



AGENDA

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TOPICS

Provider Support Call Information

During the Provider Support Call Question and Answer Session that was held on April 24, 2023, the Home and Community-Based Services (HCBS) Section received several questions that were directly related to case managers and the work that they do. Rather than repeat that information here, the HCBS Section encourages case managers to review the Q&A document, which can be found on the [DD Providers and Case Managers](#) page of the HCBS Section website, under the *Provider Support Call Notes* toggle.

Case Manager Appreciation

The HCBS Section would like to thank case managers for their hard work and dedication to the participants they serve. We want to be partners and work well together to ensure that participants live the happiest, healthiest lives possible. We understand that it can be frustrating to receive feedback on quality improvement reviews (QIRs) and individualized plans of care (IPCs) that require changes, but please know that we appreciate the work you do.

Functional Assessment of Standardized Items (FASI) Project

The Division of Healthcare Financing (Division) has contracted with the Wyoming Institute for Disabilities (WIND) to study the Functional Assessment of Standardized Items (FASI), which is a set of functional assessment items that originated from the Continuity Assessment Record and Evaluation tool created for post-acute care settings. WIND will assess if the FASI can be used as an alternative to the LT-101 and LT-104 assessments that are currently used to determine institutional level of care for HCBS waiver applicants and participants. Additionally, WIND will determine if there is value in using the FASI, rather than the Inventory for Client and Agency Planning (ICAP) assessment, to calculate individual budget amounts (IBAs).

Over the next several months, WIND will implement a pilot project to conduct FASI assessments on target populations in order to determine how it aligns with current assessment tools. The HCBS Section

will send letters to participants who are randomly chosen to participate in the pilot project, and will notify case managers when the letters are sent.

It is important to note that it is not the intent of this project to change or tighten eligibility requirements; however, the Division must explore options and implement a solution that will address the challenges that currently exist with Wyoming level of care assessments.

In an effort to ensure transparency and communication throughout this process, the HCBS Section will provide regular updates and opportunities for feedback. For more information, please visit <https://health.wyo.gov/healthcarefin/hcbs/fasi/>. If you have questions regarding this project, please email wdh-fasi@wyo.gov.

Temporary Changes to HCBS Section Priorities

We all face changes every day – whether it is a simple change in the weather, our schedule, staffing and vacancies within our organizations, or life-changing events. Change affects us all and we each deal with change differently. As Heraclitus said, “The only constant in life is change.” The HCBS Section recognizes that providers and case managers are dealing with change and challenges. We acknowledge that this is a frustrating time, and that it can be challenging to do the important work that you do while remaining in compliance with federal, state, and program rules and regulations.

The HCBS Section is not immune to the workforce crisis that has affected employers from all industries nationwide. We have had several employees retire or move on to new opportunities, and with a temporary hiring pause currently implemented across Wyoming state government, these positions are expected to remain vacant for several months. In an effort to continue to meet our program requirements and provide high quality customer service, the HCBS Section has also had to reprioritize our current projects to ensure the most important work gets completed. This reprioritization has resulted in some temporary changes to HCBS Section activities.

- The HCBS Section will suspend the June and August Provider Support Call and the July Case Manager Support Call. Support calls will resume in September 2023. In the interim, the HCBS Section will still provide important updates and ad hoc trainings as necessary.
- Effective May 1, 2023, the Benefits and Eligibility Unit will decrease the number of QIRs it conducts each month. This decrease will result in a decrease in case manager QIR tasks, but case managers are required to complete all current and future QIR tasks within the required timeframes.

It is imperative that case managers develop IPCs in accordance with Chapter 45 of Wyoming Medicaid Rules. Prior to submitting an IPC, the case manager should reach out to their area Benefits and Eligibility Specialist (BES) with questions about plan development. Additionally, they should ensure that all Case Management Monthly Reviews (CMMRs) for that participant are complete. Having incomplete CMMRs will result in a failed QIR. Meeting these standards will reduce the number of times you’ll be asked to go back and correct an IPC. If changes are required, it will benefit case managers and HCBS Section staff if case managers make the changes in a timely fashion.

