HOME AND COMMUNITY-BASED SERVICES
WYOMING MEDICAID DIVISION OF HEALTHCARE FINANCING

CCW Provider Support Call Notes | 1/30/2023

AGENDA

- **Program Updates**
  - New Community Choices Waiver Provider Manual
  - Provider Changes in the Wyoming Health Provider Portal
  - Reviewing Services Lines for Accuracy
  - Provider Obligation to Submit Incident Reports
  - Background Screening Timelines and Upcoming Changes
  - Changes in Provider Ownership or Leadership
- **Monthly Training Session -** Home and Community-Based Services Rights and Boundaries - Slidedeck

TOPICS

New Community Choices Waiver Provider Manual

The Division of Healthcare Financing, Home and Community-Based Services (HCBS) Section is pleased to announce that the Community Choices Waiver (CCW) Provider Manual has been finalized and published. This Manual, which went into effect on January 13, 2023, is a result of the HCBS Section's efforts to implement CCW program changes and ensure that providers have the necessary resources to conduct their jobs in a professional manner.

The HCBS Section released a draft of this manual for stakeholder feedback from June 2 - June 30, 2022. Suggestions received, as well as the HCBS Section's response to these suggestions, have also been published for review. The CCW Provider Manual and stakeholder suggestions can be found on the CCW Providers and Case Managers page of the HCBS Website, under the *CCW Provider Resources* toggle.

The HCBS Section will discuss the updates to this manual in further detail during the CCW Provider Support Call scheduled for March 27, 2023. If you have questions about the manual, please contact the Provider Credentialing Team at wdh-hcbs-credentialing@wyo.gov, or reach out to your area Incident Management Specialist.

Provider Changes in the Wyoming Health Provider Portal

On December 21, 2022, the HCBS Section notified all providers and case managers via our GovDelivery system that we have started processing provider-requested changes to the provider file through the Wyoming Health Provider (WHP) Portal. This process allows providers to request the following updates to their provider file:

- Contact name(s);
- Organization addresses and phone numbers;
- Service locations;
- Case management staff; and
- Service changes

This process is conducted through a request initiated by the provider, and includes work on the provider's task list, similar to the certification renewal, licensure updates, and other WHP Portal tasks.

To support providers with this new process, the HCBS Section published a Provider Change Guidance Manual (Guidance Manual), which can be found on the HCBS Document Library, under the *Technical Guidance* tab. The Guidance Manual provides step by step instructions on how to request changes.

As indicated in the Guidance Manual, when a provider selects the Provider Change Request option and begins the change request, they will be directed to a screen that displays five tabs at the top of the screen. If a provider makes a change on a screen that is associated with one of the displayed tabs, they must select "Save and Continue" at the bottom of that screen. The last tab is associated with a confirmation screen. In order for the change request to be submitted, the provider must select the Confirmation tab, add any relevant notes, and complete the following steps:

- Check the disclaimer box;
- Select "Submit for Review" from the dropdown menu; and
- Click "Submit".

If the provider has not completed all of the steps in the change request process, the status of the task in the WHP Portal will say "Pending Provider Entry". If a provider has a task with this status, they must complete the steps outlined in the Guidance Manual and upload any required documents in order for the request to be submitted to the HCBS Section.

Reviewing Service Lines for Accuracy

The HCBS Section would like to remind providers of their obligation to review the service requests in the WHP Portal often and purposefully in order to avoid errors or unnecessary service plan modifications. The HCBS Document library is home to the technical guidance documents for the WHP Portal, including the Portal Administration guidance. This document provides the step by step process for assigning roles to staff members, and outlines the capabilities of each role type. It is the provider's responsibility to manage their staff in the WHP Portal, and assign roles and remove staff members who do not require WHP Portal access. Staff members who are given WHP Portal access without an assigned role have full administrative access to the provider and are able to make changes to the provider's information and accept participant referrals.

The HCBS Section has experienced an increase in CCW service plan modifications due to service lines that were accepted with inaccurate information or participant preferences that could not be accommodated. Providers are reminded that service lines should be reviewed carefully and accepted only if the provider can commit to the service as it is presented. Providers are able to review, accept, reject, or roll referrals back with questions within the WHP Portal. Providers are encouraged to work with the participant's plan of care team and case manager to ensure appropriate service lines are submitted.

