

## AGENDA

- **Program Updates**
  - Updating Participant Addresses in the Electronic Medicaid Waiver System (EMWS)
  - Wyoming Eligibility System (WES) File Information
  - Participant Direction Support Plan Template
  - Completing and Distributing Service Plans
  - Community Choices Waiver Amendment, FAQs, and Upcoming Training
  - Benefits and Eligibility Lead Specialist Position
  - Amendment to Increase Home Delivered Meal Rates
  - Wyoming Medicaid Rules Chapter 34 Update
  - Regular Update of Required Forms
- **Case Manager Questions and HCBS Section Responses**
- **Monthly Training Session** - PHE Flexibility Rollbacks - [Slidedeck](#)

## TOPICS

### Updating Contact Information in the Electronic Medicaid Waiver System

Case managers are responsible for ensuring that all contact information listed in the Electronic Medicaid Waiver System (EMWS), including but not limited to the physical and mailing address, phone number, and email address of the participant, legally authorized representative(s), and other contacts is updated and accurate at all times. Please update information as soon as you are notified of a change. Contact information should be reviewed with the participant on a regular basis to verify that it is accurate.

When a case management agency assigns a case manager to a participant's case, they must include all of the contact information for the case manager, including the case manager's email address. A backup case manager must be assigned at the same time. The information for the backup case manager should be added to the *Contacts* screen in EMWS.

### Wyoming Eligibility System (WES) File Information

The Home and Community Based Services (HCBS) Section has been working closely with the EMWS developers to align participant information across the electronic eligibility systems. Information such as date of birth, Social Security Numbers, and Medicaid IDs listed in the Wyoming Eligibility System (WES), which is used by the Medicaid long term care (LTC) financial eligibility office, is now available in EMWS.

Case managers can now see WES details on the *Participant* screen. If the case manager notices that the WES file information doesn't match what is listed in EMWS, the case manager should reach out to the assigned [Benefit and Eligibility Specialist \(BES\)](#). The BES will work with the Medicaid LTC Specialist to determine which data is correct and coordinate the correction.

### Participant Direction Support Plan Template

The HCBS Section has developed a Participant Direction Support Plan, which is located under the *CCW Participant/EOR Required Documents* tab of the [HCBS Document Library](#). This template was designed to help the participant or designated employer of record (EOR) to clearly convey the participant's support

needs and expectations to the participant-directed employees. This document is available as a tool for the participant and EOR, but is not required and does not need to be uploaded in EMWS as part of the participant's service plan.

### **Completing and Distributing Service Plans**

As established in 42 CFR 441.301(c)(2)(x), a participant's person-centered service plan must be distributed to the participant and other people involved in their plan. Case managers must provide the full service plan to providers of direct care services. This includes the service plan summary from EMWS, the Participant Profile Assessment summary, and the LT101 Summary. Providers of indirect services, such as Transportation, Home-Delivered Meals, Personal Emergency Response Systems, and Homemaker Services, do not need these documents.

The Division is working with the EMWS contractors to develop a PDF that includes all of these components, and will notify case managers once this functionality is available.

### **Community Choices Waiver Amendment, FAQs, and Upcoming Training**

The new CCW amendment has been approved by the Centers for Medicare and Medicaid Services (CMS), and became effective on April 1, 2023. This amendment addresses several changes, which are outlined in the Frequently Asked Questions document (FAQ) that is available on the [CCW Providers and Case Managers](#) page of the HCBS Section website. The new waiver document can be found on the [Public Notices, Regulatory Documents, and Reports](#) page of the website, under the *Current Waivers* tab.

This amendment includes the addition of several new services:

- Environmental Modifications
- Homemaker Services
- Transition Intensive Case Management Services
- Transition Setup Expenses

In order to get these services off the ground, we need providers. Providers must have an executed provider agreement with Wyoming Medicaid, and need to be certified by the HCBS Section to deliver the service. Provider qualifications are established in the CCW Agreement, and can be found in the CCW Service Index, effective April 2023, that is posted on the [Service Definitions and Rates](#) page of the website.

Over the past several weeks, the HCBS Section has received several questions about the implementation of these services. Specifically, case managers have had questions about how to document and bill for transitional services, conflict of interest between transitional and waiver case managers, and general processes for adding these services to participant service plans.

The HCBS Section will host a question and answer session on April 19, 2023, from 10AM - 11AM. During this session, HCBS staff members will be on hand to answer questions related to the new CCW services. Case managers are encouraged to save the date and join us on April 19th. Call in information can be found below.

