



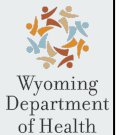
HOME AND
COMMUNITY-
BASED
SERVICES

WYOMING DEPARTMENT OF
DIVISION OF HEALTHCARE FINANCING

Community Choices Waiver

Case Management Monthly Review Expectations

Wyoming Department of Health
Division of Healthcare Financing
Home and Community-Based Services Section
April 14, 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 (Division). Thank you for joining us today.



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Review the importance of the Case Management Monthly Review form and the expectations for completing the form.

The electronic Case Management Monthly Review form has been in place for several months. The purpose of this training is to review this form and remind case managers of the importance of this documentation and the expectations that they must meet when completing this form.

Training Agenda

- Review the importance of Case Management Monthly Review (CMMR) documentation
- Conduct a review of the CMMR
- Discuss case management billing requirements and timeframes
- Review Division expectations

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

- First, we will review the purpose and importance of the documentation that case managers must furnish on the Case Management Monthly Review form, or CMMR.
- We will conduct a review of the components of the CMMR, using screen shots and examples.
- We will discuss case management billing requirements and timeframes, and how the CMMR supports the billing submitted by the case manager.
- Finally, we will review the Division's expectations related to the case manager's obligation to provide comprehensive information and required follow up.

Choice



The CMMR is an important tool that is used to assure that a participant's right to choose is respected.

Choice is a basic tenet of home and community-based waiver services. Participants must have the freedom to choose the services they receive, who provides those services, where they live, with whom they spend time, and what they want for their future. Having choice is paramount to human dignity.

The CMMR is an important tool that is used to assure and document that a participant's right to choose is respected; however, it must be completed thoroughly and accurately in order to demonstrate this choice.



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What is the CMMR?

Before we review the CMMR, it is important for case managers to understand, acknowledge, and buy into the form's purpose and importance.

It is Important...and Required

- Formal documentation to justify payment for case management services.
- Up-to-date information on participant struggles, successes, and satisfaction.
- Demonstration that participants are involved in the person-centered planning process and their service plan.

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The CMMR is the formal documentation that the Division requires case managers to complete each month for each participant on their caseload. This documentation, which covers the work that the case manager does throughout the month, demonstrates the work that the case manager has completed and justifies the payment that they receive for the services they have provided. It is also the Division's mechanism for proving to the Centers for Medicare and Medicaid Services, or CMS, that the CCW program requirements for case management and person-centered planning are being met.

When completed in accordance with the standards established by the Division, the form provides a detailed accounting of what a participant is doing, where they are struggling, and where they are finding success. The discussions that the case manager documents on the form are an extremely important piece of the participant's overall case file, and are often used to provide context for the Division when an incident or complaint is being investigated.



The CMMR ~A Review~

During the CCW Case Manager Support Call that the Division conducted in April 2021, we provided an overview of each section of the CMMR. We would like to review each section again to ensure that case managers understand the purpose of each section and the level of detail that should be included when they complete each section.

Contact Section

Contact

Report Frequency

Monthly ▾

Contact Type

Phone Call ▾

Individual(s) Present

Participant ▾

Monitoring Date

1/12/2022

Start Time

02 : 40 PM ▾

End Time

03 : 00 PM ▾

Location

Participant's Residence ▾


The Contact section captures basic information about the formal monthly or quarterly evaluation contact. At a minimum, the case manager must monitor each participant's services every month, but case managers may need to have additional contact throughout the month 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 any changes in the participant's condition or circumstances;
- Periodically screen for any potential risks or concerns;
- Periodically assess the participant's satisfaction with the services and supports;
- Ensure the Personal Emergency Response System (PERS) is in working order; and
- Identify any necessary adjustments that may need to be made to the participant's service plan or service arrangements with providers.

The case manager must indicate how the monthly contact is being made, such as a phone call, video call, or face to face. It is important that the case manager document failed contact attempts, although a failed attempt is not considered adequate to bill a monthly monitoring unit. The individual contacted, such as the participant, legally authorized representative, or service provider, should also be identified. If more than one person is present during the contact, the case manager should select *Other* from the drop down menu, and list all of the individuals who were involved in the contact. It is important to note that the case manager must contact the participant for monthly or quarterly evaluations. Simply contacting the provider rather than the participant is not acceptable.

