AGENDA

- **Program Updates**
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  - Psychological Evaluations for Infants
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  - Case Manager Transition Timelines
  - Medicaid Financial Applications
  - Electronic Visit Verification and Respite Services
  - Free Training Offered by the Alzheimer's Association
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  - Updated Benefits and Eligibility Specialist Caseloads
- **Monthly Training Session** - Emergency Services and the Extraordinary Care Committee - Slidedeck

TOPICS

Specialized Equipment Requests

In order to avoid additional work on the part of the case manager and Home and Community-Based Services (HCBS) Section personnel, case managers are encouraged to submit all required documents for specialized equipment requests to the Benefits and Eligibility Specialist (BES) prior to formally submitting them into the Electronic Medicaid Waiver System (EMWS). This will allow the BES to review the request to ensure all request criteria have been met, and avoid a prior authorization number being generated for a specialized equipment service that may not be allowable.

If prior authorization is issued for a specialized equipment service that does not meet the established criteria, the case manager will be required to modify the participant's individualized plan of care and remove the units on the service line. If the provider has already billed for the service, the claim must be voided to avoid a program integrity referral.

Psychological Evaluations for Infants

Chapter46, Section 7 (a)(i)(C) of Wyoming Medicaid Rule states that a child who is too young to complete an Intelligence Quotient test may meet the criteria of a developmental disability, as described in subsection (a)(i)(B), through medical records of a related condition using a standardized test of development such as the Bayley Scales of Infant and Toddler Development or other similar instrument. Case managers must ensure that psychologists who are completing psychological evaluations for infants must be able to complete the testing needed. If psychological testing is not completed due to the psychologist not having the proper testing instruments, the Division cannot consider this as a qualifying evaluation.

Case managers are encouraged to review the Criteria for DD Psychological Evaluations document, which is found on the DD Providers and Case Managers page of the HCBS Section website, under the *DD Case Manager and Provider Reference Materials* toggle. This information is also available in the

Support Waiver Application Guide that is available to participants who are applying for the Supports Waiver.

Participant Files in the Electronic Medicaid Waiver System

A case manager's documentation in EMWS is the legal record of their work, and justifies the claim that they submit for that work. The case manager must retain documentation In accordance with Chapter 3 and Chapter 45 of Wyoming Medicaid Rules. In order to comply with these rules, the case manager must keep copies of any records housed in EMWS to which they will need access beyond their time as a participant's case manager.

Case Manager Transition Timelines

The HCBS Section has updated the transition process that case managers must follow when there is a change in the participant's case manager. The HCBS Section's expectation is that all work by the outgoing case manager be completed by the effective date of the transition. Allowing the outgoing case manager to have access to the participant's file in EMWS for seven days after the transition effective date does not support the importance of the transition timeframe, and may violate the Health Insurance Portability and Accountability Act (HIPAA) regulations.

If a case manager transition is occurring mid-month, the outgoing case manager may document in the Case Management Monthly Review (CMMR) but may not submit it. The incoming case manager will finalize the monthly documentation and submit the CMMR in EMWS. The first case note entry from the incoming case manager should indicate that the transition is complete and the case manager of record and all remaining documentation in the CMMR will be completed by the new case manager.

If the transition effective date is the first day of the month, the HCBS Section expects the outgoing case manager to complete the CMMR and all other documentation prior to the transition, and submit the CMMR in EMWS on the last day of the month.

Effective August 1, 2022 the Case Manager Selection form will no longer include the statement that a case manager may access to the participant's file for seven days after the transition has occurred. Please note, this means outgoing case managers may no longer request access to the case after the transition effective date.

Medicaid Financial Applications

If a participant or applicant submits a Medicaid financial application using the online system, the case manager needs to reach out to the Long Term Care Eligibility Unit (LTC) at (855) 203-2936 to let them know that the online application has been submitted. If the case manager does not notify LTC, the application will be processed by the vendor and may not make it to the LTC office.

Electronic Visit Verification and Respite Services

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 HCBS Section and Carebridge identified provider billing practices that were not in compliance with the DD Waiver agreements or Comprehensive and Supports Waiver Service Index (Service Index). Specifically, providers have been submitting claims for the daily Respite unit when nine hours or less of respite 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 applies when a participant receives more than nine hours of respite service. If a participant receives nine hours or less of respite services in a calendar day, the provider must bill using 15 minute units. If the participant receives over nine hours of Respite in a calendar day, the provider must bill the daily rate. If a provider submits billing that does not align with these standards, the claim will be denied by Carebridge.

The case manager must work with the participant and provider to ensure the participant has the needed daily and 15-minute Respite units available. These services cannot be added retroactively.

Free Training Offered by the Alzheimer's Association
The Alzheimer's Association offers free training modules on Alzheimer's and dementia issues. Please visit https://training.alz.org/home to review their training opportunities.

DD Waiver Case Managers may be able to utilize this training to fulfill their annual continuing education requirements if the training can be applied to their specific caseload. For more information on continuing education, please contact the Certification and Credentialing team at wdh-hcbs-credentialing@wyo.gov.

Partial Unit Claims
CNSI, the vendor that administers the Benefit Management System (BMS), has received a number of provider claims for partial units (e.g., 1.25 units or 4.5 units) through BMS.

Case managers must not submit claims for partial units. Case managers who have submitted claims for partial units must complete an Adjustment Void Form by July 15, 2022 to adjust these claims. Claims that have not been adjusted by July 15th will be voided, and the voided amount will be subtracted from the case manager's future payments. In the future, claims submitted for partial units will be denied by BMS.

Provider Rate Increase Attestation
Please remember that Temporary ARPA Rate Increase Attestation tasks must be submitted in the Wyoming Health Provider (WHP) portal by July 31, 2022. All providers of DD Waiver services, including case managers who do not work under a case management agency umbrella, are required to complete the task. Case managers must first indicate if they assign wages to staff members. If they assign wages to another case manager or anyone who was hired with the intent to provide direct services to DD Waiver participants, they must then report the method by which the rate increase has been applied directly to staff compensation and the amount attributed to each method.

Updated BES Caseloads
Caseloads for area Benefit and Eligibility Specialists have been updated and are available on the Contacts and Important Links page of the HCBS Section website. Please be advised that the Torrington field office closed on June 30, 2022.

WRAP UP

Next call is scheduled for September 12, 2022.