

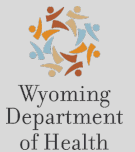
DD Waiver Program Case Manager Support Call **Corrective Action Plan (CAP) Process**

Wyoming Department of Health
Division of Healthcare Financing
Home and Community-Based Services (HCBS) Section
January 9, 2023



**HOME AND
COMMUNITY-
BASED
SERVICES**

WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING



Wyoming
Department
of Health

Good Afternoon. My name is Jennifer Adams, and I am a Benefits and Eligibility Unit Assistant Manager for Division of Healthcare Financing, Home and Community-Based Services Section. Thank you for joining us for today's training. I hope everyone had a fantastic holiday season!

Acronyms and Abbreviations

- HCBS - Home and Community-Based Services
- Division - Division of Healthcare Financing
- Department - Wyoming Department of Health
- CAP - Corrective action plan
- CMMR - Case Manager Monthly Review Form



The Medicaid system in general, and the home and community-based services program in particular, uses a lot of acronyms. Before we start today's training, let's get some of those out of the way.

- We will often refer to the HCBS Section or HCBS program. HCBS stands for home and community-based services. We also refer to just HCB, which simply stands for home and-community based.
- The HCBS Section is organized under the Division of Healthcare Financing, which is a Division of the Wyoming Department of Health. We will sometimes refer to the Division or Department, which means Division of Healthcare Financing, or Department of Health.
- This training is focused on corrective action and corrective action plans. The recommendations that a case manager is required to formally address is considered corrective action. The plans that they are required to submit in order to address the corrective action is called a corrective action plan. We will refer to corrective action plans as CAPs.
- Finally, the Case Manager Monthly Review form is the formal documentation that case managers must submit each month for each participant on their caseload. Throughout this training we will refer to this form as the CMMR.



Review the reasons that corrective action may be issued, and discuss the expectations of submitting a corrective action plan.

The purpose of this training is to review the reasons why the Division may issue corrective action to a case manager, and discuss the expectation to which case managers will be held when submitting a corrective action plan.

Training Agenda

- Define corrective action and its purpose
- Review the circumstances in which corrective action will be issued
- Discuss the process for submitting a CAP
- Identify when a CAP is complete.

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At the end of this training, the following topics will have been introduced and explained:

- First, we will define corrective action, its purpose, and why it is important.
- Next, we will review circumstances in which a case manager may receive corrective action.
- Then we will go through the process that case managers must follow when developing and submitting a CAP.
- Finally, we will help case managers identify when a CAP is considered to be complete.



The participant's IPC must meet standards established in federal and state law, including the participant's choice in their services and who provides those services.

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As we have mentioned in previous trainings, choice is a basic tenet of HCBS. Participants must have the freedom to choose the services they receive and who provides their services, where they live, with whom they spend time, and what they want for their future. Having choice is paramount to human dignity.

One of the many rights that participants of HCBS enjoy is the right to an individualized plan of care, or IPC, that is developed using a person-centered planning approach and meets the standards of state and federal rule, including the demonstration that the participant chose their services and providers. The participant's IPC is the roadmap, or guide, for providers and direct support professionals to understand what participants want and need in their lives, what is important to them, the support they need to be as safe and healthy as possible, and what ultimately makes them happy. This document is also critical to recognizing and respecting a participant's individuality and personal choices.

If the participant's IPC does not meet the requirements outlined in state and federal law, or if a case manager is found to have violated established rules, corrective action may be imposed.

Authorities and Resources That Support Division Expectations

- Chapter 45, Sections 9, 10, and 29 - Wyoming Medicaid Rules.
- 42 CFR 441.301- Contents of Request for a Waiver



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Chapter 45 of Wyoming Medicaid Rules establishes rules related to DD Waiver provider standards, certification, and sanctions.

Section 9 outlines case management services, and Section 10 establishes the standard for the IPC. Section 29 addresses CAP requirements.

42 CFR 441.301 (Title 42 of the Code of Federal Regulations) establishes the federal requirements for HCBS, including requirements for the person-centered plan. To visit the CFR, you can click on the [link](#) in the training notes. Chapter 45 can be found on the [Public Notices, Regulatory Documents, and Reports](#) page of the HCBS website, under the *Rules* tab.

Corrective Action



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When an incident or rule violation occurs, the situation needs to be resolved. The Division will use corrective action as a way to improve case manager performance and bring them into compliance with state and federal rules.

