


Good afternoon and thank you for joining us today. My name is Jennifer Adams, I am the benefits and eligibility manager for the HCBS Unit. Chapter 34 specifically covers the Community Choices Waiver and was recently promulgated.

Before we continue, we want to clarify some of the language you might hear today.

- The Community Choices Waiver is most commonly referred to as CCW or the CCW program.
- We will refer to the HCBS Section or HCBS program. HCBS stands for home and community-based services. We also refer to just HCB, which simply stands for home and community-based.
- The HCBS Section is organized under the Division of Healthcare Financing, which is a Division of the Wyoming Department of Health. We will sometimes refer to the Division or Department, which means Division of Healthcare Financing, or Department of Health.
- The Electronic Medicaid Waiver System, which we refer to as EMWS, refers to the system that houses the participant's electronic record. Case managers use EMWS to develop a participant's plan of care and complete monitoring activities for the plan of care.
- The term "service plan" will be used interchangeably with "plan of care".
- Finally, we may refer to services that take place in assisted living facilities and adult day service programs. We refer to these services as ALF and ADS respectively.



To inform case managers of applicable standards in Chapter 34 of the Wyoming Medicaid Rules governing the Community Choices Waiver.

This is the second of a two-part training series the HCBS Section planned regarding Chapter 34. The first, held on January 23rd, gave a general overview for all CCW providers.

The purpose of this training is to inform case managers about specific, applicable standards in Chapter 34 of Wyoming Medicaid Rules which governs the Community Choices Waiver.

Agenda

- Overview on Administrative Rule
- Sections 1-2: Authority, Purpose & Applicability
- Section 4: Application Process
- Section 5: Program Eligibility & Transitional Services
- Section 11: Provider Training Standards
- Section 15: Incident Reporting
- Section 16: HCBS Settings
- Section 17: Case Management Planning & Service Requirements
- Section 18: Participant Direction
- Section 20: Documentation Standards
- Questions

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Chapter 34 section numbers were intentionally included on this agenda to provide a quick point of reference for case managers that may want to look up more detailed information in the rule later on. This will be posted for reference with the remainder of the slidedeck on the HCBS website.

This training is focused mainly on the sections of Chapter 34 rules that outline expectations specific to case managers. Please feel free to post any questions you may have in the chat box as we move through the sections. We will answer them as time allows at the end of the presentation, or through follow-up by posting written answers to questions shortly after the conclusion of the training.

Administrative Rules?



Alignment with Wyoming's other Medicaid Waiver programs - Comprehensive and Supports Waivers



Update and align with today's Community Choices Waiver Program

As we reviewed in the January 23rd overview training, Chapter 34 was updated to bring the Community Choices Waiver program into alignment with Wyoming's other Medicaid Waiver Programs, to clarify standards, and align them with how the program is currently operating. The rule was promulgated in early January making these standards now enforceable.

