



AGENDA

- **Program Updates**
 - Respite Billing Reminder
 - Comprehensive and Supports Waiver Public Comment Period
 - Adding Rights Restrictions to Individualized Plans of Care
 - Case Management Billing Reminder
 - Deadline for Employer of Record Compliance
 - Electronic Medicaid Waiver System Enhancements
- **Monthly Training Session** - Case Management Monthly Review Expectations - [Sliddeck](#)

TOPICS

Respite Billing Reminder

Electronic visit verification (EVV) has been required for providers of identified services since April 1, 2022. During the testing phase of the EVV system, the Home and Community-Based Services (HCBS) Section and Carebridge identified provider billing practices that were not in compliance with the Comprehensive and Supports Waiver agreements or Comprehensive and Supports Waiver Service Index (Service Index). Specifically, providers have been submitting claims for the daily Respite unit when less than nine hours of service is provided during a calendar day, which is defined as the 24-hour period from midnight to midnight. In following up with these providers, the Division is being told that participants do not have Respite 15 minute units available on their individualized plans of care (IPC).

As a reminder, the Respite daily rate is based on nine hours of services. If a participant receives less than nine hours of respite services in a calendar day, the provider must bill using 15 minute units. If the participant receives nine or more hours of respite in a calendar day, the provider must bill the daily rate.

If a case manager has participants with daily Respite units on their IPC, they must work with the participant and their plan of care team to ensure that the participant has enough 15 minute units to cover days in which they do not receive nine hours of service.

Comprehensive and Supports Waiver Public Comment Period

On April 13, 2022 the HCBS Section published draft amendments to the Comprehensive and Supports Waivers (DD Waivers) for public comment. The proposed amendments reflect an increase in specific service reimbursement rates for agency providers as identified in Senate Enrolled Act 12. which was adopted during the 2022 Wyoming State Legislative Session. The proposed amendments also add an individual and agency provider type definition for any affected services, and establish virtual support service delivery options for identified services. The amendments have a proposed effective date of September 1, 2022.

Written comments will be accepted through May 13, 2022. The complete draft waiver application, as well as a detailed summary of the proposed changes, are posted on the [Public Notices, Regulatory Documents, and Reports](#) page of the HCBS Section website during the 30 day public comment period.

Adding Rights Restrictions to Individualized Plans of Care

Chapter 45, Section 4 of Wyoming Medicaid Rules states that a participant's rights shall not be denied or limited, except for the purpose of an identified health or safety need. If this need exists, the rights restriction must be clearly identified, and the need for the restriction should be demonstrated throughout the participant's IPC. Additionally, the legal document, court order, guardianship paperwork, or medical order that authorizes the restriction must be uploaded in the Electronic Medicaid Waiver System (EMWS). If a rights restriction does not meet the criteria outlined in Chapter 45, the restriction is not allowed in the IPC and a provider cannot limit a participant's rights in any way. As a reminder, restricting a participant's rights should never be taken lightly, and should never be the only response to a challenging situation.

Case Management Billing Reminder

During regular reviews of case management documentation, the HCBS Section has identified several instances of case managers billing for services before they submit their monthly documentation. Case managers must not bill for case management services until they have completed and submitted the Case Management Monthly Review form, which cannot be submitted prior to the last day of the month. Please remember to complete all your documentation prior to billing for services. More information on this topic will be provided in today's training.

Deadline for Employer of Record Compliance

During the March DD Waiver Case Manager Support Call, the HCBS Section provided clarification on participant-directed employers of record (EORs). As identified in Appendix E-1-f of the DD Waiver agreements, which were approved by the Centers for Medicare and Medicaid Services, participant-directed waiver services may be directed by a legal representative of the participant; however, these services cannot be directed by someone other than the participant or the legal representative. This means that either the participant or their legally authorized representative must serve as the EOR.

If a participant has a court appointed legal representative, then that participant has typically been determined unable to make medical, financial, or legal decisions. Depending on court order in place, a participant with a legally authorized representative cannot serve as their own EOR, and it will fall to the legally authorized representative to serve in this capacity. If the participant or legally authorized representative does not want to take on the responsibilities assigned to an EOR, the case manager must work with the participant and their plan of care team to identify other service options.

If a participant is directing their services through the participant-directed service delivery model, case managers must ensure that the EOR meets the requirements outlined in Appendix E-1-f of the DD Waiver agreements. **The participant, legally authorized representative, and case manager will have until June 30, 2022 to come into compliance with this requirement.**

The HCBS Section is in the process of updating Wyoming Medicaid Rules to ensure they align with the federally approved DD Waiver agreements.

Electronic Medicaid Waiver System Enhancements

The HCBS Section has completed the EMWS enhancement to separate the case manager's EMWS task list into a plan of care task list and a monthly review task list. This functionality went live on May 5, 2022. Case managers will notice that the main task list will have only the plan of care and eligibility tasks. The second task list will contain the monthly reviews that require your action and the third task list will continue to contain the cases you are associated with that do not require your direct action.

We hope that this enhancement will make filtering your tasks and keeping track of plan of care and eligibility tasks that need prompt attention easier.

WRAP UP

Next call is scheduled for July 11, 2022.