



AGENDA

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TOPICS

Chapter 34 of Wyoming Medicaid Rules

Chapter 34 of Wyoming Medicaid Rules governs the Community Choices Waiver (CCW) program, and has not been updated since 1995. The Home and Community-Based Services (HCBS) Section is proposing significant updates to this Chapter, and has invited stakeholders to provide informal feedback on the proposed updates prior to entering the formal rule promulgation process. The draft rule can be found on the [Public Notices, Regulatory Documents, and Reports](#) page of the HCBS Section website, under the *Chapter 34 Informal Feedback* toggle.

Once promulgated, the HCBS Section will apply this Chapter, in addition to the CCW Agreement and sub-regulatory manuals and resources, when holding providers, case managers, and participants accountable to the standards and requirements of the CCW program that are set by the Department of Health and state and federal law. We strongly encourage all CCW stakeholders to review the draft and provide informal feedback. Please submit feedback to Matt Crandall at matthew.crandall2@wyo.gov by April 3, 2023. Feedback should include the specific section or page number being addressed.

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 give the Medicaid program 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.

It is essential to remember that people are not assets, and cannot be purchased as part of a business. If the participant's current provider has a change in ownership, the participant must be given a choice between the new ownership and other providers that can deliver the service. If the participant chooses a different provider, the current provider must work with the participant and their plan of care team to ensure that the participant's transition to a new provider is smooth, and their services continue without interruption.

If there are changes to the provider's executive leadership, these changes must be submitted as a change request in the WHP Portal. 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. Ownership changes take time, and require collaboration between entities such as Carebridge, the Benefit Management System, and HHS Technologies. Failure to notify the HCBS Section of ownership changes at least sixty (60) days in advance could result in an interruption of provider certification or provider payments. 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.

Responding to HCBS Section Communications

The Division continues to experience issues with providers responding to HCBS Section emails within established time frames. Providers should respond to email requests as soon as they are received. Failure to receive or read important information sent by the HCBS Section does not relieve providers of their obligation to respond or act on that information as required, and could result in the provider being subject to corrective or adverse action.

In order to ensure that they are receiving necessary information from the HCBS Section, providers should notify the Section of changes to their email address as soon as possible. Notification should occur by submitting a change request through the Wyoming Health Provider (WHP) Portal. More information on this process can be found in the notes from the January 30, 2023 Provider Support Call and the Provider Change Guidance Manual, which can be found in the [HCBS Document Library](#), under the *Technical Guidance* tab.

Providers should also ensure that *wyo.gov* and *wyohealth@public.govdelivery.com* are added to their contact list so that important emails don't get sent to a spam or junk mail folder

30-Day Notice Requirements

As established in the CCW Provider Manual, if a provider is changing ownership or needs to terminate a participant's services for any reason, the provider is responsible for providing at least 30-days notice to the participant, the case manager, and legally authorized representative, if applicable. Notice should be provided in written format, and specify the date the service will end. This time period allows time for the participant and case manager to arrange for the participant to transition to a new provider. Providers should retain evidence that notification was provided, and be prepared to share it with the HCBS Section upon request.

During this time, the current provider must continue to provide the agreed upon services, and work with the case manager to provide the information necessary for the participant's successful transition. Failure to provide the 30-day notice, or to provide services during the 30-day period, will be considered an abandonment of services and may result in corrective or adverse action.

Requesting Changes through the Wyoming Health Provider Portal

As indicated during the January Provider Support Call, the HCBS Section is now processing provider-requested changes to the provider file through the WHP Portal. The HCBS Section is excited to have this online process available to providers. As mentioned in the earlier topic on responding to HCBS Section communications, more information on this online process is available in the notes from the January 30, 2023 Provider Support Call and in the Provider Change Guidance Manual, which can be found in the [HCBS Document Library](#), under the *Technical Guidance* tab.

When a provider requests a change, the responding Provider Credentialing Specialist (PCS) may request additional documentation. Please work with the PCS to ensure all necessary documentation is available so the change request can be completed.

Community Choices Waiver Amendment

The CCW amendment that has been under review by the Centers for Medicare and Medicaid Services (CMS) since December 2022 has been approved and will be effective on April 1, 2023. Changes to the CCW include:

- Changes to background screening requirements and barrier crimes;
- The addition of several transitional or diversion services;
- Updates to Personal Support, Home Health Aide, and Non-Medical Transportation Services definitions;
- Updates to provider and case manager incident reporting requirements; and
- Changes to the participant-directed service delivery model.

For more information on these changes, please refer to the Frequently Asked Questions (FAQ) document, which can be found on the [CCW Providers and Case Managers](#) page of the HCBS Section website, under the *2023 CCW Amendment FAQ* button.

The HCBS Section did have two additional items in the original submission to CMS, but they were not approved and have been excluded from this amendment.