1-2: Authority, Purpose and Applicability



Wyoming
Department of
Health & SSA



Authorizes HCBS to
interpret rules
through bulletins &
manuals

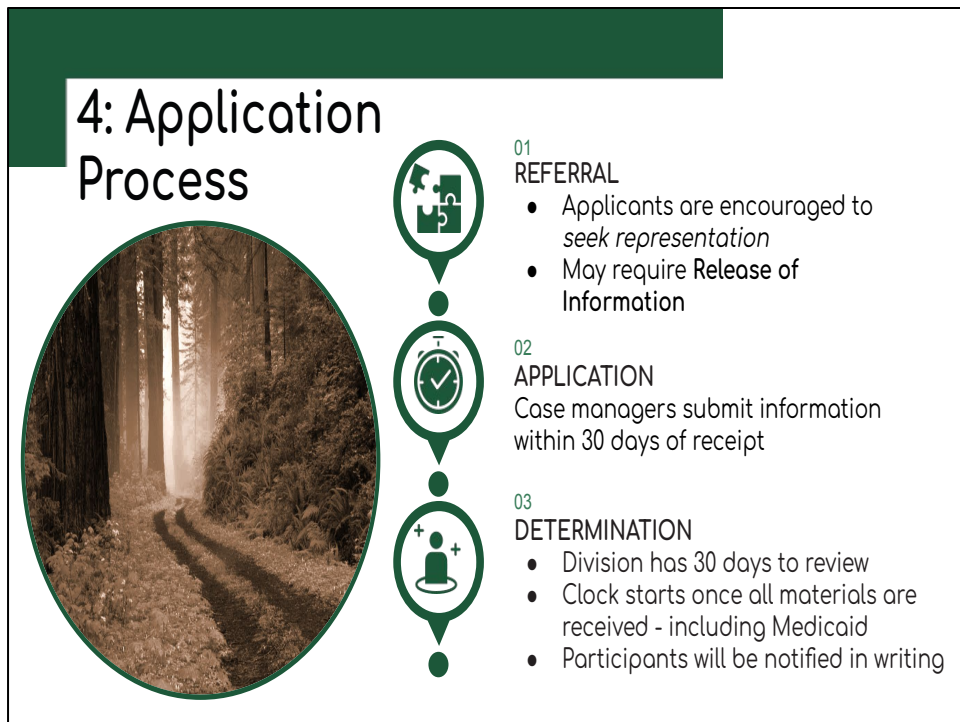


Case Managers
have a unique and
very important role

Sections 1 and 2 - Authority, Purpose and Applicability

Section 1 gives the Wyoming Department of Health the authority to promulgate the rule. Section 2, subsection (c) states that the Department may issue manuals and bulletins to interpret this Chapter. The rule itself provides the overall program expectation, but process, practices, and other standards are further clarified in the manuals issued by the HCBS Section, which can be found on the Division website .

The CCW program has a case manager manual along with other guidance documents. This manual can be updated as necessary, as issues arise that need further clarification, or changes in process are made. It is important to note that the manuals are an *extension* of the rule and hold the same level of enforceability. Case managers play a unique role and have an important set of responsibilities as they partner with the Department to meet these standards, support participants, and execute the CCW program.



Section 4 provides expectations regarding the application process. Case managers play a critical role in the initial application process and on the participant’s path towards receiving services. The overall application process flows from referral to application to determination.

This Section allows for applications to be submitted “as prescribed by the Department” which means paper, electronic, or by other means. The Division intends to implement an electronic online application option in the near future.

- Section 4 subsection (a) states the application shall be completed, dated, and signed by the applicant or a legal guardian who is assisting the applicant.
- Section 4(b) states that applicants may be accompanied, assisted, or represented by an individual or individuals of their choice during the application process. Keep in mind that a **release of information** is required to speak to someone who is not the participant or the LAR.
- Case managers should submit all application materials within 30 calendar days of receipt. Applications that do not follow this timeline will be asked for updated dates and signatures if they are not submitted in a timely manner.
- Section 4 subsection (c) states that the Department (or its agent) shall review all applications, supporting documentation, and evaluations within thirty (30) calendar days of receipt and determine whether the applicant is eligible. **This timeline assumes approval from Medicaid.** Section 4(d) explains that applicants will be

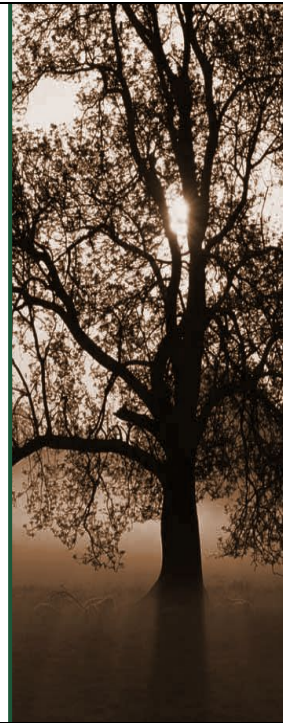
- notified of the determination in writing and, when applicable, will receive an explanation of their right to request an administrative hearing.