As established in Section 29, the Division will, to the extent practicable and consistent with applicable laws, seek the case manager's cooperation to come into compliance with standards and rules. The Division may provide technical assistance to help a case manager voluntarily comply with rules. This technical assistance may be presented as an email, a failed quality improvement review, or a phone call. However, if the case manager does not make changes after technical assistance is given, if the issue is considered serious enough to warrant immediate action, or if the issue is a chronic concern that happens over again, the Division may issue corrective action and require the case manager to submit a CAP.

For the rest of this training, we will be walking John the case manager through this corrective action process.

The Purpose of Corrective Action

- A correction fixes the immediate problem.
- Corrective action fixes the root cause of the problem and prevents the same situation from happening again.



The purpose of corrective action is not only to ensure that John complies with rules, but also to assist him in making systemic improvements to his practices in order to address underlying issues that decrease the effectiveness of the services he provides.

Making a correction that fixes the immediate problem isn't always enough. For example, if the Division requests that John modify an IPC to address a rights violation, submitting the modification is a correction. This action eliminates the immediate problem. But why was the rights violation initially submitted as part of the IPC? That is the root cause that John needs to address.

If John submits one IPC with a rights violation, he may need some technical assistance. However, if John regularly submits IPCs with rights violations, this is when corrective action is necessary. John must be able to assure the Division that the IPCs he submits in the future do not violate the rights of the participants he serves.

When Will Corrective Action Be Issued?

- Issues found during a Quality Improvement Review
 - Rights restrictions
 - Incorrect or incomplete documents
 - Issues with the Positive Behavior Support Plan
- Ignored service plan change requests
- Late submission of CMMRs
- Issues identified through complaints or incident reports

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Corrective action may be issued for several reasons, but most often result from issues identified during a quality improvement review. If John submits IPCs outside of the established timeframes more than once or twice, he may be subject to corrective action. If he submits an IPC with rights restrictions that don't meet the criteria established in Chapter 45 of Wyoming Medicaid Rules, or if there are ongoing concerns with the accuracy of information that he submits with the IPC, he may be subject to corrective action. If he does not make a change to a service plan, as requested by the Division, he may be subject to corrective action.

Another issue the Division commonly sees is the late submission of CMMRs. In accordance with the Comprehensive and Supports Waiver Service Index that went into effect on September 1, 2022, case managers must submit CMMRs prior to billing for services, and by the 10th business day of the month following the month that the services were rendered. If John submits these forms late on a chronic basis, he may be subject to corrective action.

Corrective action may also be a result of a complaint against John, an incident that identifies that John is in violation of rule or has provided an inadequate response, or concerns identified during his certification renewal.

Corrective Action Plan Components

- Address the area of non-compliance;
- Explain detailed action steps;
- Identify the person responsible;
- Establish the due date; and
- Document the completion date.

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When the Division imposes corrective action on John, he must develop and submit a CAP that explains the steps he will take to make the necessary corrections. This CAP must adequately address the area of non-compliance, and include the detailed action steps John will take to ensure the correction is made now and in the future, the person responsible for ensuring the correction is made, the date by which the correction will be made, and the actual date of completion.

John must submit a comprehensive CAP that explains what he will do to ensure he meets these requirements and ensure that future rights violations are avoided.

Submitting a Corrective Action Plan



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The CAP process is administered through the Wyoming Health Provider (WHP) portal. The WHP portal contains links to guidance documents that will walk you through the process, but we'd like to take a minute to review these steps with you.

It is important to note that the CAP process is in place for all waiver providers...not just case managers. In order to address the needs of all providers, there are some sections of the CAP that may not seem to apply directly to case managers. We will provide you with some strategies that will help you through those sections.

Notification of Corrective Action

- Corrective action should not be a surprise
 - Division reserves the right to request specific action steps
- You will receive a task in the WHP portal
 - Log into the portal regularly to check for tasks
- Log into the WHP portal to view the corrective action, create the CAP, and update progress

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When John is issued corrective action, it should not come as a surprise. Whether the corrective action is due to ongoing concerns with IPC development, or something specific that needs to be resolved as a result of John's certification renewal, Division staff members should be communicating with him and discussing concerns that they find.