Lastly, if you need more time to complete a CMMR or if there is a reason you cannot complete a modification to an IPC in the time allowed, please be sure to reach out to your BES. If you are trying to get things done, but might miss the deadline, providing a heads up in advance will help keep everyone on track.

- BES caseloads will be reallocated. The current caseload list can be found on the [Contacts and Important Links](#) page of the HCBS Section website.
- Initial provider applications will continue to be processed, but the HCBS's initial review of the application may take up to 30 calendar days. If you are aware of applicants who are trying to become waiver providers, please remind them that the process takes time. More information on the provider application process can be found on the [DD Waiver Provider Application Process](#) page of the HCBS Section website.
- Provider recertification deadlines may be extended. The HCBS Section is currently reviewing criteria that would qualify providers for an extension on their recertification deadlines. Additional information will be communicated shortly.

The HCBS Section would like to extend a thank you to providers and case managers for their collaboration and ongoing partnership. During the next few months we request your understanding that response times may be delayed. We are committed to providing the best customer service possible, and thank you for your patience during this time.

Positive Behavior Support Plan (PBSP) Manual

In accordance with Chapter 45, Section 17 of Wyoming Medicaid Rules, a participant who has a challenging behavior identified by the plan of care team must have a current functional analysis conducted within the last year to identify what the participant is trying to communicate through their behavior, to identify the function or possible purpose for the behavior, to explore antecedents and contributing factors to the behavior, and to review and describe potentially positive behavioral supports and interventions in order to develop a positive behavior support plan (PBSP).

The HCBS Section would like to remind case managers that a Functional Behavioral Analysis and PBSP form is available on the HCBS Document Library. Additionally, the HCBS Section has developed a PBSP manual. This manual is intended to supply participants and their plan of care team with guidance, which is based on scientific research and best practice standards, to develop a PBSP. This manual supports and guides the development, implementation, and monitoring of behavior supports that are necessary in maintaining or improving the health, safety, and well-being of participants

Wyoming Eligibility System (WES) Mismatch Task

The HCBS Section has been working closely with the Electronic Medicaid Waiver System (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, will now be available in EMWS. Case managers may notice a WES Mismatch task when IPCs or modifications are submitted. These tasks are for the BES to complete. The case manager does not need to acknowledge these tasks.

Additional details listed on the Participant screen in EMWS will highlight what is mismatched. If the case manager notices that the WES file information doesn't match what is listed in EMWS, the case manager may reach out to the assigned BES, who will determine whether something needs to be updated. If there is an old and new Medicaid ID listed, this should not be an issue as long as these two numbers are linked in the Benefits Management System (BMS).

Guardianship Documents

The HCBS Section would like to provide clarification regarding the uploading of guardianship documentation. The following process should be used moving forward:

The original guardianship document and the 5 year verification document should always be uploaded on the EMWS *Contact* screen of the most current IPC. If the IPC includes a restriction on a participant's rights, and the supporting documentation is the guardianship paperwork, then these documents must also be uploaded on the *Rights* screen as well. Although this seems redundant, when an IPC is submitted, it must be a complete plan that includes all supporting documentation. There may be times when documents are uploaded in more than one area to supply the needed documentation required for that area of the plan.

Do not replace original guardianship documents with the five year verification; both the original document and the verification that ensure those documents are still in effect must be uploaded to the applicable sections of EMWS as described.

Quality Improvement Review (QIR) Correction Submission

When a case manager receives a QIR notification, the notification will outline what the case manager must do to bring the IPC into compliance. Please make sure that you have completed all of the required corrections before resubmitting the IPC to the BES who completed the QIR. If you are unsure as to what is being asked of you, please reach out and ask for clarification prior to resubmission. Case managers are regularly resubmitting IPCs without needed corrections, which then requires the BES to escalate the QIR to more formal action.

Daily and 15 Minute Respite Units

Many providers of Respite Services continue to experience billing issues related to challenges with 15-minute and daily Respite units. As the HCBS Section prepared a short blurb to provide guidance on this issue, we realized that this subject is nuanced, and a little tricky. We are currently drafting detailed guidance on Respite Services and how they are processed through Carebridge, including some specific scenarios to provide more context and understanding. This is a priority for the HCBS Section, and we are committed to making this guidance available to providers and case managers as quickly as possible.