5: Waiver Program Eligibility

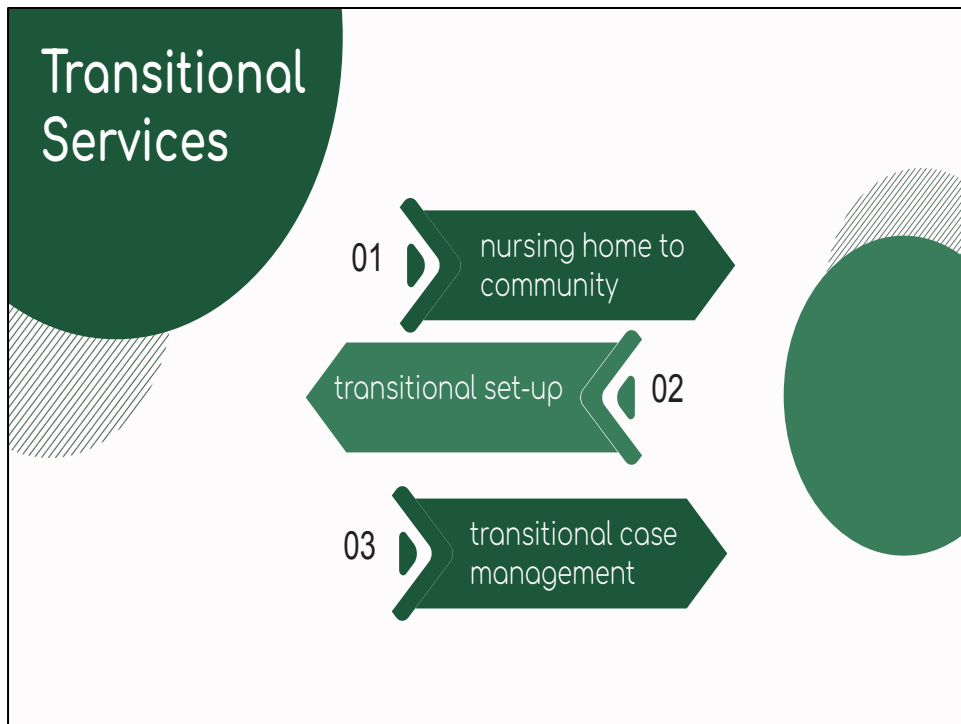
CCW Requires Continuous Eligibility

Eligibility may terminate if the participant:

- is no longer in the waiver's target group or meets financial eligibility requirements
- changes residence to another state
- voluntarily stop using services for 30 consecutive days
- is in an institutional facility for 30 or more consecutive days
- leaves the state for 6 consecutive months
- becomes active on another waiver



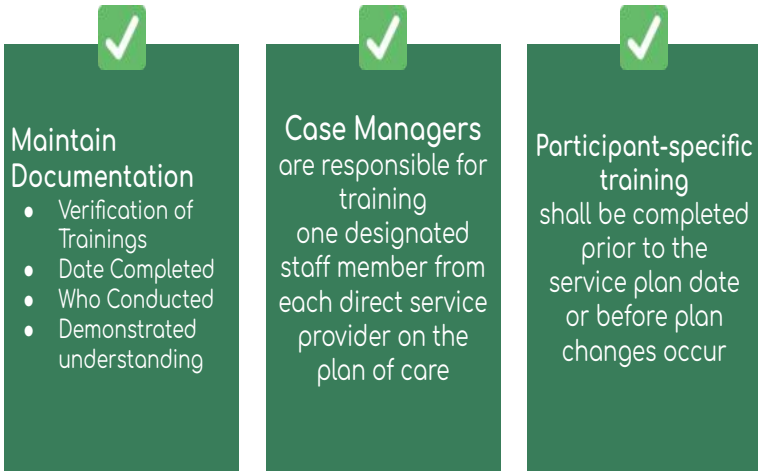
Section 5 includes the reasons a participant might lose their program eligibility as well as transitional services case managers may provide when a participant is transitioning from a nursing facility or an institution. The CCW waiver requires that participants maintain continuous eligibility while participating in the program.



Transitions in services occur when a participant becomes ineligible for services, is preparing to return to the community after a stay in a nursing facility, or is making a case manager or provider change. Section 5 outlines loss of eligibility, transitions when a participant is entering or leaving a nursing facility, as well as other eligibility occurrences.

Section 5(c)(iii) states that individuals residing in an institutional setting may receive transitional services for a period of six (6) months prior to transitioning to HCBS in accordance with the Department's standards and requirements. Section 17(i) outlines transitions when the participant changes, stops, or adds providers to the plan of care or requests a change in case manager.

11: Provider Training Standards



Section 11 outlines provider training standards. This section includes case management services as you are a provider as well.

Sections 11(b-d) state that providers shall maintain documentation of participant-specific and Department established training that demonstrates staff members are qualified to provide waiver services. Case managers are required to provide training to designated provider staff as designated by the provider agency. Documentation shall include verification of completed trainings, date training was completed, who conducted the training, and how the staff member demonstrated understanding. This form will be made available to providers to utilize. Case managers must conduct the training but it will be the responsibility of the provider to maintain record of this training.