It is also important to note that while the Division issues corrective action, the Division will typically not specify the action steps that need to be taken to address the corrective action. It will be up to John to determine how he will address the deficiency. However, the Division does reserve the right to require John to take specific action. For example, the Division may require him to review trainings that address rights restrictions and the Rights Restriction Review Tool. If that is the case, John will need to add this specific action step when he develops his CAP.

When the formal corrective action is issued, John will receive a task in the WHP portal. John will need to log into the WHP portal to view the corrective action that needs to be addressed, create and submit his CAP, and provide updates to his progress on implementing the CAP. John will also receive an email from the Division that lets him know that he has received corrective action, and includes the information he will need to know to start the CAP process. As a reminder, case managers should ensure that their most current contact information and email address is on file.

Please note that you will not be automatically notified when you are assigned a task in the WHP portal. The Division strongly encourages you to log into the portal regularly to ensure you don't miss important tasks or deadlines. Failure to meet deadlines associated with

corrective action simply because you didn't know you needed to take action is not an acceptable reason not to meet the deadline.

Current Status: Pending Provider Initial Response

Corrective Action Plan Recommendations

Edit	Area of Noncompliance	Recommendation Comments	Response Due Date	Response Acceptance Status	Acceptance Status Notes
	Incident - Documentation/Reporting	test	4/23/2020	Pending Review	



Submit for Review

When John logs into the WHP portal and reviews his Current Tasks screen, he will need to select the view icon next the the CAP task with the status "Pending Provider Initial Response." A Corrective Action Plan Recommendations screen will populate.

John will select the edit icon next to each area of non compliance to visit the response screen for each recommendation.

Add Action Step

Action Step Type:

Document

Action Step:

I will do this

Recurrence Type:

Weekly

Action Step Start Date:

Number of Recurrences:

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Save Action Step

Cancel Action Step

No action steps have been added for this recommendation.

Upload Documents (if applicable) :

Choose File

No file chosen

Upload

No documents have been uploaded for this recommendation.

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Now John needs to select Add Action Step. A new screen will populate and allow him to describe his plan for addressing the recommendation.

Action Step Type:

A screenshot of a web form element. At the top, the text 'Action Step Type:' is displayed. Below it is a dropdown menu. The menu is currently open, showing two options: 'Document' and 'On Site'. The 'Document' option is highlighted with a blue background. The dropdown menu has a white background and a thin blue border. A small downward-pointing triangle is visible in the top right corner of the menu's input field.

The Action Step Type drop down list includes the options for Document and On Site. The on site option is used to request a Division staff member to come on site to confirm that a step in a CAP has been implemented. As a case manager, John should rarely, if ever, need to use this option. Since the only other selection is Document, this is the option that John will select.

The Document selection covers two different situations. The first situation is if John intends to submit a document, either one time or on a regular timetable, to show that he has addressed that step in the CAP. The second situation is if John will be using documentation through the Electronic Medicaid Waiver System, or EMWS, as proof that he has addressed the issue. John needs to make this clear when he describes his action step.

Add Action Step

Action Step Type:

Document

Action Step:

I will do this

Recurrence Type:

Weekly

Action Step Start Date:

Number of Recurrences:

4

Save Action Step

Cancel Action Step

No action steps have been added for this recommendation.

Upload Documents (if applicable) :

Choose File

No file chosen

Upload

No documents have been uploaded for this recommendation.

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Once John selects the type of action step, he will need to describe what he plans to do to address the recommendation. In our example, John has received corrective action for failing to meet established timelines for submitting his CMMRs. Keep in mind that his action step needs to address how he is going to ensure that he fixes the problem...not just now, but in the future. John should not simply say that he will submit CMMRs on time. He needs to explain how he is going to make sure this happens by explaining the actionable steps he plans to take.

