

AGENDA

Program Updates

- Submitting Incidents and Complaints
- Wyoming Health Provider (WHP) Portal Naming Convention
- Submitting Full Billing Units for Payment
- Wyoming Medicaid Rule Chapter 34 Public Comment Period
- 30 Day Notice Requirements
- Provider Certification and License Renewals
- Help Desk Reminders
- Acknowledgement of Case Closures
- Extensions to Public Health Emergency Requirements
- Background Screening Requirements
- Assisted Living Facilities and Home Delivered Meal Limitations
- Meet the Provider Support Unit
- Question and Answer Session Community Choices Waiver Provider Manual <u>Slidedeck</u>

TOPICS

Submitting Incidents and Complaints

Over the past several months, the Home and Community-Based Services (HCBS) Section has noticed that incidents are often submitted late, and are typically submitted by the case manager. We would like to review the provider requirements for submitting incidents and complaints.

In accordance with the Community Choices Waiver (CCW) Provider Manual, every provider is responsible for reporting incidents through the Wyoming Health Provider (WHP) portal. Providers cannot delegate incident reporting responsibilities to the case manager, or vice versa.

First and foremost, providers are responsible for ensuring the safety and well-being of the participants they support. Incident reports should be filed only after immediate medical, health, or law enforcement interventions have been addressed. For more information on how to file a complaint, please refer to the <u>HCBS</u> <u>Incident Submission Process Guidance Manual.</u>

Critical incidents include suspected abuse, neglect, exploitation, and unexpected death, which includes death as a result of an unexpected natural cause, illness, or disease; death as a result of neglect or trauma inflicted by another person; death as a result of a medication error; or death as a result of an accident, suicide or unknown cause. Critical 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.

Reportable incidents must be reported within three (3) business days after assuring the participant's health and safety or, in the event of death, within three (3) business days of being notified of the incident. Reportable incidents include the use of restraint or unauthorized use of restrictive interventions, seclusion, serious injury, elopement, medical, behavioral, or emergency room admissions that are unexpected and occur while the participant is receiving services, and death that does not meet the definition of "unexpected."

Providers will typically file incidents; however the HCBS Section also maintains an electronic complaint system. Complaints can also be filed through the WHP portal. This system is not intended for providers to report on situations with participants in their services; those concerns should be reported as incidents. However, if a provider has a complaint or concern regarding a participant that is outside of their services, or if a participant wants to file a complaint, the complaint process would be the appropriate filing mechanism. For more information on filing complaints, please review the <u>Provider Complaint Process Manual</u>.

Wyoming Health Provider Portal Naming Convention

The HCBS Section has implemented naming convention guidelines for documents that CCW providers are required to upload into the WHP portal. These naming conventions will help providers, HCBS Section staff members, and other state and federal agencies to locate important documents.

The HCBS Section will continue to accept documents from currently enrolled providers, regardless of how they are titled, through December 31, 2023. Beginning January 1, 2024, documents that are not named in accordance with the naming convention will be returned to the provider to be renamed. Newly enrolled providers will be held to the naming convention standards, effective immediately.

The CCW WHP portal File Naming Convention can be found on the <u>CCW Provider and Case Manager</u> page of the HCBS Section website, under the *Case Manager and Provider Resources* toggle. It is also located on the Resources tab of the WHP portal.

Submitting Full Billing Units for Payment

The HCBS Section has identified several instances when CCW providers are billing for partial units, such as one and a half units for home health aide services or skilled nursing. Please be advised that the Benefit Management System (BMS) will reject partial units. Please be sure you only submit claims for full unit increments.

CCW rounding rules can be found on page 17 of the CCW Provider Manual. The initial 15 minute unit of a service must be rounded down if it is under 15 minutes, as anything less than 15 minutes of service does not qualify for payment. Typical rounding rules apply for subsequent units.

Wyoming Medicaid Rule Chapter 34 - Public Comment Period

Chapter 34 of Wyoming Medicaid Rule, which governs the CCW program, is currently published for public comment. The proposed rule can be found on the <u>Public Notices, Regulatory Documents, and Reports</u> page of the HCBS Section website, under the *Chapter 34 Public Comment* toggle. Written comments must be submitted by 5:00PM on Monday, October 9th.