<https://uwyo.zoom.us/j/95601612917>

Meeting ID: 956 0161 2917

(669) 900-6833

### **Benefits and Eligibility Lead Specialist Position**

The HCBS Section is happy to announce that Erin Sparks will be taking on the role of the Benefits and Eligibility Lead Specialist, effective April 17th. This position was previously held by Nicole Gabel, and has been realigned to better meet the needs of the HCBS program. Before coming to work for the HCBS Section as a BES, Erin worked for a provider organization and served as a case manager. Erin will continue to work with the CCW case manager stakeholder group, assist the Benefits and Eligibility leadership team, and oversee several other projects. We are excited to have Erin in this role.

### **Amendment to Increase Home Delivered Meal Rates**

During the 2023 General Session of the Wyoming Legislature, which adjourned on March 3, 2023, the Wyoming Legislature passed House Enrolled Act 0037. This budget bill appropriated ongoing funding for home delivered meal rates that were temporarily extended through June 30, 2023. The HCBS Section submitted a technical CCW amendment to the Centers for Medicare and Medicaid Services (CMS), which has been approved and is effective on July 1, 2023. This will ensure that there are no gaps to the current home delivered meals rates of \$10.65 for hot meals and \$7.88 for frozen meals.

### **Wyoming Medicaid Rules Chapter 34 Update**

Chapter 34 of Wyoming Medicaid Rules governs the CCW program, and has not been updated since 1995. The HCBS Section is proposing significant updates to this Chapter, and opened this Chapter for informal public comment from March 7 - April 7, 2023. The HCBS Section has reviewed the comments related to Chapter 34, and has made additional updates to the draft rule. This Chapter will now undergo the rule promulgation process, which includes a formal public comment period. The HCBS Section will send notification once the public comment period opens.

### **Regular Update of Required Forms**

The HCBS Section reviews required forms and documents at least annually, and makes updates as needed to reflect program guidance or rules. It is best practice that providers and case managers use the most current version of any required form, so please ensure that you are using the most updated version whenever possible. The HCBS Section will send notification when forms or documents are updated, and the most current version of forms and documents can always be found on the HCBS Section website.

### **Case Manager Questions and HCBS Section Responses**

During the Case Manager Support Call, the HCBS Section received several questions. These questions, along with the HCBS Section's responses, are noted below. When possible, similar questions are grouped into overall topic areas.

- General questions related to the upcoming person-centered planning training that is linked to the Case Management - Certificate Tier reimbursement rate.
  - The HCBS Section included the Case Management - Certificate Tier in the most recent CCW amendment to ensure that case managers are able to access the higher reimbursement once the training is available and completed. The HCBS Section contracted with the Wyoming Institute for Disabilities (WIND) to develop this [training](#). The content is almost complete, and WIND is building the modules into their training platform. We anticipate the training to be available in July 2023. We will notify case managers and provide more details on how to access the training when we are a little closer to implementation.

This reimbursement rate is available through funding from the American Rescue Plan Act (ARPA), and is tied specifically to this training. The higher rate cannot be billed unless this specific training is completed.

- General questions related to Personal Support and Homemaker Services, including the difference between the two.
  - Home Health agencies (HHAs) were added as providers of Personal Support Services (PSS) during the public health emergency (PHE), and were included as ongoing providers of this service with the CCW renewal that went into effect on July 1, 2021. However, HHAs have always provided the service under the flexibility offered during the PHE, and have not delivered this service in accordance with the original definition. It is understandable that there would be some confusion.

The difference between PSS and Homemaker Services is the intent of the service. If the intent of the service is to support the participant, it is more likely PSS. If the intent of the service is to clean, shop, or do laundry, it is more likely Homemaker Services.

PSS is intended to be a direct service that supports participants in accomplishing daily tasks. Although chore type services are also allowed, they must be incidental to the PSS being provided. This means that the provider is helping the participant, not just doing for the participant. In situations when a participant cannot do a chore themselves, such as mopping the floor, the provider can complete this task, but must do so as they are also supporting the participant in other activities, as outlined in the participant's service plan.

If the provider is only completing household tasks, and the intent of the service is to complete chores, this is not PSS; this is Homemaker Services. Although Homemaker is an indirect service, this does not mean that the provider is not allowed or encouraged to interact with the participant. Interaction is part of the human experience, and is different from providing specific personal support as defined in a person-centered service plan.

PSS has been a participant-directed service for many years. Homemaker is not offered through participant direction. The same definition for PSS applies to participant-directed services.