The case manager must document the date, start time, and end time of the contact, and indicate the location of the contact, such as the community or the participant's home, if the contact was conducted in person.

CCW Quarterly Visit Verification


CCW Quarterly Visit Verification Form

Form Instructions

This form shall be completed and signed for each quarterly visit in order to verify that the visit has occurred. Once completed, the form shall be uploaded in the Electronic Medicaid Waiver System (EMWS).

Participant: _____
Date of Visit: _____
Start Time: _____ **End Time:** _____

Participant/Legally Authorized Representative Signature: _____

Legally Authorized Representative Printed Name: _____ Date: _____
(If applicable)

As a reminder, case managers must conduct an in-person visit at least once every three months. During this visit, the case manager must complete the CCW Quarterly Visit Verification Form and have the participant or legally authorized representative sign. This form is intended to verify that the quarterly visit occurred.

The case manager must record general notes and topics, as well as any decisions or needed follow-up, on the form. The participant or legally authorized representative must sign the form, which verifies that the information on the form was discussed during the visit. The case manager should then document a more detailed account of the visit in the *Contact* section of the CMMR and upload the form in the *Document Library* of EMWS. The topic areas that are noted on the form must align with the more detailed documentation that is included in the CMMR documentation in EMWS. Although it may feel redundant, it is important that the participant have a general understanding of the information that the case manager will be including in the participant's permanent record.

The form can be found on the [HCBS Document Library](#) of the Division website, under the *CCW Case Manager Forms* tab.

Assessing the Situation

- ➔ Changes in guardianship or legal representation
- ➔ Changes to natural supports or living arrangements
- ➔ Experience with illnesses, falls, or injuries
- ➔ Experience with hospital, ER, or other medical visits
- ➔ Verification that services and supports are meeting their needs
- ➔ Concerns about the service plan or the services and supports being received
- ➔ Satisfaction with current service providers

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The Contact section lists a series of questions related the changes in the participant's situation. Questions include:

- Have there been any changes in the participant's guardianship/legal representation?
- Have there been any changes to the participant's natural supports?
- Have there been any changes to the participant's living arrangements?
- Has the participant experienced any illnesses since the last visit?
- Has the participant experienced any falls since the last visit?
- Has the participant experienced any injuries since the last visit?
- Has the participant experienced any hospital or emergency room visits since the last visit?
- Has the participant seen the primary care provider since the last visit?
- Are the participant's current services and supports meeting their needs?
- Does the participant have any concerns about their service plan or the services and supports they are currently receiving?
- Is the participant satisfied with their current service providers?

The case manager must ask the participant each question and document their response on the CMMR. This is intended to be a time for the case manager and participant to have a conversation, so the case manager should ask questions in a way that encourages participants to share information, rather than just answering yes or no. For example, if the participant says they have experienced illness, you should follow up with questions about their symptoms, their treatment, any additional appointment they may need to attend, and how they are feeling now.

Providing Detailed Information

Have you seen your primary care provider since our last visit?

☒ Yes ☐ No



Are your current services and supports meeting your needs?

☐ Yes ☒ No



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If the participant's response indicates that additional information is needed, a box will populate to allow the case manager to provide additional detail. Case managers must provide detailed information, including dates and times, individuals involved, specific actions taken and concerns noted, and any follow-up that will be required by the case manager. Case managers should ensure that they discuss the potential need for additional services and supports with the participant, especially if there is concern that the participant's current services and supports are not meeting their needs.

For example - Alice is a participant, and you are conducting her required monthly evaluation. When you ask her if her current services and supports are meeting her needs, she states that her direct support worker only comes on Monday, Wednesday, and Friday mornings to help her shower, but she would prefer to take her showers in the evening. You and Alice need to discuss strategies on how to get Alice's needs met. This could include contacting her home health agency, or helping her get set up with participant-directed service delivery.

You need to document that services aren't meeting Alice's needs, and then provide a description of Alice's concerns. In your documentation, you need to include the strategies you discussed and any decisions that Alice made regarding her services.

