Introduction
Following the enactment of the American Rescue Plan Act of 2021 (ARPA) on March 11, 2021, the Wyoming Department of Health, Division of Healthcare Financing (Division) held several public sessions to solicit input on how enhanced funding offered through Section 9817 of ARPA could benefit Wyoming citizens. Stakeholders of the Comprehensive, Supports, and Community Choices Waivers recommended several ideas, many of which the Division included in the ARPA spending plan narrative that was submitted to and approved by the Centers for Medicare and Medicaid Services (CMS).

One activity identified by stakeholders was to improve services that could be used to divert or transition individuals from institutional settings, specifically nursing facilities. The Division has reviewed services offered through other states, has reached out to stakeholders to better understand the types and scope of potential services needed, and has ultimately developed draft service definitions for the Community Choices Waiver (CCW).

This document introduces draft CCW service definitions for Homemaker, Environmental Modification, and Independent Living Support services. Additionally, it describes new tiers for Case Management Services that cover Transition Set Up Expenses and Coordination. Finally it provides some clarification on Personal Support and Home Health Aide services in order to understand how these services differ from Homemaker services and each other.

The Home and Community-Based Services (HCBS) Section is seeking informal feedback on these proposed service definitions, including suggestions for how the definitions can be improved or clarified. The HCBS Section will be holding a stakeholder input meeting on August 8, 2022 from 1:00PM to 2:30PM in order to provide an update on ARPA related initiatives and to gather feedback on these service definitions and other ARPA activities. The HCBS Section invites stakeholders to participate in that input meeting.

The HCBS Section will accept feedback on these service definitions through August 31, 2022 at 5:00pm. Feedback can be submitted to Matthew Crandall at matthew.crandall2@wyo.gov. The HCBS Section will consider this feedback as it finalizes a CCW amendment that is slated to be published for formal public comment on or around October 1, 2022.
## Homemaker Services - $6.49 per 15 minute unit

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
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<tbody>
<tr>
<td>Current service not available</td>
<td><strong>Service Definition</strong>: Homemaker services consist of chore-type activities and routine household care that is not covered by Personal Support Services, and is otherwise considered a non-direct service. Homemaker is not a direct care service as providers do not prompt or assist the participant in the completion of a task, and the participant is not required to be present when the service occurs. Examples of covered tasks include but are not limited to meal preparation, shopping for groceries and personal items, laundry and ironing, and household cleaning to include regular home maintenance and more involved cleaning tasks such as cleaning appliances and washing windows. All tasks must be completed for the benefit of the participant. <strong>Limits on the amount, frequency, or duration of this service</strong>: A maximum of three (3) hours per week per household (624 units per year) is allowed. A provider of Homemaker Services shall not bill for two participants during the same time frame. Transportation costs are not associated with the provision of Homemaker Services</td>
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Provider Qualification:

Agency Provider OR Independent Provider certified by the Division to provide the service

Provider Qualifications License (specify): If the agency is a Home Health Agency, it shall be fully licensed in the State of Wyoming.

Certificate (specify): A provider of this service must be enrolled as a Medicaid provider, and is required to attain and maintain a certification for this service from the Division.

Other Standard (specify): A provider or provider staff member shall be at least 18 years of age and pass a criminal background screening. A provider must obtain and maintain general liability insurance commensurate with the service. In addition, providers shall adhere to the standards and requirements of all applicable Wyoming Medicaid Rules, and requirements specified in the CCW Provider Manual and Medicaid Provider Agreement.

