



HOME AND  
COMMUNITY-  
BASED  
SERVICES

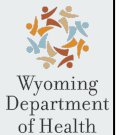
WYOMING DEPARTMENT OF  
DIVISION OF HEALTHCARE FINANCING

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# Community Choices Waiver

## Community Choices Waiver Program Updates

Wyoming Department of Health  
Division of Healthcare Financing  
Home and Community-Based Services Section  
February 9, 2023



Good afternoon. My name is Erin Sparks and I am a Benefits and Eligibility Specialist for the Home and Community-Based Services Section of the Division of Healthcare Financing. Thank you for joining us today.

# Acronyms and Abbreviations

- HCBS - Home and Community-Based Services
- Division/Department - Division of Healthcare Financing, Wyoming Department of Health
- CCW - Community Choices Waiver
- CMS - Centers for Medicare and Medicaid Services
- EMWS - Electronic Medicaid Waiver System
- CMMR - Case Management Monthly Review Form



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Before we get started, we'd like to go over some of the acronyms and abbreviations we will be using in today's training. The Medicaid system in general, and the home and community-based services program in particular, uses a lot of acronyms. Although most of you know these terms, for a new case manager, it can feel a bit like alphabet soup.

- 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.
- The Community Choices Waiver is most commonly referred to as the CCW or CCW program.
- We will occasionally refer to the Centers for Medicare and Medicaid Services. We will use CMS when referring to this federal agency.
- The Electronic Medicaid Waiver System, which we refer to as EMWS, refers to the system that houses the participant's electronic record. Case managers use EMWS to develop a participant's service plan.
- Finally, we will be talking about the Case Management Monthly Review form, referred to as the CMMR. This form is found in EMWS, and case managers must use it to document their work.



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Explain recent and upcoming changes to the CCW program that will affect case managers.

Over the last year the HCBS Section has made several program and system changes. Additionally, an amendment to the CCW agreement will be effective on April 1st. Between the upcoming amendment and break from our normal support calls over the holidays, we wanted to take some time to review the changes that have or will significantly affect case managers.

# Training Agenda

- Review the following changes:
  - ◆ Participant Profile Assessment and the assessment process
  - ◆ Case Management Monthly Review Form
  - ◆ CCW Transition Checklist
  - ◆ CCW amendment and Appendix K authority
- Updated CCW Case Management Manual

By the end of this training, we will have discussed the changes to the assessment process and the new Participant Profile assessment, the CMMR form, the case management transition checklist, and changes that will be coming with the approval of the CCW amendment and the most recent Appendix K authority. We will also discuss the updated CCW Case Management Manual, which was released in January.

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## Choice



Choice is a basic tenet of home and community-based waiver services.

Choice is a basic tenet of home and community-based waiver services. You hear us say it at the beginning of every training, and we say it because we want it to be in the forefront of everyone's mind, even if what we are discussing isn't directly related to the participants you serve. Participants must have the freedom to choose the services they receive, who provides those services, where they live, with whom they spend time, and what they want for their future. Having choice is paramount to human dignity.

We remind you of this because choice is the absolute foundation on which the CCW is built. Without choice, home and community-based services take on the flavor of institutional care. As we discuss the changes to the CCW program, always remember that the participants you serve have choice in their lives.



# Changes

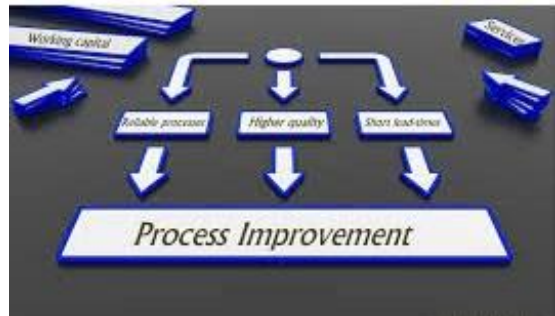


The HCBS Section has made several changes to our expectations of CCW case managers. Anecdotally, we have heard that many of these changes have been frustrating to case managers, and while we understand that change can be hard and sometimes unwelcome, these changes were made to ensure that the HCBS Section was meeting the terms of our agreement with the federal government. We appreciate the work that case managers have done over the last year to meet these expectations and challenges.