Participant-specific training on the plan of care should occur prior to the plan's start date or before any changes to the plan of care occur in accordance with Division standards. This means anytime there's a change to the plan that affects the service delivery for the participant, case managers must train at least one staff member, designated by the provider, on those changes. Changes in units, but no change in the delivery of services, do not need updated participant-specific training.

15: Incident Reporting & Complaints

- Providers make notifications within 3 days for non-critical incidents or immediately for critical incidents
- Providers notify the Department, participant's case manager, and the participant's legal guardian
- Providers must comply with case manager's request for information
- The Department will investigate all reported incidents

Section 15 discusses Incident Reporting and Complaints.

It is extremely important for case managers to ensure their timely notification of incidents - both critical and non-critical. Section 15(b) states that providers must notify case managers, the Department, and the participant's legal guardian **immediately after assuring the health and safety** of the participant when a critical incident occurs. For non-critical incidents, a provider has 3 business days to report the incident to the Division, **the case manager**, and the legal guardian. It is the provider's responsibility to make these reports.

Section 15(d) ensures that providers comply with a case manager's request for information relating to all incidents. This is also true for requests for information from the Division, other state agencies and/or law enforcement. As a case manager, if you ask for information, providers should comply and provide the information you requested.













Section 15(f) explains that the Department of Health or its designee will conduct investigations of all reported incidents. The scope and duration of investigations will vary based on circumstances and follow up actions required. Investigations are not considered concluded until all follow up actions have been taken to reasonably assure the health and safety of the participant(s).

Critical	Non-Critical
<ul style="list-style-type: none"> ● Suspected abuse, neglect or abandonment ● Suspected exploitation, including sexual exploitation and medication diversion ● Suspected intimidation or sexual abuse ● Death that is not the result of an expected medical diagnosis 	<ul style="list-style-type: none"> ● Serious injury to the participant ● Elopement ● Any use of seclusion ● Unscheduled medical or behavioral admissions & emergency room visits that occur while the participant is receiving a CCW service ● Use of restraint ● Unauthorized use of restrictive interventions ● Other incidents of death

The categories of Critical and non-critical incidents are found in Chapter 34, Section 15. Examples of critical incidents would include abuse, neglect and death that is not the result of an expected medical diagnosis along with other listed categories.

Non critical incidents include but are not limited to serious injury to the participant, use of restraint, and elopement to name a few. It is important to remember that all critical incidents are defined in state statute, W.S. 35-20-102. Section 15 is important to reference as a guideline when determining what would be considered a reportable incident and what category the events falls into.

16: Home and Community Based Service Settings

Provides Freedom of Choice	Protects Privacy, Dignity & Respect	Free from Coercion & Restraint	Full Access to Greater Community
Choice in providers 		Cannot lock bedroom door 	Can go to a movie 
Choice in roommates 	Private sleeping space 	No access to food after lunch hours 	Can have a job 
Visitors allowed anytime 	Not adjacent to institution 	No lease agreement 	

Home and Community Based Service Settings rules can be found in Section 16. This section sets the expectations of providers who provide services through the CCW waiver. Case managers have a responsibility to verify that Section 16 is followed and any observed violations are addressed. These standards apply to every participant and their service plan. It is critical for case managers to thoroughly understand these standards to safeguard participants and uphold participant rights. The chart lists several examples of how Section 16's "Setting" rule is applied. All people, including participants on the CCW waiver, have the same rights and freedoms. Case managers should safeguard participant's rights at all times.

It is important to note that participants who receive ALF Memory care and reside or receive services in a part of the building that is locked in a manner that does not allow the participant to leave whenever they would like to is a restriction of the participant's rights and must be addressed in the plan of care.

Section 14 of Chapter 34 rule is a good reference regarding participant's rights and safeguards should you have questions.

17: Case Management and Service Planning Requirements



Participant selects case management agency. Agency assigns case manager based on participant preferences.



CM assists with identifying, accessing, and coordinating CCW and other WY Medicaid services - regardless of funding source



CM identifies and coordinates natural supports. Conducts assessment of participant's needs, goals, preferences and health/safety risks

Section 17 outlines the case manager's day to day duties and responsibilities and covers their specific service requirements. Section 17(a) states that upon application, participants shall select a case management agency from a list of all CCW qualified agencies serving the participant's county of residence. The participant's selected case management agency shall assign one (1) person to serve as the primary case manager, based on the participant's preferences.