Individual hired by the participant

Other Standard (specify): Prior to providing services, an individual being hired by the participant shall:
- Be at least 18 years of age;
- Successfully pass a criminal history background screening;
- Be able to effectively communicate with the participant and other stakeholders; and
- Be able to complete record keeping as required by the employer.
<table>
<thead>
<tr>
<th>Service Definition: Personal support services include part-time or intermittent assistance to enable participants to accomplish activities of daily living such as eating, bathing, grooming, dressing, using the restroom, and functional mobility tasks that they would normally do for themselves if they did not have a disability. This service may take the form of hands-on assistance or prompting the participant to perform a task. Personal support services may also consist of general household tasks when those tasks are incidental to the Personal Support Service being provided during the visit, the participant is unable to manage the home and care for themselves independently, and the individual regularly responsible for these activities is temporarily absent or unable to conduct these activities. Limits on the amount, frequency, or duration of this service: The participant must be present during the delivery of Personal Support Services, and the provider must be able to demonstrate how they encouraged participant engagement during service delivery. Provider Qualifications: Home health agencies licensed by the Wyoming Department of</th>
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<th>Proposed</th>
</tr>
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<tbody>
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<td>Personal Support Services include part-time or intermittent assistance to accomplish activities of daily living, such as eating, bathing, grooming, dressing, using the restroom, and functional mobility tasks that they would normally do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance or prompting the participant to perform a task. Personal support services may also consist of general household tasks, such as meal preparation, grocery and personal needs shopping, and light housekeeping when the participant is unable to complete these tasks and the individual regularly responsible for these activities is temporarily absent or unable to conduct these activities. Personal support services may be provided in the home or in the community when the participant requires assistance with activities of daily living in order to participate in community activities or to access other services. Personal support services may not include companionship or other services which are diversional or recreational in nature. This service may be participant-directed. Limits on the amount, frequency, or duration of this service: Personal support services may not duplicate those available through the Medicaid State Plan, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage, or other waiver services. Participant transportation costs are not associated with the provision of personal support services and must be billed separately. Provider Qualifications: Home health agencies licensed by the Wyoming Department of</td>
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</table>
Health, Division of Aging pursuant to W.S. 35-2-901(a)(xi). The individual providing the service must meet the training requirements established by the Aging Division's Rules and Regulations for Home Health Agency Administration.

**Participant-directed employee** hired under the participant direction service delivery option.

**Personal Support Services delivered by non-licensed or non-certified employees of a home health agency** is limited to prompting the participant to perform activities of daily living and may not include hands-on assistance.

Waiver services shall not duplicate services offered through another funding source, such as Section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation or Workforce Services), the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.), third-party insurance, or the Medicaid State Plan. Medically necessary personal care services for individuals under the age of 21 are provided under the Medicaid State Plan in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements.

**Provider Qualifications:**

Home health agencies licensed by the Wyoming Department of Health, Division of Aging pursuant to W.S. 35-2-901(a)(xi). The individual providing the service must meet the training requirements established by the Aging Division's Rules and Regulations for Home Health Agency Administration.

**Participant-directed employee** hired under the participant direction service delivery option.

**Other Standard (specify):** Prior to providing services, an individual being hired by the participant shall:

- Be at least 18 years of age;
- Successfully pass a criminal history background screening;
- Be able to effectively communicate with the participant and other stakeholders; and
- Be able to complete record keeping as required by the employer.
The employer of record, with assistance as needed from the case manager, shall verify that, prior to working alone with the participant, the individual being hired has received training on the participant’s service plan and has received training on the following Division requirements:

- Participant choice;
- Recognizing abuse and neglect;
- Incident reporting;
- Participant rights and confidentiality;
- Emergency drills and situations; and
- Documentation standards.

<table>
<thead>
<tr>
<th>Home Health Aide Services</th>
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</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
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<tr>
<td><strong>Service Definition:</strong></td>
</tr>
<tr>
<td>Home Health Aide Services include part-time or intermittent assistance with personal care and other daily living needs which is within the scope of practice and required to be delivered by a Certified Nurse Aide (CNA) under the Wyoming Nurse Practice Act.</td>
</tr>
</tbody>
</table>

HCBS home health aide services differ in nature and scope from Medicaid State Plan home health aide services. HCBS home health aide services are not limited to rehabilitative services, may be provided on a long-term basis, are not subject to a physician's review every 60 days, and may include general household tasks, such as meal preparation, grocery or personal needs shopping, and light housekeeping when those tasks are incidental to the personal care provided during the visit, the participant is unable to complete these tasks, and the individual regularly responsible for these activities is temporarily absent or unable to conduct these activities.

HCBS Home Health Aide Services differ in nature and scope from Medicaid State Plan home health aide services. HCBS Home Health Aide Services are not limited to rehabilitative services, may be provided on a long-term basis, are not subject to a physician's review every 60 days, and may include general household tasks, such as meal preparation, grocery or personal needs shopping, and light housekeeping when those tasks are incidental to the personal care provided during the visit, the participant is unable to complete these tasks independently, and the individual regularly responsible for these activities is temporarily absent or unable to conduct these activities.
Home health aide services may be provided in the home or in the community when the participant requires assistance in order to participate in community activities or to access other services.