The HCBS Section has been working with an advisory group of case managers to develop and implement many of the changes we will be addressing today. We appreciate their work and collaboration, and are hopeful that these changes address some of the ongoing questions and frustration that CCW case managers have been feeling.

# Participant Assessment Process

- Process is too long
- Questions are too sensitive
- Participants find questions intrusive



When the CCW agreement with CMS was renewed on July 1, 2021, a comprehensive assessment process that was intended to identify participant strengths, goals, preferences, needs and risks was implemented. Case managers were required to conduct up to six individual assessments with specific questions that had to be addressed. Right away, the HCBS Section received feedback from case managers that the process was long and cumbersome, that the questions were sensitive and outside the scope of case management services, and that participants found the questions intrusive and were often unwilling to answer them.

The HCBS Section listened to this feedback, and worked with the case management advisory group to revise the process and refine the most relevant questions into one assessment.

## Participant Profile Assessment

- Questions are incorporated into one Participant Profile Assessment
- Assessment addresses the components of all of the previous assessments
- Risks will still populate based on assessment responses
- Assessment can be updated if a service plan is modified

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The new Participant Profile Assessment still addresses most of the areas that were covered in the initial assessments, but the questions are compressed into one assessment. Identified risks will still trigger additional assessment questions. For example, if a participant is interested in participant-directed services, additional questions related to the participant-directed service delivery option will populate. Several questions have been omitted due to their overly personal nature. The caregiver assessment questions have been removed since these questions extended beyond the scope of CCW services.

Another feature of the updated Participant Profile is that case managers can update the profile to reflect changes in the participant's life each time the service plan is modified.



# Case Management Monthly Review

- Contact Notes
- Follow Up Section
- Case Manager Observations Section
- Quarterly Visit Verification Form
- Others

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The HCBS Section has implemented several enhancements to the CMMR, which is the formal documentation that case managers must complete each month for each participant on their caseload. The enhancements are a result of feedback that was received from case managers. As a reminder, this documentation is used to justify case manager claims, and must be submitted before a claim can be submitted.

- The Contact Notes section and Contact section were merged into one Contact Notes section. Case managers may now add as many contact notes as needed and may opt to select multiple options for the individuals present. If the case manager is unable to make contact, despite multiple efforts, they may select "failed attempt" when adding a contact note. This selection is not a reflection on the case manager, but simply means that the case manager's attempts to contact the participant were unsuccessful. If this is the only note that has been added, the system will remove all reporting questions. As a reminder, case management is a required service and case managers must make every effort to contact the participant each month.
- If there is a follow up activity that isn't completed during the month, the Follow Up section for the following month will populate with the outstanding follow up activity. Once the follow up is complete, the case manager should click the complete box so that the reminder stops populating.
- Services will automatically populate from the service plan to the Case Manager Observations section to aid the case manager in recalling which services are on the plan and answer questions about the services accordingly. This is a good time to remind case managers that they should add an end date to the service referral if the service is no longer needed or the provider is no longer being used. If a case manager simply zeros out the units, the service will continue to show up on the

- CMMR.
- An upload section for the Quarterly Visit Verification form has been added. The case manager must upload the form when the quarterly visit is completed.
- A PDF option is available so that printing and saving the CMMR is easier. Save buttons have been added in multiple sections within the form so that case managers can save their work and come back to the CMMR at a later time without the information being lost.

# CCW Transition Checklist

- Case management monitoring is now a monthly unit
- Transitions can only happen at beginning of month
- Checklist is intended to aid communication between outgoing and incoming case managers

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On October 1, 2022 the HCBS Section implemented the CCW Transition checklist to clarify case manager responsibilities and facilitate a smooth transition when a participant chooses to change case managers or case management agencies. The implementation of the checklist is in response to several situations in which a participant's choice to change case managers caused confusion and frustration among all case managers involved. Additionally, the case management monitoring service is billed as a monthly unit, so it is important for the incoming and outgoing case manager to understand who is responsible for each step of the transition, since only one case manager can bill monitoring services during a month.

