

DD Waiver Program Case Manager Support Call Case Management Monthly Review Expectations

Wyoming Department of Health
Division of Healthcare Financing
Home and Community Based Services Section
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**HOME AND
COMMUNITY-
BASED
SERVICES**

WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING



Wyoming
Department
of Health



PURPOSE

Review case manager expectations related to the CMMR.

Training Agenda

- Discuss the importance of the CMMR and the existing rules that support expectations.
- Review documentation and billing standards.
- Review the expectations that case managers must meet in completing and submitting the CMMR.
- Discuss mechanisms to ensure case managers bring CMMRs into compliance.



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

Authorities and Resources That Support HCBS Section Expectations

- Chapter 45, Sections 8 and 9 - Department of Health's Medicaid Rules.
- Comprehensive and Supports Waiver Service Index



The CMMR - A Quick Review



Billable Services



- Describe the work that was conducted during any visit or contact.
- Detail home visits and service observations.
- Do not combine activities into one billable service.

Discussion Topics

- Topics should be discussed during the home visit or other face to face time.
- Topic areas guide the case manager as they check in to ensure that participant choice is offered and respected.
- Documentation must not be copied from participant to participant or month to month.

Service Observations and Objective Progress

- Conduct service observations as required in Service Index.
 - Note the month the last service observation was completed if an observation isn't completed in the current month
- Review provider documentation to calculate and document participant progress on objectives.

Service and Billing Documentation

- Review unit utilization and make necessary adjustments to assure participant has enough services for the plan year.
- Review documentation to ensure the provider met the service definition.
- If billing information isn't available, add as a follow-up item.

Incident Reports

- Document the number of incidents that were reported and not reported to the HCBS Section.
- Review incident trends to identify root cause of the incident.
- Review trends related to over-the-counter and as needed medications.

Follow-Up and Uploading Documents

- As concerns or action items are identified, add them to the Follow Ups section.
 - Information is essential if a back-up case manager must step in.
 - Information is essential to HCBS Section staff members.
- Upload the Home Visit and Service Observation form, as well as other relevant evidence of the case manager's work.

Common Reasons for Failed QIRs



Documentation Doesn't Justify Time



- Service plan development
- Home visit and service observations
- Other contacts

Insufficient Trend Identification

- Incidents
- Over the counter and as needed medications
- Unit over or under utilization



Insufficient Follow-Up Information



- Billing documentation
- Medical concerns
- Provider and satisfaction concerns
- General participant concerns

When Failed QIRs are a Chronic Concern

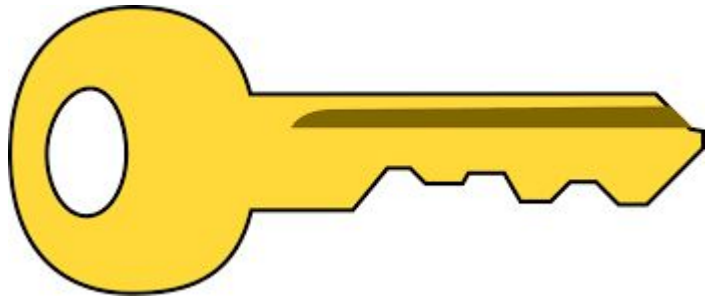


A top-down view of a workspace. In the center is a silver laptop. To its left is a black spiral notebook and a black pen. To its right is a hand holding a magnifying glass over the laptop. A small green plant is in the top left corner. A dark grey horizontal bar is overlaid across the middle of the image, containing the text 'Technical Assistance' in white serif font. A vertical white line is on the left side of the bar.

Technical Assistance







TAKEAWAYS

1. The CMMR is legal documentation that explains the services the case manager provided and justifies the billing claim.
2. The CMMR must be completed in its entirety.
3. Inadequate documentation will result in a failed QIR, and may result in additional action.

Questions???

Contact your Benefits and Eligibility Specialist

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