**Limits on the amount, frequency, or duration of this service:** Home health aide services do not include companionship or other services which are diversional or recreational in nature.

Home health aide services may not duplicate those available through the Medicaid State Plan, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage, Individual Educational Plan (IEP), or other waiver services. Participant transportation costs are not associated with the provision of home health aide services and must be billed separately.

**Provider Qualifications:**

*Home health agencies* licensed by the Wyoming Department of Health, Division of Aging pursuant to W.S. 35-2-901(a)(xi). The individual providing the service must be a Nursing Assistant or Nurse Aide certified by the Wyoming State Board of Nursing in accordance with the Wyoming Nurse Practice Act [W.S. 33-21-120 et seq.].

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Home Health Aide Services may be provided in the home or in the community when the participant requires assistance in order to participate in community activities or to access other services. The participant must be present during the delivery of Home Health Aide Services, and the provider must be able to demonstrate how they encouraged participant engagement during service delivery.

**Limits on the amount, frequency, or duration of this service:** Home health aide services do not include companionship or other services which are diversional or recreational in nature.

Waiver services shall not duplicate services offered through another funding source, such as Section 110 of the Rehabilitation Act of 1973 (Vocational Rehabilitation or Workforce Services), the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.), third-party insurance, or the Medicaid State Plan. Participant transportation costs are not associated with the provision of home health aide services and must be billed separately.

**Provider Qualifications:**

*Home health agencies* licensed by the Wyoming Department of Health, Division of Aging pursuant to W.S. 35-2-901(a)(xi). The individual providing the service must be a Nursing Assistant or Nurse Aide certified by the Wyoming State Board of Nursing in accordance with the Wyoming Nurse Practice Act [W.S. 33-21-120 et seq.].
## Summary of Differences Between Similar Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Homemaker</strong></td>
<td><strong>Non direct service - limit of 3 hours per week</strong></td>
</tr>
<tr>
<td></td>
<td>Participant does not need to be present</td>
</tr>
<tr>
<td></td>
<td>Liability insurance required</td>
</tr>
<tr>
<td></td>
<td>Can be participant directed</td>
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<tr>
<td></td>
<td>Age of 18 and background screening required - no other qualifications needed</td>
</tr>
<tr>
<td><strong>Personal Support Services</strong></td>
<td><strong>Direct service (participant must be present) - unlicensed support with ADLs</strong></td>
</tr>
<tr>
<td></td>
<td>Homemaker type services incidental to the Personal Support Service provided</td>
</tr>
<tr>
<td></td>
<td>Home health agencies - Non licensed employees can provide the service, but cannot deliver hands on services</td>
</tr>
<tr>
<td></td>
<td>Can be participant-directed - Additional requirements added</td>
</tr>
<tr>
<td><strong>Home Health Aide</strong></td>
<td><strong>Direct service (participant must be present) - support within the scope of CNA license</strong></td>
</tr>
<tr>
<td></td>
<td>Homemaker type services incidental to the Home Health Aide Service provided</td>
</tr>
<tr>
<td></td>
<td>Home health agencies - CNAs only</td>
</tr>
</tbody>
</table>


Other New Transition Services/Service Tiers

Environmental Modification Services

**Service Definition:** Environmental Modification Services include the installation of functionally necessary physical adaptations to the private residence of the participant or the participant’s family, as outlined in the participant's service plan, that are necessary to ensure the health, welfare, and safety of the participant in order for them to remain in their home instead of an institutional setting. Adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant.

All services shall be provided in accordance with applicable state and local building codes.

**Limits on the amount, frequency, or duration of this service:**
A lifetime cap of $20,000 per family applies to this service.

Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve the entrance or egress of a residence or to configure a bathroom to accommodate a wheelchair). Adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the participant are excluded.

Modifications of rented or leased homes shall be extraordinary alterations that are uniquely needed by the individual, and for which the property owner would not ordinarily be responsible.