The Transition Checklist for CCW Services is located in the [HCBS Document Library](#) of the HCBS Section website, under the *CCW Case Manager Forms* tab. A completed checklist must be uploaded into the Document Library of the participant's file each time this type of transition occurs.



## **CCW Amendment - Effective 4/1/23**

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An amendment to the CCW agreement with CMS is expected to be in place on April 1, 2023. This amendment includes several changes to processes, services, and requirements, so we'd like to review some of the most significant. Please remember that the changes outlined in this training will not be effective until April 1st, and are subject to change based on CMS' approval. We encourage case managers to review the CCW agreement since we will not be reviewing every change during this training.

## Overview and Public Comment

- Public comment period was open from October 21 - November 21, 2022
- Public forum was held on November 9, 2022
- Case managers are strongly encouraged to participate in the public comment process

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Before we review the changes, we wanted to remind you that the amendment was published for public comment on October 21, 2022, and public comment was accepted through November 21st, 2022. A public forum was held via Zoom teleconference on November 9th.

The HCBS Section strongly encourages people to participate in the public comment process. This is a great opportunity to have your input considered, and it is your responsibility to let the HCBS Section know if you have concerns.

# Background Screenings

- Barrier crimes
- Additional services
- Name and Social Security number based
- Subsequent screenings
  - ◆ Criminal background checks
  - ◆ DFS Central Registry
  - ◆ OIG Screenings



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The first significant change is found in Appendix C-4, which addresses background screenings. The HCBS Section aligned barrier crimes with Wyoming Statute Title 6, Chapter 2 (Offenses Against the Person) and Chapter 4 (Offenses Against Morals, Decency and Family). All crimes listed in these Chapters will be considered barrier crimes. The HCBS Section also added background screening requirements for providers of Adult Day - Social Model services.

Rather than fingerprinted criminal background screenings, the HCBS Section will require name and social security number based criminal background screenings, which providers can obtain through various means. This change is intended to remove some of the barriers associated with the current background screening process.

An initial background screening of providers and employees has been required for many years. However, we all know that a lot can happen over time. A subsequent background screening will be required every five years for all individuals who are required to undergo an initial background screening. The five years is calculated based on the date the last background screening results were issued. Providers will have until December 31, 2023 to come into compliance with this requirement for current staff members who have been employed for over five years.

Any provider that hires an individual or entity listed on the Office of Inspector General (OIG) Exclusions database may be subject to civil monetary penalties. To avoid these penalties, the OIG strongly encourages providers to routinely check the list to ensure that new hires and current employees are not on it. Please visit <https://oig.hhs.gov/exclusions/> for more information. The Division has added a requirement that, after the initial database check,

providers must conduct routine OIG Exclusions Database screenings.

The Provider Credentialing Team will review subsequent background screenings during provider certification renewals. Documentation that demonstrates that these screenings have occurred can be requested by the HCBS Section at any time.

# Service Changes

- Personal Support Services
- Home Health Aide Services
- Non-Medical Transportation Services



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Service definitions and provider qualifications can be found in Appendix C-1 and C-3. Personal Support, Home Health Aide, and Non-Medical Transportation Services were updated.

On April 1, 2022, the HCBS Section authorized a participant's spouse to be hired as an employee in order to provide Personal Support Services as authorized in their service plan. There must be evidence that demonstrates the spouse is not authorized to make financial decisions on behalf of the participant. This was originally authorized through an emergency Appendix K authority, but the amendment will formalize this authorization, with the caveat that the case manager must also document in the participant's plan how the participant tried to find other employees without success. With the addition of Homemaker Services, there was some confusion on the differences between Homemaker, Personal Support, and Home Health Aide Services. Personal Support and Home Health Aide service definitions have been revised slightly to demonstrate the differences between these services.

Finally, when rates were rebased and the new rate methodology was implemented as part of the CCW renewal, the transportation service cap for accessible vehicles was inadvertently decreased. The cap for all per trip Non-Medical Transportation Services has been changed to allow up to 18 one-way trips per month.