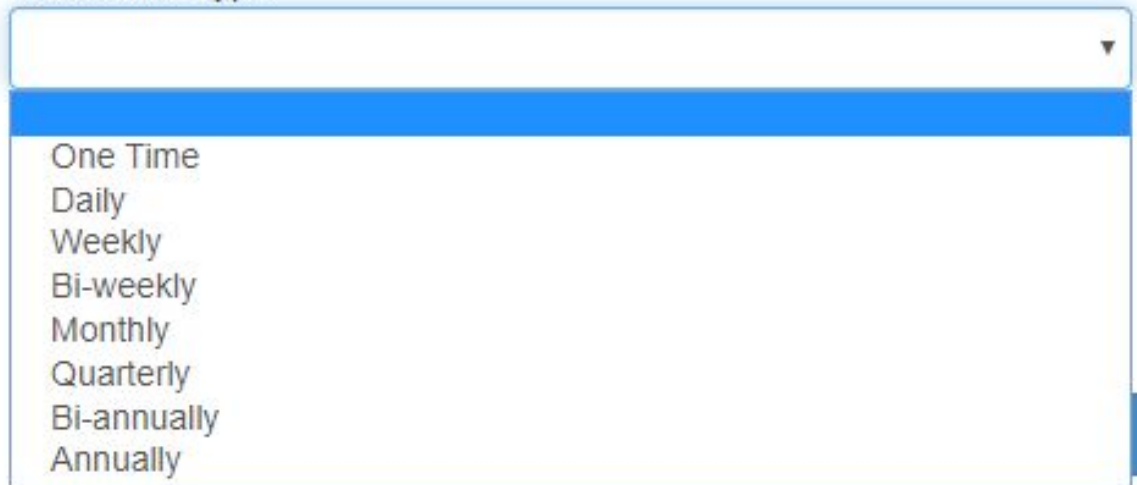
The action step he plans to take is to document on the CMMRs within two business days of completing the work in order to submit all CMMRs within the established timeframe.

I will document case management activities within two business days of conducting the work in order to ensure timely submission of CMMRs. The Division can review my compliance with this activity in EMWS.

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John's action step may look something like this - "I will document case management activities within two business days of conducting the work in order to ensure timely submission of CMMRs. The Division can review my compliance with this activity in EMWS."

Recurrence Type:



- One Time
- Daily
- Weekly
- Bi-weekly
- Monthly
- Quarterly
- Bi-annually
- Annually

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The next box addresses the recurrence type. Let's take a minute to talk about what this means, and what John will be committing to once he makes a selection.

When John selects a recurrence type, he is indicating how often he intends to go into the WHP portal and update his progress on the action step. His action step is to enter documentation into the CMMR within two days of completing the work. Because this will be a daily effort, it seems logical that he would choose daily as the recurrence type. He should not! If he chooses daily, both John and the Division will have a task that they have to manage each day, and that is just silly.

Instead, John should select the timeframe in which he will demonstrate, and the Division will review, his compliance.

Add Action Step

Action Step Type:

Action Step:

Recurrence Type:

Action Step Start Date:

Number of Recurrences:

Save Action Step **Cancel Action Step**

No action steps have been added for this recommendation.

Upload Documents (if applicable) : No file chosen

No documents have been uploaded for this recommendation.

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John will now need to address the number of recurrences by selecting how many times he intends to provide proof that he is following the action step he established. For example, he could select monthly for six months, or weekly for 25 weeks. John decides that, if he is able to submit things on time for one month, he will be able to meet that deadline moving forward. Therefore, he selects the option for one time.

Once John enters the required information, uploads any documents, if needed, and adds any comments that may be needed to clarify his action steps, he can select Save to save the action step. He must repeat the whole process for each recommendation listed in the corrective action. Once he has created an action step for each recommendation, he can select Submit for Review.

After John submits the CAP response, the WHP portal will direct him to a new page letting him know the CAP has been submitted.

Approve








Reject



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The Division has the authority to approve or reject CAPs. A CAP will be rejected if it doesn't adequately address the area of non-compliance, or doesn't contain the other elements that are required.

When John submitted his CAP, he indicated that he would acknowledge his compliance with his action step one time. The Division determines that submitting CMMRs within the established time frame once does not adequately prove that John will continue to submit on time, or that he has established the habit of documenting on and submitting CMMRs within the established time frame. They reject his CAP and provide additional guidance that one time is not sufficient.

View	Application Type	Name	Status	Status Modify Date	Documents Uploaded	Notes
	CAP #19	Provider xyz	Pending Initial Entry	4/10/2020	0/0	
	CAP #20	Provider xyz	Pending Initial Entry	4/10/2020	0/0	
	CAP #21	Provider xyz	Pending Provider Secondary Response	4/16/2020	0/0	
	New	Provider xyz	Completed Application	3/31/2020	11/9	
	Renewal	Provider xyz	Completed Application	4/10/2020	20/0	

Once the Division rejects his CAP, John will have a task pending in the WHP portal. When he logs into the portal, he can see that his CAP has been rejected and the Division is awaiting a secondary response. John will need to select the View icon, read the guidance provided by the Division , and adjust his CAP accordingly.