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 proposed rule and provide public comment to Matt Crandall at <u>matthew.crandall2@wyo.gov</u>. Each comment should include the specific section or page number being addressed.

Please remember that the best time to address concerns with the proposed rule is before it is promulgated. Once the rule is in place, all participants, providers, and case managers will be held to the established requirements.

30-Day Notice Requirements

As established in the CCW Provider Manual, if a provider terminates 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.

Provider Certification and License Renewals

In accordance with Chapter 3 of Wyoming Medicaid Rules, a provider's Medicaid enrollment will be terminated if they lose, or fail to provide documentation of, their required licensure or certification. Please ensure that your current effective license is uploaded in the WHP portal.

CCW providers must also ensure they are in compliance with the requirements of the CCW program, the general provider participation standards detailed in Chapter 3 of Wyoming Medicaid Rule, and the terms and conditions detailed in the Medicaid Provider Agreement. The CCW provider certification renewal is a primary requirement for CCW providers. Each provider has a certification expiration date, after which the provider will no longer be able to deliver CCW services unless they have completed the recertification process.

The recertification process is completed through the WHP portal. At least 120 days prior to the expiration of certification, the provider will receive an automated email sent to the email address on file in the WHP portal. They will also receive a reminder email 45 days prior to their expiration date. Please note that the expiration date is not the "due date" of the recertification. Recertification must be completed prior to the expiration date. If a provider fails to submit their certification documentation before their certification expires, they will be decertified. Once decertified, the provider is not entitled to an administrative hearing. If the provider misses their deadline, they must start the process for becoming a certified provider over again, and are not eligible to provide services or receive payment in the interim. This is extremely disruptive to the participants the provider supports.

The HCBS Section would again like to remind providers to start their provider certification renewal as soon as they receive the notification that their certification is going to expire.

Help Desk Reminders

Due to an increase in the number of case managers and providers who are contacting our various help desks and stating that they are not getting a response, the HCBS Section would like to remind everyone to add the following email addresses to your safe email list or your contacts. This will ensure that you are receiving responses sent by our various help desks and HCBS staff members.

- WHP Portal Help Desk
 - providerportal@gannettpeaktech.com
 - providerportal@gannettpeaktech.atlassian.net
- Electronic Medicaid Waiver System (EMWS) Help Desk

- emws-helpdesk@wyo.gov
- waivers@gannettpeaktech.atlassian.net
- <u>waivers@gannettpeaktech.com</u>
- Provider Credentialing
 - <u>wdh-hcbs-credentialing@wyo.gov</u>
 - Any email with a wyo.gov address
 - Provider Certification Notifications
 - <u>improvproviderportal@wyo.gov</u>

It is also important for you to remember how you created your account in the various portals. For example, if you registered to become a user in the WHP portal with the "Continue with Google" option, this ties your WHP portal account to your Gmail account, and allows you to use your Gmail password. You must continue to use that option when logging in; if you have issues with your password, the Help Desk will not be able to assist you. If you logged in using a specific username and password, then you can reset your password through the Portal.

Finally, if you need to submit a ticket to a help desk, include as much detail as you can so that we can help you resolve your issue. Submitting tickets with comments such as "The portal doesn't work" just isn't helpful, and can delay our response. Tell us what isn't working and what you have tried, and if you are getting a specific error message, add a screenshot. This will help us troubleshoot and resolve the issue more quickly.

Acknowledgement of Case Closures

If a participant moves out of state, discontinues waiver services, enters a nursing home or is in the hospital for more than 30 consecutive days, or passes away, the case manager is responsible for closing the participant's case in EMWS. When a participant's case closes in EMWS, providers will receive a notification in the WHP portal. Please visit the WHP portal regularly, acknowledge closures when they hit your task list, and ensure that you do not provide or bill for services once a participant's case has been closed.

Extensions to Public Health Emergency Flexibilities

The extensions that were allowed during the COVID-19 public health emergency (PHE) will sunset on November 11, 2023. Case managers and plan of care teams should be working together to ensure that participants are receiving services in accordance with the CCW agreement and service definitions.