## Service Additions

- Homemaker Services
- Environmental Modifications
- Independent Living Support
- Transition Intensive Case Management
- Transition Setup



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Following the enactment of the American Rescue Plan Act of 2021 (ARPA) on March 11, 2021, the HCBS Section held several public sessions to solicit input on how enhanced funding offered through Section 9817 of ARPA could benefit Wyoming citizens. Stakeholders of the CCW recommended several ideas, many of which the Division included in the ARPA spending plan that was submitted to and approved by CMS.

One initiative identified by stakeholders was to improve services that could be used to divert or transition individuals from institutional settings, specifically nursing facilities. The HCBS Section reviewed services offered through other states, reached out to stakeholders to better understand the types and scope of potential services needed, and ultimately developed draft service definitions for Homemaker, Environmental Modifications, and Independent Living Support Services. Additionally, new Transition Intensive Case Management Services and Transition Set Up Expenses have been developed.

# Diversional Services

## → Homemaker Services

- ◆ Chore-type and routine household care
- ◆ Not a direct service
- ◆ 624 unit annual service cap
- ◆ Agency providers



## → Environmental Modifications

- ◆ Installation of necessary physical adaptations
- ◆ \$20,000 per family lifetime service cap
- ◆ Provider must have applicable license and insurance

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Homemaker services consist of chore-type activities and routine household care that is not covered by other services. Homemaker is not a direct service, meaning that 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. Since Homemaker is not a direct service, other waiver direct services can be provided by a different provider or provider staff during the same time frame, but chore type tasks conducted in other services cannot duplicate Homemaker services. To ensure that duplication doesn't occur, case managers will be required to identify how each service will be used if a participant has Homemaker and Personal Support or Home Health Aide Services on their service plan. A maximum of three (3) hours per week per household, or 624 units per year, is allowed.

Environmental Modification Services include functionally necessary physical adaptations to a private residence 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. A lifetime cap of \$20,000 per family applies to this service. The provider must maintain the applicable license and insurance for the modification that is being made.

Although these services are classified as more diversional in nature, they are available to individuals who are transitioning out of a nursing home as well.

The full definition of these services can be found in the draft CCW Service Index that is available on the [Public Notices, Regulatory Documents, and Reports](#) page of the HCBS Section website, under the *Public Notice of Intent to Amend Community Choices Waiver* toggle.

# Transitional Services

## → Transition Intensive Case Management

- ◆ Assist individuals who are currently in a nursing facility to transition to community services
- ◆ Available for 180 days while participant is still in nursing facility
- ◆ Must not duplicate typical case management services



## → Transition Set-Up

- ◆ Pays for one-time non-recurring expenses
- ◆ \$2,500 per participant service cap

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Transitional services are only available to an individual who has been residing in a nursing facility for three months or more, and is planning to transition back into the community. It is important to note that the allowable services provided to an individual who is residing in a nursing home, which include Transition Intensive Case Management, Transition Set-Up Services, and Environmental Modifications, cannot be billed until the participant is released from the institution and a current waiver participant. The HCBS Section will offer more information on how to bill in these circumstances on a future support call.

When a case manager performs Transition Intensive Case Management, they must perform activities necessary to arrange for the individual to live in the community, and support them in coordinating and facilitating the purchase of one-time, non-recurring expenses. Activities must not overlap the scope of case management annual service planning or monthly monitoring services. Case managers may assist individuals with their community transition for no more than 180 calendar days while the individual is still residing in a nursing facility.

Transition Setup expenses are one-time, non-recurring expenses necessary for a participant to establish a basic household.

Allowable setup expenses include:

1. Security deposits and setup fees or utility deposits;
2. Services that promote health and safety such as pest eradication or one-time cleaning prior to occupancy;
3. Essential household furnishings such as furniture, window coverings, food preparation items, or linens; and

1. Moving expenses.

Transition Setup cannot pay for room and board, which includes items such as meals, rent payments, first or last month's rent, or regular utility payments.