Identifying Risks and Concerns

Case Manager Observations

Case Manager Notes:



Potential Risks/Concerns

- ☐ Housing Insecurity
- ☐ Environmental/Home Safety
- ☐ Social Isolation/Loneliness
- ☐ Mental/Behavioral Health
- ☐ Nutrition/Food Insecurity
- ☐ Personal Safety
- ☐ Health and Wellness
- ☐ Caregiver/Natural Support Fatigue
- ☐ Other

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The Case Manager Observations Section is intended for the case manager to document areas in which risks are identified or concerns are noted in the areas of:

- Housing insecurity;
- Environmental or home safety;
- Social isolation or loneliness;
- Mental or behavioral health;
- Nutrition or food insecurity;
- Personal safety;
- Health and wellness;
- The fatigue of caregivers or natural supports; or
- Other areas identified by the participant or observed by the case manager.

In order to determine if a potential risk exists, the case manager must talk to the participant and ask questions about their comfort and experience in their home and the community; if they are experiencing loneliness or other feelings of anxiety that could suggest a concern with their mental health; how, what, and when they are eating; and any concerns with their overall health and wellness. If a risk or concern is identified, the case manager must document detailed information on how the risk or concern was identified, possible strategies that could be implemented in order to address the situation, and any action steps that the case manager will need to take.



For example, Alice is experiencing more falls. This situation has been identified as a risk to her personal safety, health and wellness, and a risk to her environmental or home safety. You may talk to Alice about contacting her primary care provider about a referral to an

occupational or physical therapist. Alice may choose to make the appointment; however, if she requests support, then you should help her make the appointment. The game plan should be included as a follow-up in the Follow-Ups section, so that you can make sure the appointment has been made and ask Alice questions about results of the appointment during her next monthly or quarterly evaluation.

Please be aware that EMWS will require case managers to add information into the Case Manager Notes box for each monthly or quarterly evaluation. The case manager may add notes in this box, or document information about the contact in the Contact Notes section. If the Contact Notes section is used, the case manager must indicate that in the Case Manager Notes box.

Contact Notes

Contact Notes

Note	Modified By	Modified Date	
 Test		4/2/2021 3:37:31 PM	

Add Contact Note

Contact Note

Contact Type

Date

Contact Method

Note

Cancel Save

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The case manager should use the Contacts Notes section of the CMMR is to document any case management activity outside of the monthly or quarterly evaluation.

To enter documentation, add a Contact Note. You will need to select a contact type, which will include options like *Meeting* or *Service observation*. Enter the date and select the contact method, which will include options such as *In person*, *Email*, or *Phone call*. Finally, describe what happened during the contact, in detail, in the Note section. Again, it is important that you clearly describe what was discussed during the contact. The best way to ensure good content in your description is to answer the who, what, when, where, and why of the discussion in a way that the reader can clearly understand what happened, as well as any follow up needed or resolution that occurred.

For example, Alice calls to inform you that she doesn't like where she lives and wants to move. This conversation must be documented. Document the date and method of the call, and include the details of the call in the Notes section. Simply saying "Alice called to discuss housing" is not enough. You will need to include any concerns that she expressed with her current housing, such as problems with a roommate or landlord, and any options that you discussed, such as the need to find Section 8 housing or finding an apartment that accepts Section 8 vouchers.

Follow Ups Section

Follow Up Date	Note	Modified By	Modified Date
22/03/2021	note		

Add Follow Up

Add Follow Up

Follow Up Description

Follow Up On

Note

Cancel Save

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As the case manager identifies a risk or concern during the monthly or quarterly evaluation, or during any other time of the month, they should note the steps they need to take to follow-up on that concern in the Follow-Ups section. Include a target date by which the follow-up should be completed. A benefit of using the Follow-Ups section is that it clearly demonstrates to the Division that the case manager has identified issues that need to be addressed.

In our example, you have had a couple of conversations with Alice that require some follow up. During her monthly evaluation, she stated that she wanted to make some changes to the time that her direct support worker comes to help her shower. You discussed contacting the home health agency to make changes. In the Follow-Ups section you must document what you plan to do, and the target date for getting it done. As you make contact with the home health agency and have ongoing discussions to address Alice's concern, add the discussions to the Contact Notes section and edit follow-up to include any additional steps you need to take.