Section 17(b) outlines the broad categories that case managers are required to complete when working with a participant who is either applying for or is receiving services on the Community Choices Waiver. The rule specifically states:

- (b) Case managers shall assist the participant with:
- (i) Accessing CCW and Wyoming Medicaid State Plan services;
 - (ii) Identifying and coordinating access to medical, social, educational, employment and other services, regardless of the funding source; and
 - (iii) Identifying and coordinating natural supports.

Section 17(c) states that the case manager shall conduct a comprehensive assessment of the participant's strengths, needs, goals, preferences, and any potential health and safety risks using the department's prescribed methods, tools, and procedures.

Section 17(k), gives the Department authority to limit caseloads to ensure that case managers can effectively coordinate services for all participants.

The case manager manual will be updated to reflect changes or provide further clarification

regarding expectations of the case manager in carrying out their duties and ensuring rule is followed. This manual is incorporated by reference and will carry the same weight as Chapter 34 rules.

Person-Centered Service Plans

1. Assures health and welfare
2. Acknowledges strengths and promotes goals
3. Addresses assessed needs
4. Mitigates identified risks
5. Accommodates preferences whenever possible
6. Reflects scope, frequency, and duration of chosen services
7. Includes a backup plan / alternate service to ensure continuity of services
8. Considers other services and supports




Section 17(d) covers Person-Centered Service Plans and states that the case manager shall develop a person-centered plan of care using Department identified systems and processes. This section clearly outlines the expectations of the participant's plan of care and components needed within the plan to meet CMS and state requirements regarding person centered plans of care. The Division sees this as a key component of ensuring that participants have the services and supports they need.

This plan shall:

- (i) Assure the health and welfare of the participant;
- (ii) Acknowledge the participant's strengths, and promote the participant's self-determined goals;
- (iii) Address the participant's assessed needs;
- (iv) Include a plan to mitigate identified risks;
- (v) Accommodate participant preferences to the extent possible;
- (vi) Reflect the scope, frequency, and duration of the services chosen by the participant;
- (vii) Include a backup plan or identify an alternate service or support to ensure the continuity of services; and
- (viii) Consider services and supports available through the CCW, the Medicaid State Plan, other federal, state, and local public programs, the participant's family or natural support system, and any other relevant community resources.

During the Planning Process the Case Manager...

- Encourages participants to direct plan development & provides information on participant-directed service
- Provides education & information on long-term care programs & service options
- Abides by participant's choice of individuals included in the planning process - including guardians when authorized
- Provides participant a current list of all HCBS enrolled providers in the participant's county & disclose any affiliation or interests.



Section 17(e) outlines the plan of care development process in more detail. The rule states that the case manager shall facilitate a person-centered planning process that supports and encourages the participant to direct their own plan of care development to the maximum extent possible.

This includes the following requirements:

- Case managers shall abide by the participant's choice of individuals included and excluded from the plan of care development process. If the participant's decision-making authority has been conferred to a legal guardian, the case manager shall involve the representative in the plan of care development process to the extent authorized.
- The case manager shall also provide education and information on the long-term care programs and service options available to the participant.
- Section 17(e)(iii), the case manager shall provide the participant a current list of all HCBS enrolled providers serving the participant's county of residence. They must also disclose any ownership of, affiliation with, or financial interest in any of these potential waiver service providers.

Section 18(e)(iv) also instructs case managers to provide information on participant-directed services during

- (A) Initial service plan development;
- (B) At annual service plan reviews;

- (C) Whenever the service plan is updated due to a significant change in the participant's condition; and
- (D) At any other time the participant requests.

Discussion should include potential benefits, liabilities, risks, and responsibilities associated with the participant directed service delivery option.

During the Planning Process the Case Manager also...

Facilitates discussions among team members to determine the services, supports & delivery options

Ensures planning times & locations are convenient

Ensures the planning process reflects participant's cultural considerations

Provides information in plain language and in an accessible format



Section 17(e) outlines the following requirements:

- Case managers shall facilitate discussion among the individuals participating in the plan of care development process in order to assist the participant in determining which services, supports, and delivery options will be included in the plan of care.
- They shall also ensure that planning activities are conducted at times and locations convenient to the participant.
- And that the planning process reflects the cultural considerations of the participant and shall provide information in plain language and in a manner that is accessible to participants with disabilities or with limited English proficiency.



We have a Plan...Now What?