- Case Management
 - As of December 1, 2023 the HCBS Section will not accept any document that requires a signature without that signature.
 - Case managers should encourage participants to meet in person for service plan development activities. If a participant chooses to meet by phone or video, it is the participant's call. Participants can decide how they want their service planning and monitoring to occur. Case managers do not get to make that decision, nor should they try to sway the participant to make a decision that is more convenient for the case manager. If the participant does choose to meet virtually, this decision must be documented in the participant's service plan. Case managers cannot provide services to participants who are incarcerated.
- Home Delivered Meals
 - The two meal a day limit on home-delivered meals will be reinstituted beginning December 1, 2023.
 Participants have been notified of this change, and case managers should be working with them to modify their service plans.
- Personal Support Services

- Effective December 1, 2023, senior centers can no longer provide personal support services. Participant have been notified of this change as well, and case managers should be working with them to find alternative providers.
- Effective November 11, 2023, a participant's spouse can no longer be paid to provide personal support services through the participant-directed service delivery option. The HCBS Section tried to get this flexibility added as a permanent option in the CCW amendment that was approved on April 1, 2023, but the Centers for Medicare and Medicaid Services (CMS) denied the request. The HCBS Section is still working with CMS to determine how to allow a participant's spouse to be a participant-directed employee.

For more information on the flexibilities that are ending, please review the <u>CCW COVID Flexibilities</u> document or review the <u>CCW Case Manager Support Call training</u> that was conducted on April 13, 2023.

Background Screening Requirements

CCW providers that deliver Adult Day, Assisted Living, Case Management, Home Health Aide, Personal Support, Respite, and Skilled Nursing services are required to meet background screening requirements. Any person who may have unsupervised access to participants must complete and pass a background screening. The background screening consists of

- Wyoming Department of Family Services (DFS) Central Registry Check;
- A review of the Office of Inspector General (OIG), List of Excluded Individuals/Entities database;
- United States Department of Justice, National Sex Offender Check; and
- Name and Social Security Number based criminal background screening

A subsequent screening must be completed every five (5) years. For more information, and helpful links, please refer to the *Background Screening Resources* toggle located on the <u>CCW Providers and Case</u> <u>Managers</u> page of the HCBS Section website.

Assisted Living Facilities and Home Delivered Meal Limitations

In accordance with Chapter 12, Section 7(j)(iv) of the Division of Aging Rule, a minimum of three meals in a twenty-four (24) hour period shall be provided to each resident of an assisted living facility (ALF) during normal dining hours. Participants who reside in an ALF should not have home-delivered meals on their service plan. Although a participant may not want to eat the meals supplied by the ALF, any additional meals must be paid by the participant. The CCW will not pay for duplicate meal services.

Meet the Provider Support Unit

The Provider Support Unit is comprised of twelve (12) full time employees who are responsible for assuring that providers of waiver services comply with Medicaid Rules. This Unit is divided into two distinct teams.

The Provider Credentialing Team is responsible for enrolling and certifying providers, conducting on-site visits related to provider certification, and ensuring that providers continue to follow federal requirements related to HCBS settings. To contact the Credentialing team, send an email to <u>wdh-hcbs-credentialing@wyo.gov</u>. Someone from the team will respond. If you are working through a certification renewal, you will be assigned a Specialist. Please work with your assigned Specialist throughout the renewal process. Our Credentialing Team is led by Alice Esquibel, and includes Glen Barrows, Shirley Lueders, and Tawnya Mortenson. We are currently working to fill two vacancies on this team.

The Incident Management Team is responsible for reviewing and responding to complaints, reviewing and investigating incidents, and determining and reporting an analysis of root causes related to critical incidents. An Incident Management Specialist (IMS) is assigned to counties around the state. To find the IMS for your area, you can click on the link located on the <u>Contacts and Important Links</u> page of the HCBS website. IMS contact information is located on the map. Our IMS Team is led by Wendy Hoover, and includes Eric Cralley, Leigh Holm, Andrew Horam, and Barbara Strasser.

WRAP UP

November meeting is canceled due to the Thanksgiving holiday Next call is scheduled for January 29, 2024