Alice also mentioned that she wanted to find a new place to live. You will need to include any actions that you will need to take in the Follow Ups section as well. In this case, Alice calls a few days later and tells you she has decided that she doesn't want to move. You will document the conversation and Alice's decision as a phone call contact in the Contact Notes section and edit the follow-up to note that no further action is necessary.

The case manager should document the follow up activities that they complete as part of their ongoing documentation in order to close the loop and demonstrate that the necessary action has been taken. The Division is working with the EMWS programmers to add

functionality that will automatically advance follow-up that hasn't been resolved to the following month. Once this functionality is available, the Division will notify case managers. Since this functionality isn't available yet, it is the case manager's responsibility to review the previous month's Follow Ups section to ensure that any outstanding action items are advanced and don't fall through the cracks.

Case Manager Affirmation

- I am not related by blood or marriage to the participant or to any person paid to provide Medicaid Home and Community-Based Services (HCBS) to the participant.
- I do not share a residence with the participant or with any person paid to provide Medicaid HCBS to the participant.
- I am not financially responsible for the participant.
- I am not empowered to make financial or health-related decisions on behalf of the participant.
- I do not own, operate, am not employed by, and do not have a financial interest in any entity that is paid to provide Medicaid HCBS to the participant. Financial interest includes a direct or indirect ownership or investment interest and/or any direct or indirect compensation arrangement.
- This is a true and accurate representation of this service plan monitoring activity.

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Before the Case Management Monthly Review Form is submitted for the month, the case manager will be required to affirm the absence of any type of conflict of interest in serving as the participant's case manager. Additionally, the case manager must attest that the information they have provided in the form is true and accurate. Once the case manager attests to these factors, they must select *Yes* and *Submit* the form.

Case managers need to understand that when they click the box that verifies these statements, they are not simply clicking a box. They are verifying, as part of a legal document, that they don't have a conflict of interest, and that they have truly and accurately represented the monitoring activities they have completed and the information they have learned through the monitoring activities. If a case manager represents their status or the participant's information inaccurately, this may be considered fraud, and the case manager may be subject to a referral to the Medicaid Fraud Control Unit.



Case Manager Billing Requirements and Timeframes



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Case managers need to understand that, in order to submit claims and get paid for the services they have provided, they must first meet specific documentation requirements and timeframes.

What Are We Talking About?

CMMR Documentation

- The information the case manager enters into the CMMR throughout the month.
- Click **Save** after each session.

CMMR Submission

- The act of submitting the CMMR at the end of the month.
- Click **Submit** at the end of the month.

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Before going any further, let's take a quick step back and talk about the difference between entering documentation and submitting the CMMR. In the past few months there has been some confusion surrounding the word "submit." In the context of the CMMR, the word submit is specific to the final action that the case manager takes at the end of the month.

The case manager is responsible for documenting the work that they do throughout the month. They complete a monthly or quarterly evaluation, they have phone conversations or meetings, and conduct follow-up as necessary. All of this work must be documented in the CMMR within five business days of doing the work. If the case manager has a phone call with a participant on Tuesday, then the documentation must be entered into the CMMR by the following Monday. Each time work is documented on the CMMR, the case manager must select **Save** at the bottom of the CMMR to save their work.

Once the case manager has entered all of their documentation for the month, they will submit the completed CMMR by selecting **Submit** at the bottom of the CMMR. The CMMR cannot be submitted prior to the last day of the month, but must be submitted no later than the 5th business day of the following month. When the case manager submits the CMMR, they are verifying that the information on the CMMR is accurate and complete. Once the CMMR is submitted, the case manager can bill Medicaid for the month. As a reminder, the case manager monthly monitoring unit is a monthly unit; therefore, only one unit per month should be billed.

Annual Billing Unit

- ➔ May only be billed once per service plan year.
- ◆ First or last month of the plan year, depending on what works best for the case manager.
- ➔ Work must be documented on the CMMR.

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The Division continues to receive questions related to the new Service Plan Development and Annual Update case management unit that went into effect on July 1, 2021. This unit may be billed in the last month of an old plan or the first month of a new plan as long as only one unit is billed per plan year for each participant. The case manager may determine what works best for them and bill the unit accordingly.

Case managers should include information about the work they have done to support the annual billing unit in the CMMR. This can be done in the Contact Notes Section.

