assistance.

Training Agenda

- Define technical assistance
- Discuss the informal and formal technical assistance processes
- Review steps beyond technical assistance
- Explain steps that can be taken in order to decrease technical assistance

By the end of this training, the following topics will have been introduced and explained.

- First, we will define technical assistance and explain circumstances in which technical assistance may be issued.
- We will discuss the informal technical assistance process, as well as when formal technical assistance may be issued.
- We will review the steps that the Division may take if technical assistance is not effective.
- Finally, we will explain the steps that case managers can take to decrease the amount of technical assistance they receive.

Choice



Case managers must ensure that the participant's choice is being honored and respected during service delivery.

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, and what they want for their future. Having choice is paramount to human dignity. Case managers are entrusted with developing a service plan that ensures that the participant's choices are honored and respected, and are obligated to deliver case management services that are outlined in the CCW Service Index. The Division will issue technical assistance when case managers don't meet the standards and requirements established by the Division, in order to ensure that the participant is receiving the services they need.



What is Technical Assistance?

Before we dig into the technical assistance process, let's talk for a minute about what technical assistance actually is.

Technical Assistance Defined

Technical Assistance (noun)

\ 'tek-ni-kəl \ ə- 'si-stən(t)s

1. The process of providing targeted support to an entity or organization with a development need or problem.

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Technical assistance, also known as TA, is the process of providing targeted support to an entity with a development need or problem. It is an effective method for building the skills of the entity. TA involves communication between a specialist or consultant and the entity.

In order for TA provided by the Division to be effective, the Division will follow a set of core principles.

- The Division will be collaborative, meaning that they will work together to identify the case manager's needs and how to address concerns.
- The TA that the Division provides will be systematic and targeted.
- Finally, the TA the Division provides will be results driven, and is intended to improve the performance of the case manager.

— But...Why Technical Assistance?

- To ensure compliance with state and federal requirements
- To promote participant quality of life



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In the past, the Division has taken a “hands off” approach to monitoring CCW case management services, and has presumed that case management activities, services plans, and the honoring of participant choice have been implemented in accordance with state and federal standards. So, why are we so involved in monitoring case management activities, service plans, and overall standards now?

The Division acknowledges that, currently technical assistance is not consistent across all waiver programs. CCW case managers have not been given clear direction or expectation of program requirements, and the Division does not have a process in place to hold case managers accountable and ensure compliance with Division, State and Federal guidelines.

In accordance with the CCW agreement that was approved and became effective on July 1, 2021, the Division is required to meet specific assurances related to participant service plans. In accordance with the CCW agreement, the Division must:

- Assure that service plans address all of the participant’s assessed needs, including health and safety risk factors, and personal goals, either through waiver services or through other means;
- Assure that service plan development is monitored in accordance with Division policies and procedures;
- Assure that service plans are updated or revised at least annually, or when warranted by changes in the participant’s needs;
- Assure that the participant’s services are delivered in accordance with their service plan, including the type, scope, amount, duration and frequency specified; and
- Assure that the participant is afforded choice among waiver services and providers.

Additionally, the Division must describe the method that will be used to address individual problems that are discovered. In the CCW agreement, the Division has indicated that deficiencies identified through regular monitoring activities or through waiver performance measures will be remediated by Division staff through the provision of TA and when necessary, the imposition of a corrective action, adverse action or the suspension or termination of a Medicaid provider agreement.

These actions are not taken to punish case managers, but to ensure that they are meeting the requirements they are obligated to meet, in order to promote and improve the participant's quality of life.

— When Will Technical Assistance Occur?

- Concerns identified during a service plan review.
- Inadequate communication from the case manager.
- Violating policy, rules, or regulations.
- Not providing case management services as defined.

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Division staff may issue TA for several reasons. Although case managers generally work with the area Benefits and Eligibility Specialist (BES) on concerns related to service plans, it is important to note that other Division staff can issue technical assistance as well. TA issued for case management compliance concerns may come from any HCBS Section staff member.

As identified in the CCW agreement approved by CMS, the Division is required to assure that service plans address all of the participant's assessed needs. If, during their review of a service plan, the BES identifies concerns related to participant rights, health and safety risks, or insufficient content in the service plan, the case manager will receive TA.

If case managers are not responding to requests that are sent through the Electronic Medicaid Waiver System (EMWS) or email, or are not returning email or phone calls, they will receive TA.

Case managers are required to follow established Division policy, as well as state and federal rules and regulations. If a case manager violates these authorities, they will be subject to TA.