Transition Setup must not exceed a total of \$2,500 per participant, and is only available to participants during their transition from a nursing facility to their own home. Transition services are not available to a participant who is transitioning to a provider owned or controlled setting. Case management agencies are the only qualified providers of this service.

# Transitional Services (Continued)

## → Independent Living Support

- ◆ Training and assistance to support participant in developing and maintaining skills needed to live in the community
- ◆ Participant must be transitioning from an extended nursing facility placement
- ◆ Available for first six months of the transition, with a step down support.
- ◆ Home Health Agencies and Centers for Independent Living



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Independent Living Support, or ILS, is intended to support the participant once they transition out of the nursing home to ensure their transition is as successful as possible. The service offers training and assistance to support the participant in developing and maintaining skills needed to live in the community. To access ILS, a participant must be transitioning from an extended nursing facility placement to a community living arrangement. An extended nursing facility placement is defined as three months or longer.

ILS will be available to the participant for a period of six months following the first day the service is provided, but the service plan must clearly demonstrate the participant's need for this service. Participants may receive this service for up to five hours a day, but may not use more than 30 hours per week during the first three months the service is available. After the first three months of service, the participant must step down the number of hours they use per day and week. The participant's service plan must include a step down schedule that demonstrates how the participant will be able to live with less one-on-one support over time. The service is capped at 520 total hours.

Home health agencies and Centers for Independent Living are the only providers authorized to provide this service.

## Case Management - Certificate Tier

- Identified ARPA initiative
- Voluntary training is being developed by Wyoming Institute for Disabilities (WIND)
- Case manager must complete entire training and pass required competency exams



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During initial listening sessions conducted by the Division in response to the American Rescue Plan Act, or ARPA, stakeholders indicated that the Division needed to improve case manager training on person-centered planning and best practices in person-centered care.

The Division has contracted with the Wyoming Institute for Disabilities (WIND) at the University of Wyoming to develop a voluntary training curriculum for case managers. WIND has conducted interviews with family members, case managers, and direct support professionals to better understand the perceived gaps in case manager training, and areas of focus and interest. WIND has also assembled an advisory group that is shaping the training and will review the final curriculum.

This training will be an intensive, self-paced, online program. Once the training is available, a case manager must complete the full training series and pass the required competency exams in order to receive a 5% increase in their reimbursement rate. Since this reimbursement increase is funded through ARPA, the enhanced rate will sunset in March 2025 unless ongoing funding is approved by the Wyoming Legislature.

## Service Plan Processes

- Reflects current EMWS processes
- Participant Profile Assessment
- Case manager determination of competency



The process for creating and reviewing service plans is located in Appendix D. This Appendix has been updated to reflect the changes that the HCBS Section has made to the service planning process over the last year, including the changes to the participant assessment process. One large change is that case managers are no longer responsible for determining a participant's competency to use the participant-directed service delivery model. The HCBS Section strongly believes that a participant must be presumed competent unless there is a court appointed guardian, which indicates that they have been determined incompetent by the court. Case managers do not have the authority to make competency determinations.

## Participant Direction

- Every participant has the opportunity to direct their services
- Removed Power of Attorney designation requirement for employers of record



The standards for participant-directed services is located in Appendix E. There are two large changes in this section. The first is that every participant has the opportunity to direct their service, rather than being subject to a competency designation by the case manager. The second change is that a power of attorney designation is no longer required for employers of record. The employer of record, whether it is the participant, legally authorized representative, or someone designated by the participant, must still acknowledge and attest to their responsibilities and limitations as an employer of record, but an official power of attorney is not required.



# Critical Incident Reporting



- Critical vs. Reportable incidents
  - ◆ Added death, serious injury, use of restraint, restrictive interventions, medical and behavioral admissions, and seclusion as reportable
- Updated reporting timelines
- Updated process

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Critical incident standards are located in Appendix G. There were several changes to requirements surrounding incident reporting. Critical incidents are defined as suspected abuse, neglect, exploitation, or unexpected death. These incidents must be reported immediately after assuring the participant's health and safety or, in the event of an unexpected death, immediately after being notified of the incident.