Monthly Billing Unit

- Services must be available all month long.
 - ◆ Billing must not be submitted prior to the last day of the month.
- Documentation must justify the submitted claim.

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On July 1, 2021, the Division implemented a monthly case management service to replace the daily service. The monthly service and billing unit more accurately captures the services that case managers provide. This monthly service changes the expectations that the Division has of case managers.

Since this is a monthly service, the service must be available to the participant all month long. The CMMR, which is the documentation that justifies the monthly case management billing unit, must not be submitted prior to the last day of the month. If the case manager submits the CMMR before the end of the month, they are indicating that their services were not available to the participant for the entire month. If the services are not available for the entire month, then the monthly unit cannot be billed. The one exception to this rule would be if the participant passes away before the end of the month.

The CCW Service Index lists the activities that case managers should perform as part of their monthly service. This work should be reflected on the CMMR in order to justify the payment that the case manager receives.

Timelines

- Documentation must be entered within five business days of the date the work was done.
- CMMR must be submitted by the fifth business day of the following month.
- CMMR must be submitted before Medicaid can be billed.

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Let's review the timelines one more time.

The work that the case manager does must be documented in the CMMR within five business days of doing the work.

The CMMR cannot be submitted before the last day of the month, but must be submitted by the fifth business day of the following month. This is a very short time frame in which the case manager has to submit this form. However, if they are documenting their work within five business days, then this time frame should be easy to meet.

Case management agencies must not bill Medicaid until the CMMR has been submitted. Once the agency has billed for this service it becomes a completed Medicaid claim and no further changes or addendums can be added. It is very important that case managers double check for completeness and accuracy prior to submitting the CMMR.

**WHAT
DO
YOU
EXPECT**



Division Expectations



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We've said this before, but it bears repeating...the CMMR demonstrates the work that the case manager has done throughout the month, and justifies the payment that they are receiving for the service they provide. So let's review the Division's expectations related to documentation in the CMMR.

Detailed Reporting

- Complete
- Accurate
- Descriptive



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We've talked a lot about documentation, but it is important that we are very clear about the Division's expectations related to complete, accurate, and descriptive reporting.

As we mentioned earlier, case managers are expected to include each contact they have with or about the participant in their CMMR documentation. Documenting every contact, as well as any follow-up or concerns the case manager has, is important for justification of billing, but also provides a record of what was said, to whom, and when, in the event that the case manager needs to provide information to other state or federal agencies.

The information that the case manager includes must be accurate. They must include facts, and be sure that their opinions are clearly identified as such.

The documentation must be descriptive, and should include the who, what, when, where, and why...all of which are important in order for the reader to understand the full scope of the situation. Remember, the CMMR is considered legal documentation, and as such can be reviewed by multiple parties, including CMS, Program Integrity, and other state and federal officials. Documentation should be written professionally, and clearly answer these questions.

The case manager is responsible for talking to the participant, the legally authorized representative, and providers in order to monitor the participant's health and satisfaction with services and providers. Case managers should ask questions in order to get as much information as possible, and describe the participant's overall condition, including any health concerns noted at the time of the contact. Include information about the general condition

of the home environment if the contact occurs at the participant's home.

I met with Joe in his home for his monthly evaluation meeting. He states that he is feeling better than he did last time I visited. He continues to use Lorazepam to treat his anxiety, and is not sure when he will be able to stop using it. He has an appointment with Dr. Klein on April 14th. He did report that over the last few days he has been sitting outside on the front porch to get fresh air, which he has not wanted to do for several months. Joe states that he would like to go to the senior center but will need to have the van or senior bus come get him. I will follow up with the senior center to see if I can set this up. Joe states that his services have been good, and that his CNAs have been coming to his home as scheduled, along with his skilled nursing. He reports no falls, additional illness, ER visits, or doctor appointments. Joe's house was clean and uncluttered.

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Documentation for a monthly evaluation may look something like this..

