



AGENDA

Program Updates

- Division Communications
- Reporting Behavioral and Medical Admissions
- Review of Service Definitions

Training - Reminders and Updates

TOPICS

Division Communications

The total number of emails that the Division of Healthcare Financing (Division) sends can be overwhelming, and can result in the people receiving that communication becoming desensitized to incoming information. Critical communications may get lost in the shuffle, resulting in inaction, unresponsiveness, and misunderstandings that can be especially detrimental to our stakeholders. To promote efficiency and help our audience to quickly identify the purpose and priority level of our email communications, a visual, tiered system will be implemented.

- Level one - read or reference as needed
- Level two - higher priority; be sure to open and read
- Level three - highest priority; response or action needed within 1-3 business days

Reporting Behavioral and Medical Admissions

Between the Community Choices Waiver (CCW) renewal that went into effect in July 2021, and Wyoming Medicaid Chapter 34 that went into effect this month, there have been several changes to how providers and case managers are expected to report critical and other incidents. One of the questions we continue to receive from case managers and other providers is when a participant's medical or behavioral admission should be reported to the HCBS Section as an incident.

The CCW agreement with the Centers for Medicare and Medicaid Services (CMS) states that medical or behavioral admissions and Emergency Room visits that are not scheduled should be reported if they occur while the participant is receiving services. Wyoming Medicaid Chapter 34 is worded similarly.

Although medical and behavioral admissions that occur during CCW services must be reported by the provider, the HCBS Section is requesting that providers and case managers also report these types of admissions even when they do not occur during the provision of CCW services. In particular, the HCBS Section is requesting that, if a case manager is made aware that a participant has been admitted to the hospital, the case manager submit an incident report to notify us of this situation. This reporting can help the HCBS Section to respond to other state and federal agency inquiries, including those related to mortality review.

The HCBS Section appreciates the case manager's and provider's cooperation with ensuring that important information is shared with appropriate parties.

Review of Service Definition

During a question and answer session that was held in September 2023, the HCBS Section was asked to clarify the difference between Home Health Aide, Personal Support, and Homemaker Services. Since that time, the HCBS Section has received several more questions related to these services and how they are supposed to be delivered.

In order for the HCBS Section to better explain the differences between these services, we want to go back to how these services were delivered prior to the CCW renewal that went into effect in July 2021. Before July 2021, only two of these options were available; Home Health Aide and Personal Support Services.

- Home Health Aide Services were available to participants on a part time or intermittent basis, and were required to be delivered by a Certified Nurse Aide (CNA). Although general household tasks could be provided, those tasks had to be 1) incidental to the personal care being provided during the visit, 2) the participant had to be unable to manage the home and care for themselves, and 3) the individual regularly responsible for these activities had to be temporarily absent or unable to conduct these activities. These services were direct services, meaning that the service had to be provided while the participant was present.
- Personal Support Services were very similar to Home Health Aide Services, except that they could be provided by individuals other than CNAs and could also be delivered through the participant directed service delivery model. General household tasks could be provided, but had to meet the same criteria as household tasks provided under Home Health Aide Services.

During the COVID public health emergency, the Division offered flexibilities to Personal Support Services in order to promote the health of participants during that unprecedented time. Of particular note, service coverage was extended to include the provision of light housekeeping, meal preparation, and grocery shopping *independent of assisting a participant with an activity of daily living*, meaning that the provider could perform services like grocery and personal care shopping without the participant present. During the COVID PHE, there was not a corresponding flexibility for Home Health Aide Services. This service was always intended to be a direct service, meaning that the participant was required to be present during the service.

When Section 9817 of the American Rescue Plan Act was implemented, the Division received funding to enhance, expand, or strengthen home and community-based services in the State of Wyoming. Based on input from our stakeholders, the HCBS Section developed and implemented services that would divert participants from being admitted into nursing homes, and when possible, support individuals to transition out of nursing homes back into their communities. As these services were developed, the HCBS Section solicited input from providers, case managers, and other stakeholders.

When the CCW amendment that ultimately went into effect on April 1, 2023 was under review by CMS, CMS required the Division to provide an explanation of the difference between these two services, as well as the Homemaker Service that was being added. CMS wanted to ensure that there wasn't a potential duplication of services, and that the Division was not requiring services that could be provided by unlicensed individuals to be provided by licensed personnel. The following clarifications were provided to CMS:

- Home Health Aide Services are direct services and, due to the level of support required, must be provided by a Certified Nursing Assistant.

- Personal Support Services are direct services, but may be provided by unlicensed individuals.
- Homemaker Services are indirect services, meaning that the participant does not need to be present during the delivery of this service.