- 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.
- In order for CMS to approve the ongoing allowance of spouses to provide participant-directed Personal Support Services, they would have been required 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.

Now that this amendment is approved, the HCBS Section will begin work on the technical amendment to extend the increased rates for Home Delivered Meal Services. We would like to thank all of the CCW stakeholders for providing valuable input and offering graciousness during this very busy time.

May Provider Question and Answer Session

The HCBS Section will be hosting a Question and Answer session during the provider support call scheduled for May 22, 2023. Providers will have the opportunity to ask questions related to rules, requirements, Section processes, and other topics that they would like to have addressed. In order for this session to be as meaningful as possible, the HCBS Section is asking providers to submit questions for consideration prior to the meeting.

Please complete the [linked](#) form to submit your questions. Although the HCBS Section will entertain other questions on the call, we cannot guarantee an immediate answer since additional research may be required.

HCBS Section Administrator Announcement

Elizabeth Forslund has accepted the role of HCBS Section Administrator. This role was recently vacated by Lee Grossman, who accepted the position of Division of Healthcare Financing Senior Administrator and State Medicaid Agent. Elizabeth started this new leadership role on March 1st. In this capacity, Elizabeth will lead Wyoming's HCBS efforts to serve older adults, adults with physical disabilities, and individuals with intellectual and developmental disabilities and acquired brain injuries. This important portfolio of Wyoming Medicaid programs includes the Community Choices, Comprehensive, and Supports Waiver programs.

Elizabeth has over 11 years of State service, which includes experience at the Legislative Service Office, Department of Family Services, and the Department of Health. Since November 2018, Elizabeth has served as the Provider Support Unit Manager in the HCBS Section. Elizabeth is excited to continue work with HCBS stakeholders, and looks forward to the work we will accomplish together to further home and community-based services in Wyoming.

Provider Questions and HCBS Section Responses

During the Provider Support Call, the HCBS Section received several questions. These questions, along with the HCBS Section's responses, are noted below:

- Do you have recommendations for a list of name and social security based background check agencies?
 - The HCBS Section does not support or recommend a specific agency to conduct background screenings. Providers are encouraged to review the background screening requirements and obtain screenings that meet these requirements. Some popular background screening agencies include <https://www.directscreening.com/>, <https://www.goodhire.com/>, and <https://www.sentrylink.com/>.
 - For more information on background screening requirements, please contact the Provider Credentialing Team at wdh-hcbs-credentialing@wyo.gov.
- Do agencies need to obtain new background screenings immediately?
 - No. If a staff member has current background screening results that are less than five (5) years old, those results are sufficient. As outlined in the CCW 2023 Amendment Implementation Frequently Asked Questions (FAQ), 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 have until December 31, 2023 to come into compliance with this requirement for current staff members who have been employed for over five years.
- Please clarify critical and reportable incidents of death.
 - All CCW participant deaths must be reported.
 - If a death is unexpected, and isn't the result of a specific diagnosis, then the provider or case manager must report the death as a critical incident immediately after being notified of the incident. In many cases, both the provider and the case manager will report this incident, since one entity may not know if the other entity has reported the incident. The HCBS Section would rather get two reports of the same incident than not get a report at all.
 - If the death is expected, such as the death of a participant who has been in Hospice care for several weeks, it still needs to be reported through the web-based reporting system within three (3) business days of notification of the incident. Typically, this reporting will be done by the case manager, but again, it is better to receive two reports than none. This reporting is important

because the HCBS Section has reporting and follow up requirements, but must rely on the incident report for notification that a death has occurred.

- Please clarify the requirement to report participant ER visits and hospitalizations.
 - Providers must report unscheduled medical or behavioral admissions and Emergency Room visits that occur while a participant is receiving services. If an incident occurs while the participant is receiving services from a provider, the provider must report the incident. Providers do not have the authority to delegate their responsibility to report incidents to another party, such as a case manager. If an admission occurs outside of the time that a provider is billing for services, the admission does not need to be reported.
 - Case managers also have specific obligations related to the reporting of incidents. If the incident occurs while the case manager is actively delivering case management services, they must meet all incident reporting standards established for waiver providers. If a case manager identifies a situation that a provider should have reported as an incident, but didn't, the case manager must submit the incident immediately. If a case manager is aware of an incident, but has additional information or a different perception of the situation, they should submit a report of the incident from their perspective.
- Does the provider have to report incidents to the case manager?
 - Yes. The provider should report incidents to the participant's case manager. This can be done through the WHP portal.
 - For more information on incident reporting requirements, please visit the [Contacts and Important Links](#) page of the HCBS Section website, and select the link to identify your area Incident Management Specialist.
- If a participant gets evicted, would this need to be reported as an incident?
 - No. Eviction is not a category that is reportable to the HCBS Section.

WRAP UP

Next call is scheduled for May 22, 2023