



Community Choices Waiver 2023 Amendment Implementation Frequently Asked Questions

What changes are being implemented with the amendment to the Community Choices Waiver?

The Home and Community-Based Services (HCBS) Section included several changes in the Community Choices Waiver (CCW) amendment that is anticipated to be effective on April 1, 2023, including:

- Changes to background screening requirements and barrier crimes
- The addition of several transitional or diversional services, as a result of stakeholder feedback on how the HCBS Section should use enhanced funding offered through Section 9817 of the American Rescue Plan Act
- Updates to Personal Support, Home Health Aide, and Non-Medical Transportation Services definitions
- Updates to provider and case manager incident reporting requirements
- Changes to the participant-directed service delivery model

What services are being added to the CCW?

The HCBS Section has added four new services to the CCW. Transition Intensive Case Management Services and Transition Setup Expenses are services that are intended to support individuals who wish to transition from nursing facility care back into their communities. More information on these services, including specifics on how these services are billed, can be found in the CCW Service Index, which is located on the [Service Definitions and Rates](#) page of the HCBS Section website.

Homemaker and Environmental Modification Services are also included in this waiver amendment. The Homemaker Service cannot duplicate the chore type services that are offered through the Home Health Aide and Personal Support Services. Homemaker Services can be used for many of the deep cleaning tasks that the participant cannot take on, such as washing windows, cleaning ceiling fans, etc. Environmental Modifications can be used to address accessibility issues, especially if those accessibility issues may be a barrier to a participant living in their own home. Full definitions of these services are also available in the CCW Service Index.

Finally, the HCBS Section has created a Case Management Monitoring - Certificate tier. 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. 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.

The funding for the new services, as well as the Case Management Monitoring - Certificate tier, is paid through ARPA; therefore, these rates will sunset in March 2025 unless ongoing funding is approved by the Wyoming Legislature.

Are there additional forms or document requirements for these services?

Yes. Case managers must complete required forms and upload them into the service section of the Electronic Medicaid Waiver System (EMWS) when submitting the service plan. The forms can be found on the HCBS Document Library of the HCBS Section website, and more guidance on the forms will be forthcoming in upcoming CCW Case Manager Support Calls.

Why isn't the Independent Living Support Service included?

The Centers for Medicare and Medicaid Services (CMS) did not approve the Independent Living Support Service (ILS) as it was presented. In order to move the rest of the amendment through the approval process, the HCBS Section removed the proposed ILS service. We will review the definition, consider the additional questions posed by CMS, and make a determination on if ILS can be added in a future amendment.

What will case managers be required to document to prove that Home Health Aide and Personal Support Services don't duplicate the new Homemaker Service?

When Homemaker is added to the service plan in EWMS the case manager will be asked if Personal Support Services or Home Health Aide services are included on the plan. If the answer is yes, the case manager will be prompted to add text within the service screen explaining how these services will be implemented to ensure there isn't a duplication of services.

How will this amendment affect participant-directed services?

The HCBS Section made two significant changes to participant-directed services. First, every participant has the opportunity to direct their service, rather than being subject to a competency designation by the case manager. Second, 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.

I currently employ my spouse to provide my Personal Support Services through participant-direction. Is this allowable with the new amendment?

No. CMS required the HCBS Section to have any spouse who provided Personal Support Services to enter into a Medicaid Provider Agreement, which essentially removes the flexibility offered through participant-directed services. Due to this requirement, the HCBS Section did not include an allowance for spouses to provide services in the CCW amendment. This allowance, which has been temporarily approved through an Appendix K authority, will sunset on November 7, 2023. Case managers must work with participants who have employed their spouse under the participant-directed service delivery model, or their designated EOR if applicable, to ensure that they have identified another employee or provider for this service, and modify the participant's service plan accordingly.

Please explain the changes to incident reporting requirements.

Critical incidents, which are defined as suspected abuse, neglect, exploitation, or unexpected death, 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 must be reported within one business day of assuring the health and safety of the participant. These incidents 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. More information on provider and case manager incident reporting requirements can be found in the [CCW Provider and CCW Case Management Manuals](#).

Please explain the changes to background screening requirements.

The HCBS Section has aligned barrier crimes listed in the CCW 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, Homemaker, and Transition Intensive Case Management Services,.

Rather than fingerprinted criminal background screenings, the HCBS Section now requires national name and social security number based criminal background screenings, which providers can obtain through the company of their choice. This change is intended to remove some of the barriers associated with previous background screening processes. Please note that the Department of Family Services Central Registry Screening, National Sex Offender Public search, and Office of Inspector General exclusions database search are still requirements of the background screening process.

Understanding that circumstances change over time, a full subsequent background screening is 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.

As established by the United States Department of Health and Human Services, Office of Inspector General, 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. Providers are required to conduct routine OIG Exclusions Database screenings.

The Provider Credentialing Team will review subsequent background screenings during provider certification renewals. Providers must present documentation that demonstrates that these screenings have occurred upon request by the HCBS Section.

Will service plan modifications be required?

If the participant wishes to add a new service, the case manager will submit a modification to add the service to the service plan. The modification will be handled as any other plan modification would be. Please keep in mind that there may not be qualified providers that are certified to provide the new services right away, so these services may not be available immediately.