The HCBS Section has heard provider concerns about these definitions, specifically concerns related to participants who do not want to go, or cannot go into the community to run their own errands. While we understand that this is a challenge, and a change from how services were provided during COVID, the definitions that are in place at this time establish how services must be delivered now. We do not believe that CMS will approve indirect services to be delivered by licensed individuals at higher rates. For the future, we would offer the following suggestions for providers that are delivering services to this group of participants:

- Consider using Homemaker Services to deliver indirect services.
- Use direct services to support participants in ordering groceries and scheduling other errands using online resources.

We strongly encourage you to participate in future cost studies and input sessions so that your concerns and suggestions can be heard before definitions, rules, and program requirements are in place. Submitting complaints after programs are in place does not allow us to address them in a meaningful way.

WRAP UP

Next call is scheduled for March 25, 2024.

QUESTIONS & ANSWERS

How can we ensure that all our case managers are included in the email distribution list?

Response: There are actually a couple of pieces to this particular puzzle. When providers and case managers are enrolled as CCW providers, the HCBS Section adds them to the corresponding CCW email distribution list. However, that practice has only been in place since the CCW program merged as part of the overall HCBS Section, and providers do not always make necessary updates to their email addresses if something changes.

All providers and case managers should ensure that the domain name @wyo.gov is added as an accepted contact. This should keep important emails from going directly into a spam or junk email folder. If the domain name @wyo.gov is already an accepted contact, you should reach out to Dawn Walsh at dawn.walsh@wyo.gov. Inform her of your current waiver program and if you are a provider or a case manager, and she can make sure you are on the appropriate email list.

While this may solve the first piece of the puzzle, there is another to address. The saying “You can lead a horse to water, but you can’t make them drink” may hold true in that “You can send all of the important information to the people, but you can’t make them read.” The HCBS Section regularly addresses questions from case managers and providers that have received an email that answers that exact question...they have just not read it.

Providers and case managers who attend support calls are usually the folks who read HCBS Section communications, so this is a little like preaching to the converted. So, we ask that each of you reach out to colleagues and others in your field as well, and remind them of the importance of attending support calls and reading program communications. The HCBS Section will be sending a provider survey the week of February 5th to learn more about provider communication needs, but we need everyone's help to ensure the appropriate folks are receiving important information.

Should I submit an incident report (IR) if the participant visits the Emergency Room two weeks prior to my scheduled visit and informs me about it afterwards?

Response: Chapter 34 only requires the submission of an incident report for emergency room visits if the emergency room visit occurred during the provision of CCW services. However, as a courtesy, the HCBS Section requests that providers and case managers report these types of admissions using the WHP portal, even when they do not occur during the provision of CCW services.

Could you please provide guidance on where we can find additional information regarding the modifications made in Chapter 34?

Response: Before the new version of Chapter 34 went into effect on January 3, 2024, this Chapter had not been updated since March 17, 1995. With almost 30 years of changes to address, we would contend that this rule has not really been modified, but completely rewritten. We strongly encourage providers to read the [rule](#), in its entirety, to completely understand the requirements it establishes. The HCBS Section conducted a training on this Chapter on January 23, 2024. The recording of the training, as well as a list of frequently asked questions and HCBS Section responses, can be found on the [Training](#) page of the HCBS Section website, under the *Chapter 34 CCW Provider Training* toggle.

Chapter 34 outlines the requirement for case managers to deliver participant-specific training on service plans. Is there a specific form similar to the one used for the Comprehensive and Supports Waiver that needs to be completed for this purpose?

Response: Providers are responsible for designating one staff member to receive training on the participant's service plan from the case manager. The provider is then responsible for ensuring that everyone who works with the participant receives this participant-specific training before they deliver services to the participant. This training is not intended to teach a person how to do their job, but rather how to work directly with the participant they are serving...their specific preferences and needs. Although the HCBS Section has created a template to document this training for the Comprehensive and Supports Waiver programs, the CCW program is very different and the HCBS Section believes that this type of template will be overly burdensome. The HCBS Section will provide additional guidance in the CCW Provider Manual, but for the most part providers will need to determine how they will document the required training and maintain the documentation in a way that works best for their business. Documentation must include the date of the training, the trainer, the topic areas discussed, and how the person being trained demonstrated understanding. The HCBS Section will review training documentation during the provider recertification process.

Regarding 30-day notices for participant terminations, as outlined in Chapter 34, it mentions the requirement to provide such notices to both the participant and the Division. Could you please clarify the specific contact within the Division to whom we should address these notices when a provider terminates a participant?

Response: Chapter 34, Section 9(g) states that "A CCW provider shall notify the participant and the Department in writing thirty(30) calendar days prior to ending services with the participant. All

transitions occurring from this decision shall follow standards and requirements established by the Department.” As part of the HCBS Section’s transition process, the provider must include the case manager and any applicable legally authorized guardian in this written notification. Written notification can be sent to the area Incident Management Specialist. This process will be included in the updated CCW Provider Manual.