Adaptations that are covered by the Medicaid State Plan, a state independent living center, or Division of Vocational Rehabilitation are excluded. Case managers are required to contact Wyoming Medicaid to determine if the requested modification is covered under the Medicaid State Plan. The provider must then sign a third party verification form indicating that the Community Choices Waiver is the payer of last resort. Environmental modifications shall not be furnished to modify settings that are owned or leased by providers of waiver services.

The case manager shall not obtain quotes until the overall scope of the project is approved by the Division.

The Division may use a third party to conduct an on-site visit to assess the proposed modification and need for the modification to ensure cost effectiveness.
Provider Qualification:

Agency or individual provider certified by the Division to provide the service

Provider Qualifications License (specify): A provider of this service shall have the applicable building, electrical, plumbing, or contractor’s license, as required by local and state regulations.

Certificate (specify): A provider of this service must be enrolled as a Medicaid provider and present a current Certificate of Good Standing from the Wyoming Secretary of State.

Other Standard (specify): A provider must obtain and maintain general liability insurance commensurate with the service. In addition, providers shall adhere to the standards and requirements of all applicable Wyoming Medicaid Rules, and requirements specified in the CCW Provider Manual and Medicaid Provider Agreement.

Case Management Services - Transition Setup Expenses Tier

Service Definition: Transition Setup Expenses are one-time, non-recurring expenses necessary for a participant to establish a basic household, and support the participant to transition from an extended nursing facility placement to a community living arrangement.

To access the Transition Setup Expenses Service, a participant must complete a needs assessment that demonstrates:

- A need for the coordination and purchase of one-time, non-recurring expenses necessary for them to establish a basic household in the community;
- A health, safety, or institutional risk; and
- Verification that other services or resources are not available to meet the need.

Allowable setup expenses include:

1. Security deposits that are required to obtain a lease on an apartment or home.
2. Setup fees or deposits to access basic utilities or services (telephone, electricity, heat, and water).
3. Services necessary for the individual's health and safety such as pest eradication or one-time cleaning prior to occupancy.
4. Essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, or bed or bath linens.
5. Expenses incurred directly from the moving, transport, provision, or assembly of household furnishings.
6. Fees associated with obtaining legal documents necessary for a housing application such as a birth certificate, state issued ID, or criminal background screening.

Limits on the amount, frequency, or duration of this service:
The Transition Setup Expenses Service does not cover rental or mortgage expenses, ongoing food costs, regular utility charges, or items that are intended for purely diversional, recreational, or entertainment purposes. Setup expenses do not include payment for room and board. Equipment or other markups shall not be paid through this service.

Transition Setup Expenses must not exceed a total of $2,500 per participant, unless otherwise authorized by the Division. The Division may authorize additional funds above the $2,500 limit, not to exceed a total value of $3,000, when it is demonstrated as a necessary expense to ensure the health, safety, and welfare of the participant.

Transition services are not available to a participant who is transitioning to a provider owned or controlled setting.

Provider Qualifications:

Case management agencies - Must be a County Public Health Nursing Agency designated by the Wyoming Department of Health, Public Health Division; or corporation, Limited Liability Company (LLC), non-profit organization, sole proprietorship, or other business entity registered in good standing with the Wyoming Secretary of State. Case management agencies must ensure all case managers meet the training, education, experience, and conflict of interest requirements as described in Appendix D-1-a of the CCW application.

Case Management Services - Transition Service Coordination Tier - $12.25 per 15 minute unit

Service Definition: Transition Service Coordination is used when a case manager is required to support a participant in coordinating and facilitating the purchase of one-time, non-recurring expenses necessary for the participant to establish a basic household upon transitioning from an institutional setting to a community living arrangement.

In order for the case manager to bill for this service tier, the participant must qualify for the Transition Setup Expense Service.

Limits on the amount, frequency, or duration of this service:

Transition Service Coordination is billed in 15 minute unit increments. The coordination must not exceed 40 units per participant.

Provider Qualifications:
Case management agencies - Must be a County Public Health Nursing Agency designated by the Wyoming Department of Health, Public Health Division; or corporation, Limited Liability Company (LLC), non-profit organization, sole proprietorship, or other business entity registered in good standing with the Wyoming Secretary of State. Case management agencies must ensure all case managers meet the training, education, experience, and conflict of interest requirements as described in Appendix D-1-a of the CCW application.