If he had more than one action step, he will only need to update the action step that was specifically rejected.

If John does not adequately address the Division's request, his CAP may be rejected again. If he does address the concern, the Division will accept his CAP and he will be notified of that fact.

CAP Timelines

John

Submit CAP within 15 business days of the date corrective action is issued.

If rejected, submit updated CAP within 10 business days of receiving rejection.

If rejected a 2nd time, submit updated CAP within 10 business days.

Division

Approve or reject CAP within 30 business days of the provider submitting the CAP.

Approve or reject CAP within 30 business days of the provider submitting the 2nd version of the CAP.

Review 3rd version of CAP. If rejected, proceed with adverse action.

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The timeline requirements for John's submission and the Division's response to a CAP are included in Chapter 45, Section 29 of Wyoming Medicaid Rule. John has fifteen (15) business days from date corrective action is issued to submit a CAP to the Division. The Division has thirty (30) business days to approve or reject the CAP. If the CAP is approved, John must follow the steps he identified in order to fulfill the terms of his CAP as it was submitted. If the CAP is rejected, the Division will provide information on the reason for the rejection. John then has ten (10) business days to revise and resubmit his CAP. The Division has thirty (30) additional business days to approve or reject the second version of the CAP. If the Division rejects John's CAP a second time, John has a final ten (10) business days to revise and resubmit his CAP. If the Division still rejects his CAP, the Division will proceed with adverse action.

Ensuring Compliance with the CAP

- Ensure actions have been completed within specified timeframes.
- Division may review compliance with the CAP any time.
- Ongoing compliance is expected.

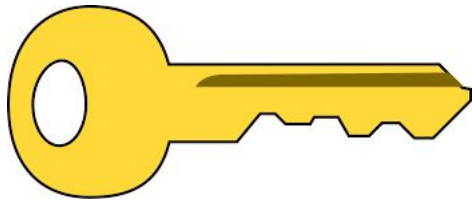


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As established in Section 29, John is responsible for completing appropriate follow-up monitoring to assure that the actions identified in his CAP have been completed within the specified time frames. In this instance, he updated his CAP to indicate that he would acknowledge his compliance every month for four (4) months. His CAP was accepted by the Division. He is now responsible for documenting on his CMMRs within two business days of providing case management services, submitting CMMRs on time, and logging into the WHP portal each month to acknowledge that he met the terms of his CAP.

The Division will receive a notice when John acknowledges his compliance each month and will, at their discretion, review John's CMMR submissions to ensure that they were submitted on time.

The Division may also review John's ongoing compliance at any time, or may review his compliance as part of his certification renewal. It is expected that, once John completes his CAP, he remain in compliance and continue to submit his CMMRs within the established timeframe.



TAKEAWAYS

1. Corrective action may be issued for various reasons.
2. Corrective action is issued to address the root cause of the problem.
3. Corrective action plans must be submitted within the required timeframes.
4. Corrective action plans must be implemented, and the behavior that caused the corrective action must be changed.

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Before we end today, we'd like to remind case managers of the key takeaways of today's training.

1. Corrective action may be issued for various reasons, including issues found during a Quality Improvement Review, when a case manager ignores requests from the Division to make changes to a service plan, if the case manager is chronically late in submitting CMMRs, or as a result of a complaint, incident or provider recertification. To the extent practicable, the Division will seek the case manager's cooperation and provide technical assistance to help them come into compliance with standards and rules.
2. If a case manager receives corrective action, it means that they are not complying with waiver rules, requirements, or standards. Corrective action is issued to address the root cause of the problem the case manager needs to fix, and is intended to change the case manager's practices moving forward.
3. Case managers must submit corrective action plans and associated tasks within the required timeframes. Failure to meet deadlines related to corrective action simply because you didn't know you needed to take action is not an acceptable reason not to meet the deadline.
4. Case managers must implement the action steps that they commit to in their corrective action plan. Once the action steps have been completed, case managers should have created habits or made necessary changes to ensure that the behavior that caused the corrective action does not continue to occur. The purpose of corrective action is to help case managers comply with the necessary regulations, and perform better in the future.



Contact your Benefits and Eligibility Specialist

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

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Thank you for taking time to participate in today's training on corrective action and corrective action plans. If you have questions related to the information in this training, please contact your area Benefits and Eligibility Specialist. Contact information can be found by clicking on the link provided in the slide.