Benefits and Eligibility Unit Changes

The HCBS Section is happy to announce that Erin Sparks accepted 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 assist the Benefits and Eligibility leadership team, and oversee several other projects. We are excited to have Erin in this role.

Alex Brooks accepted the role of Communications Analyst, effective May 1st. This position was previously held by Theresa Cain. Alex has been with the State of Wyoming for almost 10 years. Before she joined the HCBS Section in August 2018, she worked with the Department of Family Services for 5 years. Alex is no stranger to stakeholder communications and interactions. She has built great relationships over the past 5 years in her role as a BES, and will be bringing her knowledge and experience to the Communications Analyst position. Please join us in welcoming Alex to this new role.

After eight years with the HCBS Section, Jessica Abbott transitioned to a new role within the Division as of May 1, 2023. We are so grateful for Jessica's commitment to the HCBS Waiver program, case managers, and participants. We thank her for her outstanding service, knowing she will be missed.

Finally, Shirley Pratt has accepted the position of Provider Support Unit Manager, effective May 1, 2023. This position was recently vacated by Elizabeth Forslund. Shirley has been with the Department of Health since July 2016, and has served as the Policy Analyst and Policy and Communications Manager for the HCBS Section. Prior to that time, she spent 25 years in various positions with a provider organization in Laramie, Wyoming. In her past and current roles, Shirley has worked with participants, providers, case managers, and family members on numerous projects and in varying capacities. Shirley has experience and knowledge of provider challenges and issues, as well as federal, state, and Division rules and regulations.

Please refer to the [Contacts and Important Links](#) page of the HCBS Section website for BES caseload updates and other contact information.

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:

- Would it be possible for the BES to send an email to case managers when an IPC is defaulted to a QIR upon submission.
 - EMWS does not have this functionality at this time, and BES do not currently have the capacity to send emails when a QIR hits their task list. Case managers should continue to work with their BES if they have questions. While QIRs are typically based on a random selection, there are certain circumstances that will often trigger a QIR upon plan submission, Case managers can anticipate a QIR upon plan submission when:
 - A participant Level of Service score is 5.5 or above on the Comprehensive Waiver.
 - An IPC includes:
 - Community living level 3 - 6 or host home as a new service;
 - Remote monitoring; or
 - Specialized equipment, environmental modifications, skilled nursing, or crisis intervention services.
 - The IPC is an initial plan.
 - There is a restriction on the participant's right to be free from restraint.
 - The IPC hasn't had a QIR for two years

Additionally, IPCs that have backdated service lines, are over the participant's IBA, or include a relative provider will usually receive a QIR upon plan submission.

- Does the HCBS Section have any updates on the case manager certification?
 - The HCBS Section has 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, and will begin sending communications with more details in June. As a reminder, the temporary enhanced reimbursement rate associated with this certificate tier 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.
- When is the American Rescue Plan Act funding ending?
 - The timeline for spending ARPA funding is March 31, 2025. However, funding could be expended prior to the spending deadline.

- When working with participants who are medically fragile, is it still okay to do home visits virtually?
 - No. Case managers are currently required to follow service plan monitoring standards outlined in the DD Waiver Service Index.

As mentioned in today's training, DD Waiver case management activities have always been designed to be in-person, direct services. A primary responsibility of case managers is the ongoing monitoring of a participant's health and welfare, and this is best done through in-person observation. When the case manager is in the participant's physical proximity, they can connect more effectively, observe body language and appearance, and more easily recognize concerns related to the environment. The health and safety of the participant is of utmost importance, but there are other mechanisms, such as masks or social distancing, that can be used as an alternative to the isolation that comes with conducting business virtually. Most people have returned to shopping, dining out, and attending public events and social gatherings, and have found various ways to participate in these activities while still focusing on health and safety.

WRAP UP

Case Manager Support Calls are being suspended until September 11, 2023