Provider Obligation to Submit Incident Reports

The CCW Agreement, which is approved by the Centers for Medicare and Medicaid Services (CMS), establishes provider requirements for reporting incidents. Every provider has an obligation to report incidents through the WHP Portal. Providers cannot delegate incident reporting responsibilities to the case manager, or vice versa. Providers must ensure that staff members have the necessary WHP Portal access so that incidents can be reported within the timelines established in the CCW Agreement with CMS. This process is separate from, and in addition to, any reporting required by the provider's licensing authority.

Currently, providers and case managers are required to report critical incidents to the HCBS Section as soon as practicable after assuring the health and safety of the participant. Even if a provider is not made aware of an incident until much later, they are still required to report it to the HCBS Section. Once a provider submits an incident report, they must also make it available to the participant's case manager. Critical incidents that must

be reported include abuse, neglect, exploitation, use of restraint, and the unauthorized use of restrictive interventions.

It is important to note that changes to critical incident reporting requirements have been submitted in the CCW amendment that is currently under review with CMS. The new reporting requirements, which are anticipated to be in effect on April 1, 2023, are reflected in the CCW Provider Manual.

If you have questions about incident reporting requirements, please contact your area Incident Management Specialist.

Background Screening Requirements

As established in the CCW Agreement with CMS, a criminal history and background investigation must be conducted for employees, contractors, and volunteers who may have unsupervised direct contact with waiver participants in the regular course of their work when delivering certain waiver services. Background screenings must be completed upon initial employment, and providers must maintain documentation of background screening results. This information will be requested as a part of recertification with the CCW program, and may be requested at other times by HCBS Section staff.

During the COVID-19 public health emergency (PHE), the HCBS Section extended flexibility to providers and participant-directed employers of record, allowing them to deliver CCW services prior to receiving the criminal history investigation results if that individual signed an attestation affirming that they had not been convicted of, has not pleaded "no contest" to, and did not have a pending or deferred prosecution of any of the barrier crimes.

Although the federal PHE remains in place, the Division is taking steps to return to a more typical course of doing business. Effective February 1, 2023, the Division will discontinue background screening flexibilities offered during the height of the PHE. A criminal history and background investigation must be conducted for individuals who may have unsupervised direct contact with waiver participants in the regular course of their work delivering selected CCW services. The screening must confirm that the individual has not been excluded from a federally-funded healthcare program and has not been convicted of, has not pleaded “no contest” to, and does not have a pending deferred prosecution or any crime listed under Wyoming Statute Title 6, Chapter 2: Offenses Against the Person, or Chapter 4: Offenses Against Morals, Decency, and Family.

Provider agencies and employers of record under the participant-directed service delivery option may choose to permit individuals to begin delivering waiver services pending the results of the criminal history and background investigation if that individual has signed an attestation affirming that they have not been convicted of, pleaded "no contest" to, or have a pending deferred prosecution of any barrier crime. Providers and employers of record will have until March 1, 2023 to ensure that necessary background screenings have been submitted. Providers are reminded that the Department of Family Services Central Registry and Office of Inspector General Database screenings have been required throughout the PHE.

Changes to background screening requirements have been submitted in the CCW amendment that is currently under review with CMS. These changes are reflected in the CCW Provider Manual that became effective on January 12, 2023.

Changes in Provider Ownership or Leadership

As established in Section 4, Paragraph O of the Medicaid Provider Agreement, which is signed by every CCW provider, providers are obligated to provide the Medicaid program with advance notice of any change or

proposed change in the provider's name; ownership; licensure; certification, or registration status; type of service or area of specialty; additions, deletions or replacement in group membership; mailing addresses; and participation in the Medicaid program. A change in the provider's ownership or organization does not relieve the provider of its obligations under the Medicaid Provider Agreement, and all terms and conditions of the Agreement apply to the new ownership or organization.

If there is a change in provider ownership, the new owner is required to sign a new Medicaid Provider Agreement. For example, if the owner of a provider organization retires, and sells the organization to a long time employee, the new owner is required to re-enroll with Medicaid as a new owner, and sign a new Medicaid Provider Agreement. Failure to re-enroll with Medicaid may result in adverse action against the new owner, including recovery of payments that have been made to the new provider.

If provider organization owners are planning to sell their organization, or buy a new one, they must make sure to notify the Provider Credentialing Team of the HCBS Section in advance of the ownership change.

WRAP UP

Next call is scheduled for March 27, 2023