



CCW Provider Support Call Notes September 25th, 2023 HCBS Response to Questions

Can more documents be added to the Naming Convention? Case managers upload several documents that are not currently listed.

Response: There is a naming convention for documents that are uploaded into the Electronic Medicaid Waiver System (EMWS) and a naming convention for the documents that are uploaded into the Wyoming Health Provider (WHP) portal. To request changes to the EMWS Naming Convention, please contact your area [Benefits and Eligibility Specialist](#) (BES). To request changes to the WHP Portal Naming Convention, please email wdh-hcbs-credentialing@wyo.gov.

Can you explain the provider's incident reporting requirements? How does this work?

Response: In accordance with the Community Choices Waiver (CCW) Provider Manual, each provider who is delivering and billing for services is required to report incidents that occur while the provider is delivering services. Incident reports must be submitted through the WHP portal. Providers cannot delegate incident reporting responsibilities to the case manager, or vice versa.

More information on the provider's obligations to report incidents can be found in the [CCW Provider Manual](#), beginning on page 34. Specific steps on how the provider submits an incident report in the WHP portal can be viewed on the [recorded training](#) that was presented on June 15, 2021.

Where in the service plan should case managers document that a participant wishes to periodically meet remotely?

Response: The participant's choice to meet remotely can be documented on the Case Management Monthly Review Form (CMMR), under the Contact Note for that visit. The documentation must include the reason the participant is requesting a virtual meeting and an explanation of how the case manager encouraged a face-to-face interaction.

Is there a way to print the service plan as one document, or is that something the Division is working on?

Response:

At this time the entire service plan cannot be printed as one document. We are working with our developers to try to resolve this issue so that it can be printed as one document.

Case managers are required to meet face to face with participants quarterly. If a participant requests to only have remote visits, how should case managers work with participants to get "wet" signatures.

Response: As a recipient of home and community-based waiver services, the participant agrees to meet program requirements, including the requirement to meet with their case manager in person at least once a quarter. This in-person meeting is necessary so the case manager can assess the ongoing health and safety of the participant. While this may not always be the case,



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a participant is typically receiving other in person services, such as personal support or home health aide. If a participant is requesting to only have remote case management visits, the case manager should notify their area BES to discuss whether or not this meets current waiver requirements.

Please provide clarification on case closures. If a participant is incarcerated, should the case manager close the case? Is this process the same for a participant who is in a facility or rehab?

Response:

If a person is incarcerated the case must be put on hold for thirty days and after that it must be placed into closure. We cannot keep a person on the waiver nor can they receive services when they are incarcerated. If a person is in a facility or rehab the same process should be followed. We can reopen a case within 90 days so if the person should be released or discharged from rehab or a facility contact the BES to have the case reopened.

Can the Division provide an initial provider portal training for new providers? Other providers are being asked to walk new providers through getting set up with the portal and are stating the Division did not provide them with training.

Response: Although the development of this training is on a list of things to accomplish, it is not a priority at this time. However, the HCBS Section does have a guidance document that walks new providers through logging into the WHP portal, as well as a document that walks them through completing and submitting a provider application. Additionally, there are guidance documents that explain the process for provider change requests, filing complaints, and developing and submitting corrective action plans. These documents can be found on the HCBS Document Library page of the HCBS Section website, under the *Technical Guidance* tab.

If a provider has questions about how to navigate the WHP portal, we will always ask them to refer to the available resources first. However, if they are still having issue, they can contact the Provider Credentialing team and someone will help them with their specific questions.

It is also important to remember that agencies who employ staff members are responsible for training their staff members on the various program technologies, processes, rules, and regulations. As an example, if a case management agency hires a new case manager, the agency is responsible for providing the training related to the WHP portal and EMWS.

Currently the CCW is experiencing a shortage of home health agencies and staff throughout the state. What will the Division do to address this as there is no incentive to become a provider for the CCW program?

Response: Staffing shortages are a very real problem that is impacting health care and long term care services across the nation, including Wyoming CCW services. Unfortunately there



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isn't an easy answer or resolution. This topic, including consideration of how to recruit and retain providers, is an ongoing discussion within the Department of Health.

The HCBS Section intends to conduct a rate rebasing study beginning in 2026. Although money isn't the only incentive option, the Department of Health is committed to assuring, to the extent possible, that CCW provider payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available to participants to the same extent that such care and services are available to the general population. The HCBS Section strongly encourages all providers to participate in the rate survey process so that the analysis includes provider experience and costs from all areas of Wyoming.

If a participant goes to the hospital with a nose bleed while receiving services, does this have to be reported?

Response: A participant's admission to a medical or behavioral institution or emergency room that is not a scheduled medical visit and occurs while the participant is receiving CCW services is considered a reportable incident, and must be reported by the provider that was delivering the services within three (3) business days after assuring the participant's health and safety. Providers should notify the case manager that the incident has occurred. The case manager is not required to send a duplicate incident report, but must send a report if they have additional information about the incident, or if they identify an incident as reportable that was not reported by the provider,

Are all situations considered by the Department to be black and white, or is there wiggle room for specific cases?

Response: The HCBS Section understands that every situation is nuanced. However, the HCBS Section cannot state or agree to "wiggle room" that would be in conflict with the federal or state laws that govern the CCW program, or the program rules and requirements that are established and approved for the program by the Centers for Medicare and Medicaid Services (CMS).