Additional incidents that fall outside of the definition of *critical* incidents will also need to be reported within one business day of assuring the health and safety of the participant. These include serious injury, use of restraint, seclusion, and unscheduled medical and behavioral admissions and Emergency Room visits that occur while a participant is receiving services. Additionally, any death that is not defined as unexpected must be reported.



# Updated CCW Case Management Manual

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Before the Community Based Services Unit and the Development Disabilities Section merged into one HCBS Section, a case management manual was published for public comment. This manual went into effect in October 2020. However, the HCBS Section determined that changes to this manual were needed in order for it to be a resource that provided information necessary for case managers to understand and do their jobs.

## Reasons for Update

- Comprehensiveness
- User-friendliness
- Incorporates desk references and other guidance
- More focus on case manager's job

The updated manual includes more detail on the specific role and responsibilities of the case manager and is presented in a user-friendly format. This manual outlines timelines and expectations so that the case manager is aware of the standards and requirements of their jobs. The various desk references, guidance documents, and steps for using EMWS have also been incorporated.

# Request for Feedback

- Feedback period from October 24 - November 22, 2022.
- Received 66 comments.
- Suggestions implemented include:
  - ◆ Service plans may not need to be printed
  - ◆ Participant preferences vs. participant wants and needs
  - ◆ Specific contractor names have been removed

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Prior to the January 3rd effective date of this manual, the HCBS Section solicited feedback from CCW case managers. During the feedback period, which was open from October 24 - November 22, 2022, the HCBS Section received 66 comments. Most of these comments had less to do with the Case Management Manual and more to do with the CCW administration and program practices; however, some updates were made to the manual based on these comments.

Page 41 of the draft stated that the case manager must print and distribute copies of the service plan to the participant and any direct service providers listed on the plan. There was a recommendation that, since providers have access to EMWS, they should be able to get their own information. In accordance with [federal law](#), the person-centered service plan must be distributed to the individual and other people involved in the plan. Other providers do not have access to EMWS, and the service plan is not available in the Wyoming Health Provider (WHP) portal. Therefore, it is the responsibility of the case manager to ensure that providers have copies of the service plan. However, the Division removed the word “print” from the manual since a print version may not be necessary. Case managers should work with the participant and providers listed on the service plan to determine if a printed copy or PDF version is preferable.

There was a recommendation that the phrase “participant wants and needs” be changed to “participant preferences.” This change was made where appropriate, but “participant wants and needs” is not always synonymous with “participant preferences.”

There was a comment that Telligen and ACES\$ be should not be specifically named in the

manual The Division changed these sections to refer to the Quality Improvement Organization and Fiscal Management Services agency, respectively



# Key Takeaways



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1. Case managers are responsible for knowing about the changes that are made, and implementing them accordingly.
2. The Division values stakeholder feedback.
3. The Division appreciates the CCW case manager network's ongoing adaptability and acceptance of ongoing program changes.

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As we end this training, we'd like to review some of the key items that case managers need to remember:

1. The CCW program has experienced several changes over the past several months - everything from case manager requirements and system changes to service changes to manual changes. The Division has communicated, and will continue to communicate with case managers as changes are implemented, but it is up to case managers to be aware of the changes and adapt their practices accordingly.
2. The Division has heard from case managers and other stakeholders about various program requirements and responsibilities. Although the Division cannot implement every recommendation we receive, we value stakeholder feedback, take it seriously, and try to make changes and improvements based on that feedback.
3. The Division would like to extend a heartfelt Thank You to the CCW case managers for their adaptability to the seemingly endless changes. The adage that the only thing that is constant is change holds true. There have been a lot of changes over the past two years. Case managers and the Division have had to work together to develop relationships, explain and understand expectations, and learn to communicate with each other. It has been a challenging time for everyone, but we feel that excellent progress is being made on all fronts.



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# Questions???

## Contact your Benefits and Eligibility or Provider Support Specialist

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

Thank you for participating in the training on recent and upcoming changes to the Community Choices Waiver program. If you have questions related to the information in this training, please contact your area Benefits and Eligibility Specialist or Provider Support Specialist. Contact information can be found by visiting the web address provided in the slide.