Meetings, Monitoring & More

1. Hold annual service plan team meetings
2. Hold service plan team meetings upon request
 - a. Of the participant
 - b. In response to a significant change in the participant's condition
 - c. In response to circumstances disclosed through plan monitoring activities
3. Coordinate and monitor all services and supports included in the service plan.
4. Coordinate transitions when the participant changes, stops, or adds providers to the service plan - including requested changes of a case manager.
5. Shall provide participant-specific training to each provider delivering a direct service.

Plan monitoring and follow up:

Section 17(f) through 17(j) discusses the standards for executing a participant's plan of care including the details on plan meetings and monitoring including outlining the requirement for the case manager to hold an annual service plan team meeting to review, develop or update the plan.

17(g) outlines additional times that a case manager should hold a plan of care team meeting which includes

- upon request by the participant
- in response to a significant change in the participant's condition
- or in response to circumstances disclosed through monitoring and evaluation activities.

Case managers are also responsible for coordinating and monitoring all services and supports included in the plan of care as prescribed in Section 17(h).

As discussed earlier in this training section 17(j) reiterates the need for case managers to provide participant-specific training to each provider delivering a direct service on the plan.

Conflicts of Interest

The Department has established protections where case managers shall not...

- be related by blood or marriage to the participant, or to any person paid to provide CCW services to the participant.
- share a residence with the participant or with any person paid to provide CCW services to the participant.
- be financially responsible for the participant.
- be empowered to make financial or health-related decisions on behalf of the participant.
- own, operate, be employed by, or have a financial interest in any entity that is paid to provide CCW services to the participant.



Conflict free case management is a requirement established on the federal level through CMS. Section 17(l) establishes protections from conflicts of interest in order to safeguard participants and providers against undue influence or place restrictions on a participant's freedom of choice.

At a minimum, Section 17(l) states that case managers shall not:

- be related by blood or marriage to the participant, or to any person paid to provide CCW services to the participant.
- share a residence with the participant or with any person paid to provide CCW services to the participant.

The next three items which are highlighted in green apply to both case managers as well as the case management agency

- be financially responsible for the participant.
- be empowered to make financial or health-related decisions on behalf of the participant.
- own, operate, be employed by, or have a financial interest in any entity that is paid to provide CCW services to the participant. Note that financial interest includes a direct or indirect ownership or investment interest or ANY direct OR indirect compensation arrangement.

Resolving Conflicts of Interest

When conflicts are identified between a case manager and CCW service provider...

- Document the conflict
- Assist participant with selecting a new case manager, case management agency, and/or service provider



Section 17(m) outlines action steps for when conflicts of interest do arise between a participant's chosen case manager and CCW service provider. Section 17(m) calls for the case manager to document the conflict, assist the participant in selecting a new case manager, case management agency, and/or CCW service provider in order to eliminate the conflict of interest.

It is important to remember that conflict free case management applies to all Medicaid services. Specifically this means that a CCW Case Manager cannot be the Targeted Case Manager for a CCW Participant on the Supports Waiver waiting list as this considered a conflict.

CHOICE



Choice is a basic tenet of home and community-based waiver services.

It is important to remember that choice truly is a basic tenet of home and community-based waiver services. The Division says this often because we want it to be on the forefront of everyone's mind. From the person-centered planning process to self-directed delivery methods, participant choice is critical. Participants must have the freedom to choose the services they receive, who provides those services, where they live, with whom they spend time, and what they want for their future. Having choice is paramount to human dignity and is at the core of waiver services including Participant Direction of CCW Services.

When to Discuss Participant Directed Service Delivery

CASE MANAGERS SHALL PROVIDE INFORMATION ON PD...



- At initial plan development
- At annual plan reviews
- At plan of care updates due to a significant change in condition
- At any other time the participant requests

Section 18 of Chapter 34 provides guidelines for Participant Direction of Services. Participant direction is an optional service delivery method that offers CCW participants an alternative to receiving services through traditional provider agencies and should be discussed during the person-centered planning process. Section 18 instructs case managers to provide information to participants on this service delivery option during the initial plan of care development, at annual reviews, whenever the plan of care is updated due to a significant change in the participant's condition, and any other time the participant requests.