The CCW Service Index clearly outlines what is expected of case managers as they provide case management services. If a case manager is not providing case management services as defined in the CCW Service Index, they will receive TA.

— When Will Technical Assistance Occur?

- Not submitting service plans within established timeframes.
- Incidents or complaints.
- Unmanageable caseload size.

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Case managers must submit service plan renewals at least 15 calendar days prior to the renewal start date in order to ensure the BES has enough time to review the plan and allow for adequate time for prior authorization numbers to be established prior to the renewal start date. Service plan modifications must be submitted at least seven calendar days prior to the start date. If the case manager does not submit service plans within these time frames, a BES team member will issue TA.

The Division has a comprehensive complaint system that allows case managers, providers, stakeholders, and the community at large to file a complaint if they have concerns related to participants of waiver services. If a complaint is filed against a case manager, the Division will investigate the complaint to determine its credibility. If the complaint is found to have merit, the case manager may receive TA, but be advised that, depending on the concerns identified in the complaint, further action may be taken. TA related to a complaint or incident report may be issued by an Incident Management Specialist working in the Provider Support Unit of the HCBS Section.

As we have mentioned in previous trainings, the case manager is the key to the effective delivery of waiver services. From developing a service plan that clearly addresses the participant's wants and needs to assessing participant satisfaction, the case manager plays a critical role in assuring that the participant receives quality services. Case management is a lynchpin service. The service plan that the case manager develops can determine the success or failure of participants receiving waiver services, and the excellence or mediocrity of their quality of life. As indicated in the case management service definition, these services are intended to 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.

If a case manager has a large caseload, it can be difficult to ensure that they are serving each participant in accordance with the service definition and the participant's needs. If a BES identifies concerns, either through ongoing issues with various service plans, or through complaints, a review of the entire caseload may occur and the case manager may receive TA related to the case manager's caseload size.

Informal Technical Assistance

The Division wants to collaborate and partner with case managers, and is committed to working with case managers to address and resolve identified problems as informally as possible. With this commitment in mind, Division staff will always try to provide informal TA rather than imposing a more formal option to ensure that problems are resolved.

Informal Technical Assistance



- EMWS rollback
- Email
- Phone call

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It is always the intent of the Division to ensure that all service plans are submitted as required. Informal technical assistance is the guidance that is given to case managers to ensure that this occurs. The expectation of the Division is that the case manager notify the BES if there are issues with submitting the service plan as required.

Typically, informal TA is communication between the BES and the case manager. If a concern with a service plan has been identified during a service plan review, the BES may roll back a service plan back to the case manager through EMWS. When the BES rolls the plan back, they will explain the concern that was found and provide guidance on what needs to be done to fix the concern. Case managers will find this information by selecting *Show Comment History* on the Service Plan Checklist. This is informal TA.

The case manager must review the *Show Comment History* section in order to respond to the TA and make the required changes to the service plan. If the case manager has specific questions regarding the TA that is provided, they must reach out to the BES for clarification.

If the concern isn't related to a service plan submission, a Division staff member may send the case manager an email that explains the concern and the steps the case manager needs to take to fix the concern. Occasionally, the Division staff member may call the case manager, but generally they will communicate in written correspondence.

Formal Technical Assistance

Although the Division wants to resolve problems as informally as possible, the case manager must work to fix the identified problems. If a case manager is not responding, the problem isn't fixed within established timelines, or there are other chronic issues, the Division may issue formal technical assistance. Please understand that health and safety concerns may not be addressed through informal TA but may automatically be escalated to formal TA or a more serious action, based on the nature of the issue.

Formal Technical Assistance



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Mark Gordon
Governor

February 2, 2022

Ref: XX-XXXX-XXX

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Sent VIA Email: provider@provideremail.com

RE: Formal Technical Assistance

During the CCW Case Manager Support call on February 11, 2022, the Division provided guidance specifying that modifications must be submitted seven calendar days prior to the modification effective date to allow time for the benefits and eligibility specialist (BES) to review the changes. If a plan is rolled back by the BES, corrections must be made and submitted within seven days.

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If the case manager is unresponsive to informal TA, the BES will submit the concern to the Technical Assistance Coordinator, who will issue a formal TA letter. This letter will detail the specific concern, cite the Division authority or policy that is being violated, and provide additional information on the expectations that the case manager must meet in the future. If the concern is still present, then the letter may list the steps the case manager needs to take to fix the concern and establish a time frame by which the problem must be fixed. This is still technical assistance, but this more formal approach means that the letter will become part of the case manager's file within the Information Management for Providers (IMPROV) system.