I met with Joe in his home for his monthly evaluation meeting. He states that he is feeling better than he did last time I visited. He continues to use Lorazepam to treat his anxiety, and is not sure when he will be able to stop using it. He has an appointment with Dr. Klein on April 14th. He did report that over the last few days he has been sitting outside on the front porch to get fresh air, which he has not wanted to do for several months. Joe states that he would like to go to the senior center but will need to have the van or senior bus come get him. I will follow up with the senior center to see if I can set this up. Joe states that his services have been good, and that his CNAs have been coming to his home as scheduled, along with his skilled nursing. He reports no falls, additional illness, ER visits, or doctor appointments. Joe's house was clean and uncluttered.

Follow Up

- Document what needs to be done.
- Do what needs to be done.
- Document what you did.
- Look back to ensure you did what you were supposed to do.

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The Division expects case managers to follow up on any concerns they identify. Ensure that the concern, as well as the actions that need to be taken in order to address the concern, are documented as part of the contact. The case manager is then responsible for doing what needs to be done. This may be reaching out to a provider, or following up with the participant to ensure they made an appointment to see their doctor. Whatever the action, do the thing, and then document that you did the thing. This documentation piece is extremely important. If a concern has been identified and nothing is done to address the issue, then the case manager has not met the minimum requirements of the job, and will be subject to technical assistance, or corrective or adverse action. More importantly, a case manager's failure to follow up on a concern could have a negative impact on the participant.

Case managers should review previous CMMRs to ensure that concerns and action items have been addressed and check that nothing has been left undone.

I called and spoke to Joe. I let him know that I was calling to check and see how his appointment with Dr. Klein on April 14th went and if there were any changes or updates. He said everything was the same. Joe did not talk long but stated that he was fine and was doing well. I asked if his providers were coming as they should and he said yes. He then said he needed to go as his favorite show was coming on and then the nurse would be coming. I confirmed that I would come and do his home visit next Wednesday at 3pm. He agreed and said he would see me then.

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In the previous example there were a couple of items that you needed to follow up on. Joe had a doctor's appointment, and you stated you would check in with the senior center to get transportation set up. The following week, you check in with Joe. Documentation that you add to the *Contact Notes* section may look something like this:

I called and spoke to Joe. I let him know that I was calling to check and see how his appointment with Dr. Klein on April 14th went and if there were any changes or updates. He said everything was the same. Joe did not talk long but stated that he was fine and was doing well. I asked if his providers were coming as they should and he said yes. He then said he needed to go as his favorite show was coming on and then the nurse would be coming. I confirmed that I would come and do his home visit next Wednesday at 3pm. He agreed and said he would see me then.

Please note that if the transportation issue hasn't been resolved by the end of the month, you should ensure that you include any follow up or resolution in next month's documentation.

Timelines - One More Time



- Enter documentation within five days of doing the work.
- Submit CMMR by the 5th business day of the following month.

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One more time...

The case manager must enter documentation into the CMMR within five business days of doing the work. They should select Save each time they document.

The CMMR must be submitted by the fifth business day of the following month; however it cannot be submitted prior to the last day of the month. Case management agencies must not bill Medicaid until the CMMR has been submitted.



Key Takeaways



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1. The CMMR justifies the work that you do and provides information on the participant's status, so it must be detailed.
2. Case managers must enter documentation throughout the month as they have contact with or about the participant.
3. Timelines for entering documentation and submitting the CMMR must be met.

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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 CMMR justifies the work that you do. The documentation that you enter must be detailed in order to capture the participant's status, potential risks and needs, and any follow up that needs to occur. This documentation also justifies the claim that will be sent to Medicaid for payment.
2. The case management service is a monthly unit; therefore, the services must be available for the entire month. Case managers must document each contact that they have with the participant, or contacts that they have with others that pertain to the participant, on the CMMR.
3. There are timelines for entering documentation on the CMMR, and submitting the CMMR. Remember, these actions are different. The CMMR must not be submitted before the last day of the month. Once you or your case management agency submits a claim to Medicaid to get paid for the service, you cannot make changes to the CMMR. The Division will not roll the form back if the services have been billed.



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WYOMING HEALTHCARE FINANCIAL SERVICES, LLC

Questions???

Contact your Benefits and Eligibility Specialist

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

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Thank you for participating in the training on the Case Manager Monthly Review form. If you have questions related to the information in this training, please contact your area Benefits and Eligibility Specialist. Contact information can be found by clicking on the link provided in the slide.