At this time, Homemaker Services can only be delivered by a HHA. To become certified in this service, the HHA can request the change through the Wyoming Health Provider (WHP) portal. When developing this service, the HCBS Section decided to start with the existing HHAs and see if utilization and need justified expanding the service to other provider types. The CCW program is not designed to have multiple independent providers, and the small size of the Provider Credentialing team limits our ability to handle a large influx of new providers.

Although PSS can currently be provided by Senior Centers as part of the ongoing COVID flexibilities, they will not be authorized to provide the service after November 30, 2023. Senior Centers were not included in the CCW renewal as an ongoing provider type. The HCBS Section is not able to explain that decision, as it occurred prior to the merge of the

Developmental Disabilities and Community Based Services sections. However, the current HCBS Section understands the importance of this provider type, and will include this addition in the next CCW amendment.

The HCBS Section is open to further discussion on how we can expand services in the future.

- General questions about participant signatures.
  - As part of the flexibilities offered during the PHE, case managers were granted additional discretion in conducting service plan development and monitoring activities while implementing social distancing measures to mitigate the spread of COVID-19. This included the flexibility to submit required forms and program materials without the participant or legal representative's required signature, as long as the case manager documented that the activity was conducted remotely.

This flexibility is being rolled back, and case managers are now required to submit legal signatures as required. [42 CFR 441.301\(c\)\(2\)\(ix\)](#) establishes that the person-centered plan must be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation. Any change to a participant's service plan must be signed by the participant in order to demonstrate informed consent of that change.

A valid electronic signature is one that has been created with an electronic signature device that the identified signatory is uniquely entitled to use for signing that document, and where the signatory is authorized to sign the document by virtue of their legal status or relationship to the entity on whose behalf the signature is executed.

- General questions about spouses as direct support workers.
  - In accordance with the HCBS Waiver Technical Guidance issued by the Centers for Medicare and Medicaid Services, spouses are generally considered to be a legally responsible individual, and federal policy ([42 CFR §440.167](#)) prohibits payments to individuals for services they are ordinarily obligated to provide. There is some ability for States to pay a legally responsible individual for extraordinary care, but services must meet the same criteria required for a customary provider, as well as satisfy additional protections. **The legally responsible individual must meet the provider qualifications that the state has established for the personal care or similar services for which payment may be made, and the state must conduct monitoring of such services, including the required documentation and assurance that the services are delivered in accordance with the service plan. In addition, such arrangements require the proper execution of a provider agreement.**

The HCBS Section cannot meet the requirements established by CMS if the spouse is a participant-directed employee. Requiring the employee to enter into a Medicaid provider agreement, and imposing HCBS Section monitoring standards negates the flexibility that participant direction provides, and in fact transforms these employees into traditional providers. We will continue to review options and will consider other avenues for allowing a spouse to be paid during the next CCW amendment.

- Have there been changes to how ACES\$ allocates budgets? Participants are being told, and paychecks are being held up, due to employees going over their allotted weekly hours. Direct support workers are not scheduled for more than 40 hours per week, so why is ACES\$ dictating how participants spend their budgets?
  - The number of hours per employee should align with what the employer has documented in their staffing and task plans. The Employer of record must follow Department Labor laws, and cannot allow employees to work more than 40 hours per week. If there is a problem with ACES\$, the employer should reach out directly to them, or file a complaint. If there are still questions, please reach out to the BES in your area to determine next steps. In some situations, the BES can escalate this issue where appropriate.
  
- How often do employee background screenings need to be renewed?
  - As established in the CCW amendment that went into effect on April 1, 2023, the HCBS Section requires providers to conduct a full subsequent background screening on employees every 5 years. Additionally, providers must, on a routine basis, ensure that employees are not included on the OIG List of Excluded Individuals/Entities.
  
- Why are case managers only being paid for 2 out of the 5 components of case management? We are doing far more than plan monitoring and development, especially with the roll back of PHE exceptions.
  - The Case Management reimbursement rates that went into effect on July 1, 2021 were calculated using the rate methodology established in the [SFY2022 Community Choice Waiver Provider Rate Study Report](#). These rates were increased, effective July 1, 2021, to ensure that ARPA maintenance of effort requirements were met.
  
- Previously, participants had to have one other service in addition to case management. During the PHE, participants were able to remain on the waiver with only case management services. Is this still allowed?
  - As established in the CCW renewal that went into effect on July 1, 2023, participants only need to have case management services to remain on the CCW. During the PHE, participants who did not receive case management services did not lose their CCW eligibility. With the rollback of the PHE flexibilities, all participants must receive at least case management services every month.

## **WRAP UP**

***Next call is scheduled for June 8, 2023.***