Steps Beyond Technical Assistance

As mentioned earlier, the Division will, to the extent possible, seek the cooperation of case managers in obtaining compliance with standards through technical assistance, which is intended to help case managers voluntarily comply with requirements. However, if the case manager does not make changes after technical assistance is given, or if the issue is considered serious enough to warrant immediate action, the Division may take more formal action.



The Division has the option to impose corrective action. This more formal action requires the case manager, as a provider of waiver services, to submit a corrective action plan that details how they will correct the problem, and what they will do in the future to ensure that the problem does not recur. The Division will conduct a training on corrective action, and associated corrective action plans, in the near future.

The Division may impose corrective action if the case manager continues to make the same errors after informal and formal technical assistance has been provided. The Division may also impose corrective action if the case manager is uncooperative, is not responding to emails or other requests, or is unable to resolve the original problem that was identified. Additionally, if the case manager submits a claim for payment prior to submitting documentation for the services they provided, they will be subject to corrective action and may be referred to Program Integrity for recovery of payment.



SANCTIONS

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Chapter 1 of the Department of Health’s Medicaid Rules defines adverse action as the termination, suspension, or other sanction of a provider. Chapter 16, which addresses program integrity, includes a comprehensive list of reasons that adverse actions may be imposed, including but not limited to:

- Failure to comply with the provisions of the provider agreement;
- Failure to render requested documentation;
- Situations that pose a threat to the health, safety, or welfare of the clients or general public;
- Lack of or repeated failure to provide documentation of Medicaid services;
- Failure to maintain current contact information;
- Refusing to complete required education;
- Failure to submit an acceptable corrective action plan, or failure to implement the corrective action plan approved by the Department;
- The chronic failure to provide services pursuant to the service plan;
- Providing services that fail to meet the applicable standard of care for the profession or service involved; and
- Violations of Medicaid, Department, or other State or Federal statute, rule, or law relating to provisions of services.

Adverse action, which includes educational interventions, recovery of overpayments, suspension of payments, monetary penalties, and termination of the provider agreement, may be imposed after technical assistance and corrective action have been attempted. However, in some cases, the Division can impose adverse action immediately without addressing a deficiency at a less formal level.



Decreasing the Need for Technical Assistance

TA is intended to support case managers and help them improve their overall performance in delivering case management services, but TA will only be issued if a deficiency is identified or the case manager needs information in order to meet Division expectations in the future. If case managers want to decrease or eliminate the need for the Division to issue TA, they can do so by meeting Division standards and expectations consistently.

Division Expectations

Use Available Resources

- CCW Service Index
- CCW Agreement with CMS
- Case Manager Manual and Desk References

The Division expects case manager to use the resources that are available to them.

The CCW Service Index, which is available [Service Definitions and Rates](#) page of the Division website, is intended to be a one stop shop for information about service definitions, billing codes, and rates. It is a guide for case managers to use so they can understand the requirements and limitations of each service, as well as qualifications, required documentation, and other expectations that are specific to each service. Case managers must know the information that is outlined in the Service Index, and should refer to it when discussing service options with participants so that participants can make an informed choice on the services they select. Case managers should take the Service Index to meetings, refer to it when developing the service plan, and when they are monitoring the service plan. Having this information available, and referring to it often, will help the case manager to determine if the service is the most appropriate, based on the participant's wants and needs.

The CCW agreement, which is approved by the Centers for Medicare and Medicaid Services, is the Division's contract with the federal government, and establishes details such as the services that will be offered, provider qualifications, costs limits, and health and welfare assurances. Case managers should have a general understanding of this document since it provides the foundation for the CCW program. The effective CCW agreement can be found on the [Public Notices, Regulatory Documents, and Reports](#) page of the Division website, under the *Current Waivers* tab.

The Division has developed a case manager manual and several desk references. Although we are in the process of updating and simplifying these documents, they are there for the

benefit of the case manager, and provide guidance on how case managers should develop service plans and conduct their work. Current versions of these resources can be found on the [CCW Providers and Case Managers](#) page of the Division website, under the *CCW Case Manager Resources* toggle.

Case managers should always ensure that they are using the most up-to-date resources and forms.

— Division Expectations

Communicate...

- ...with the participant.
- ...with providers.
- ...with other stakeholders and entities as needed.
- ...with the Division.

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Case managers must communicate!

Case managers have an obligation to communicate with the participants they support. The case manager must ensure that the participant understands their rights, the services they are being offered, and any restrictive interventions that may be imposed so that the participant can make informed decisions. They must ask the participant questions and document changes that the participant is experiencing, participant health and safety concerns, and the participant's satisfaction with their services.