**Independent Living Support (ILS) - $7.34 per 15 minute unit**

**Definition:** Independent Living Support (ILS) is training and assistance to support the participant in developing and maintaining skills needed to live in the community. Skills training will focus on physical, emotional, social, and economic elements of community living. Assistance will focus on assessing, training, supervising, and assisting the participant with self-care and activities of daily living, medication reminders and supervision, time management, safety awareness, task completion, communication, interpersonal relationships, socialization, community mobility, identification and access to medical and mental health services, reduction or elimination of maladaptive behaviors, understanding and following plans for occupational or sensory skill development, problem solving, benefits and resource coordination, financial management, and household management.

Providers of ILS will collaborate with the participant and the participant’s providers to achieve an integrated service plan that will reinforce skills training during and beyond the provision of ILS. ILS shall be delivered according to the service plan.

To access ILS, a participant must be transitioning from an extended nursing facility placement to a community living arrangement. The participant must complete a needs assessment that demonstrates that, without the training and assistance provided through this service, they are at risk for reinstitutionalization. The participant must demonstrate that, with this training, they have the ability to acquire and maintain necessary skills within 365 days.

Virtual support is an allowable model for delivering this service. Virtual support use must be chosen by the participant, documented in the participant’s service plan, and demonstrated through a signed consent form. The purpose of the virtual support option in this service is to maintain or improve a participant’s independence while supporting relationship building and encouraging and promoting community participation. The virtual support delivery option must meet the following requirements:

- The provider must demonstrate policies and procedures that include the use of the HIPAA-compliant telehealth service delivery platform approved by the Division. The provider must sign an attestation that they are using a HIPAA compliant platform for the virtual support service component.
- The provider must assure the participant’s right to privacy.
- The participant must have full control of virtual support devices, and have the ability to turn off the device and end services any time they wish.
● The participant’s services may not be delivered virtually 100% of the time. There must always be an option for in-person services available.
● The participant must have an informed choice between in-person and virtual support services;
● The use of the virtual support option must not block, prohibit, or discourage the use of in-person services or access to the community.
● A participant who requires hands-on assistance during the provision of the service must receive services in-person. In order to ensure the health and safety of the participant, the plan of care team must assess the appropriateness of virtual services with the participant. If it is determined that hands-on assistance is required, virtual services may not be provided.
● Virtual support must not be used for the provider’s convenience. The option must be used to support a participant to reach identified outcomes in the participant’s service plan.

**Limits on the amount, frequency, or duration of this service:** ILS is billed in 15 minute units, and is available to the participant for a period of 12 months following the first day the service is provided. Participants may utilize up to 24 units (six hours) a day, but not more than 40 hours per week, for the first 6 months the service is available. After that time, the service must include a schedule of services, not to exceed 1,980 total units, that includes a reasonable step-down of support that covers the remaining service period.

Reimbursement for virtual support services excludes the purchase or installation of virtual support equipment or technologies.

**Provider Qualifications:**

- **Home health agencies** licensed by the Wyoming Department of Health, Division of Aging pursuant to W.S. 35-2-901(a)(xi).
- The individual providing the service must meet the training requirements established by the Aging Division's Rules and Regulations for Home Health Agency Administration.

Within a year of being certified in this service, and annually thereafter, the staff member providing this service must successfully complete at least eight (8) hours of continuing education in any of the following areas: person-centered services, money management, writing and implementing measurable objectives, or other educational opportunities relevant to independent living skills.

**Participant-directed employee** hired under the participant direction service delivery option.

**Other Standard (specify):** Prior to providing services, an individual being hired by the participant shall:

- Be at least 18 years of age;
- Successfully pass a criminal history background screening;
- Be able to effectively communicate with the participant and other stakeholders; and
● Be able to complete record keeping as required by the employer.

The employer of record, with assistance as needed from the case manager, shall verify that, prior to working alone with the participant, the individual being hired has received training on the participant’s service plan and has received training on the following Division policies and requirements:

● Participant choice;
● Recognizing abuse and neglect;
● Incident reporting;
● Participant rights and confidentiality;
● Emergency drills and situations; and
● Documentation standards.

Within a year of being certified in this service, and annually thereafter, the employee providing this service must successfully complete at least eight (8) hours of continuing education in any of the following areas: person-centered services, money management, writing and implementing measurable objectives, or other educational opportunities relevant to independent living skills.