Case Managers Provide
INFORMATION & ASSISTANCE
in support of Participant Directed Services

- Obtain & submit employer enrollment documentation
- Determine, review & maintain plan budget
- Assist with obtaining & completing required documentation
- Coordinate with Fiscal Management Services agency
- Monitor for effectiveness, quality & expenditures
- Facilitate transitions to other service delivery methods if needed

Section 18(f) goes into more detail about the specific assistance and support case managers are to provide for participants using Participant Directed Services. This includes:

- Assisting the EOR in obtaining and submitting employer enrollment documentation;
- Determining the participant-directed budget based on the participant's assessed needs and the approved methodology;
- Assisting the participant or EOR in obtaining and completing required documents;
- Coordinating with the Fiscal Management Services agency;
- Monitoring participant-directed service effectiveness, quality, and expenditures as determined by the Division.
- Reviewing and updating the participant-directed budget as required by the Division; and
- Facilitating the transition of a participant to a different service delivery option when the participant voluntarily terminates, or is involuntarily terminated from, participant direction.

The April 8th CCW case manager support call training will be devoted to Participant Direction and we will discuss specific details of this option at that time.



Documentation Standards can be found in Sections 20(g) through 20(k). We've summarized this section with the four D's - DUE DATE, DETAILS, DILIGENTLY MAINTAIN & DESTROY.

Case managers should expect to receive provider service documentation by the tenth (10th) business day of the month following the date that services were provided. For example, if the services were provided on March 7th, documentation is due by April 10th. This is true even if no services were provided. Providers should report that no services were provided by the 10th business day of the following month. All documentation must include details including the day, month and year of the service, service location, the service provider's signature, and a detailed description of the service itself. This also includes *daily* documentation for services that span a period longer than one calendar day. Case managers must also follow this schedule for the case management services they provide.

It is critical for case managers to diligently maintain participant files and service documentation. Specifically, the case manager needs to assure that all information, including but not limited to, guardianship paperwork, physical and mailing addresses of the participant, their legal guardian, and other contacts is up-to-date and accurate at all times. The case manager shall notify the Division and other providers of any changes. It is critical that case managers document all monitoring and evaluation activities, and follow-up on the Case Manager Monthly Review in EMWS. In addition, section 20(j) states that all documentation shall be made available to the Department upon request. Providers or case managers that fail to make documentation available, may receive corrective action.

Case managers shall securely store and retain all confidential documentation received from

other providers for a twelve (12) month period from the month services were provided. After which time, case managers should follow safe destruction policies. The safe retention and destruction of documentation is true even if the participant changes case managers.

Key Takeaways

1. Promulgated Rule
2. Reporting Critical and Non-Critical Incidents
3. Plan of Care Development
4. Conflict of Interest
5. Documentation Standards

Key Takeaways:

1. Chapter 34 is now a **promulgated rule** and must be followed. HCBS Section is committed to working with all providers during this time of transition. From now until June 30, 2024 if a rule violation is discovered, technical assistance may be provided. Effective July 1, 2024, the expectation is that Chapter 34 rules will be followed as written.
2. Case managers are responsible for knowing and reporting **critical incidents** within 24 hours (once participant health and safety is ensured) and within three days for non-critical incidents. Important Reminder: Wyoming state law (statutes 14-3-205 & 35-20-103) mandates any person who suspects the abuse, neglect or exploitation of a vulnerable adult is required to report.
3. **Plan of Care Development.** Case managers need to facilitate a person-centered planning process that encourages participant involvement in the plan development to the maximum extent possible. This includes considering which individuals a participant wishes to include or exclude in the planning process, providing them with information about long-term care programs, and providing them with a list of all providers serving in their county.
4. If **conflicts of interest** arise, the case manager should document them, assist the participant in selecting a new provider/agency or case manager, and work to eliminate the conflict of interest. Remember, a CCW Case Manager cannot be the Targeted Case Manager on the DD waiver for a Participant who is on the waitlist for

1. the Supports Waiver.
2. Lastly, the four D's of Documentation Standards. Due Date, Details, Diligently Maintain and Destroy. **Documentation** is due by the 10th day following the date of service, *even if no services were provided*. All documentation must include **daily details**: day, month, year, provider signature, and service location *even when the service spans longer than one day*. Case managers should **diligently maintain** up-to-date contact information for participants and guardians. And finally, documentation must be securely stored and **destroyed** after one year (even if you are no longer the participant's case manager).

It is our hope that the standards, processes and protections covered in Chapter 34 will ultimately lead to a stronger, more consistent CCW program.



Thank you for attending today's training. Should you need clarification regarding this information, please reach out to your assigned Benefits and Eligibility Specialist who can assist you or put you in contact with the appropriate person.

We will now answer questions regarding the contents of this training as time permits.