Case managers have a responsibility to communicate with the providers that are listed on a participant's service plan. The case manager is responsible for service plan 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. Communication with service providers is necessary 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; and
- Make any necessary adjustments in the service plan and service arrangements with providers.

Case managers must also communicate with legally authorized representatives and family members as necessary, and must communicate with local resources to ensure that the participant is receiving the services they need that fall outside of the CCW.

Case managers must communicate with the Division. The Division regularly provides updates,

policy changes, notifications for public engagement, and other important information through email and EMWS. The Division will also use these mechanisms to request additional information or clarification, and will notify the case manager of actions that must be taken for plan remediation, deficiencies in service delivery, and mitigation of rule violations. Case managers are expected to read and respond, as required, to these communications. Additionally, case managers are expected to submit complaints and report incidents in accordance with Division requirements. As a reminder, providers are prohibited from retaliating against any individual who submits a complaint.

Case managers, providers, and Division staff members are expected to communicate in a professional and respectful manner. Everyone should interact politely, even if they disagree. The Division will not mediate disagreements between providers. Case managers and other providers are expected to work through challenging situations in order to find a solution that benefits the participant.

Division Expectations

Follow Through

- Write comprehensive service plans.
- Take required actions.
- Meet deadlines.
- Monitor the plan.



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The top reasons that the Division issues technical assistance to case managers are:

- Deficiencies in the service plan that are identified during a Division review;
- The failure of the case manager to take action on Division requests;
- The failure of the case manager to meet the established deadlines for submitting service plans and plan modifications; and
- The failure of the case manager to monitor the participant's service plan.

A quality service plan must accurately capture the participant's wants and needs to ensure the participant is able to live the life they want to live. Plans must be comprehensive in their content, encompassing not only participant needs and wants, but any support the participant needs to make decisions, achieve goals, or mitigate health and safety risks. Plans must be person-centered, and the participant must be involved in the plan development process. Case managers must execute a professional product, meaning that it must be well written and free of spelling and grammatical errors. Case managers must ensure that the service plan aligns with the service index and the waiver agreement for how services may be provided. Before the case manager submits the service plan in EMWS, they must acknowledge that the service plan represents a complete and accurate picture of where the participant is at this point in their life.

When the Division requests additional information or specific action from the case manager, it is not arbitrary. If you receive a request or directive from the Division, that means that the information or action is necessary to assure compliance with state or federal regulations or standards. If you receive a request from the Division, you must take the required action.

The Division has established time frames for submitting incident reports, completing documentation, and submitting services plans and modifications to the Division. Case managers must meet established deadlines in order to avoid TA or more formal actions.

As outlined in the CCW Service Index, an important component of case management services is monitoring the service plan. This monitoring is necessary to ensure that the participant's services are being furnished in accordance with their service plan, and allows the case manager to evaluate the effectiveness of the service plan in meeting the participant's needs, identify changes in the participant's condition or circumstances, and periodically screen for potential risks or concerns so that necessary adjustments can be made to the service plan. This includes monitoring participant-directed services for effectiveness and quality, and reviewing expenditures against the participant's monthly participant-directed budget allocation.



Key Takeaways



1. The Division has implemented a technical assistance process to ensure compliance with state and federal requirements.
2. The Division can issue informal and formal TA, but can also impose corrective and adverse action.
3. Case managers must meet established standards in order to decrease the need for TA.

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As we end this training, we'd like to review some of the key items that case managers need to remember:

1. The Division has implemented a technical assistance process in order to ensure that case managers receive support and education when they do not meet the standards established by the Division. The purpose of technical assistance is to ensure compliance with state and federal requirements. TA is not imposed to punish case managers, but to ensure that they are meeting the requirements they are obligated to meet, in order to promote and improve the participant's quality of life and ensure they are receiving the services outlined in their service plan and the CCW agreement approved by CMS.
2. In addition to informal and formal TA, the Division can impose corrective or adverse actions.
3. In order to decrease the need for technical assistance, case managers must meet established standards, with a focus on using the resources that are available to them, communicating in a professional and timely manner, following through with required actions, and meeting deadlines.

Questions???

Contact your Provider Support or Benefits and Eligibility Specialist

<https://health.wyo.gov/healthcarefin/hcbs/contacts-and-important-links/>

Thank you for participating in the training on technical assistance. If you have questions related to the information in this training, please contact your Division representative. Contact information can be found by clicking on the link provided in the slide.