AGENDA

Program Updates & Reminders

- Conflict Free Case Management
- Case Management Agencies Wyoming #
- Environmental Modifications
- Reporting Behavioral and Medical Admissions
- Hospitalizations and Reopening Cases
- Closure Locations
- Timelines for POC Submissions
- CMMRs
- Homemaker Services Providers
- CCW Case Manager Stakeholder Engagement Group

Training - Chapter 34 for Case Managers

TOPICS

Conflict Free Case Management

Case managers who provide services on both the DD and CCW waivers **must** remember that they are required to remain *conflict free regardless of the waiver* for which they are providing services. If a participant is on the waiting list for the DD waiver and is currently receiving services on the CCW waiver, the case manager cannot be the Targeted Case Manager for the DD waiver and the current CCW case manager. This puts the case manager in conflict, and may also result in attempting to bill for two different Medicaid services at the same time. A case manager cannot bill the monthly unit for CCW and be on a DD Waiver participant's plan for Targeted Case Manager services. If this occurs, please work with the assigned BES to ensure choice is offered to the participant for one of the two case management services and work to resolve the conflict. Simply stating that you will not bill for TCM is not an allowable option and will not resolve the conflict.

Case Management Agencies Wyoming

If changing case management agencies, please pay attention to the Wyoming Number being entered. This number must be the current number. If an old or incorrect number is entered, it causes a multitude of issues that take time to resolve.

Environmental Modifications

During the NCI cycle that took place earlier this year, multiple participants indicated that they were in need of environmental modifications. Since that time, the Division has developed several ways to track these concerns as well as provide follow-up communications regarding these concerns. Going forward, we will be working with case managers and teams to try to address some of these needs to assist participants.

Incident Reporting of Behavioral and Medical Admissions

As mentioned in the last CCW Provider Support Call, we continue to receive questions from case managers and other providers about when a participant's medical or behavioral admission should be

reported to the HCBS Section as an incident. We want to remind everyone that providers are required to report all deaths, and it is best practice to also report all hospital admissions. 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 cooperation with ensuring that important information is shared with appropriate parties.

Hospitalizations and Reopening Cases

When a participant is hospitalized, it is important that case managers continue to follow-up to understand discharge plans and next steps. Also, case managers are required to place the plan into a closure status after 30 days of any type of hospitalization. If discharge occurs within 90 days, the plan can be reopened. Case managers must work with the service providers to add them back onto the plan and update service start dates to be effective on the date of discharge. If a person discharges, services cannot be backdated, but when possible, we will work to partner with the case manager to have services in place as quickly as possible. If the case closes completely, the person may be required to complete some of the eligibility steps again and work with long term care to ensure that their benefit plan is up to date.

Closure Locations

When initiating a closure, please be sure to include the participant's location in the closure task when they discharge from CCW to a nursing home, hospice, hospital, etc. This will assist the Long Term Care unit when processing the closures.

Timelines for POC Submissions

Please remember that modifications follow a seven day rule. Initial plans are due on the 15th of the month. Renewals are due 30 days before the start date. Any exceptions to these timelines must be approved in advance by the BES and would only be considered if there was an emergency situation or a special circumstance that required services to be in place more quickly.

CMMRs

Case Management Monthly Reports are now due the 10th business day of the month after the month in which the service was completed. This was changed to align with provider requirements as stated in Chapter 34. Quarterly, in-person visits must take place once every three months, and the Quarterly Visit Verification (QVV) form must be uploaded to the case in EMWS.

Homemaker Services Providers

In accordance with the CCW agreement with the Centers for Medicare and Medicaid Services, a provider of Homemaker services must be an agency, but this agreement does not limit the kind of agency that can

provide these services. Any Medicaid enrolled agency that is also certified by the HCBS Section to provide homemaker services can provide this service. If the agency is a home health agency, they must meet and be licensed by the Wyoming Department of Health pursuant to W.S. 35-2-901(a)(xi) and the individual providing the service must meet the training requirements established by the Aging Division's Rules and Regulations for Home Health Agency Administration. However, any agency meeting the qualifications for the service can be a provider.

Case Manager Stakeholder Engagement Group

If you are interested in being considered for the CCW Case Manager Stakeholder Engagement Group, please complete the survey form that will be linked in the follow-up email to today's training. Be sure to complete the survey even if you've already been involved and wish to remain in the group. The survey link will be included when we send links to the recording of today's call. Please watch for it later this week or early next week and respond by Friday, March 8th. New members will join meetings beginning in July.

QUESTIONS & ANSWERS

Not all counties are on the drop down list for incident reports. Additionally, it reverts to the same one county when saved or submitted.

The Division will follow-up with our service provider to investigate this issue.

How does someone become a homemaker provider when the requirement is that providers must be home health agencies? This is not the case? Any provider on DD providing homemaker services can provide this on CCW?

In accordance with the CCW agreement with the Centers for Medicare and Medicaid Services, a provider of Homemaker services must be an agency, but this agreement does not limit the kind of agency that can provide these services. It should not be assumed that providers that are certified to provide Homemaker services on the DD Waivers are eligible to provide the same service for CCW participants.

If an agency is able to provide homemaker service then does that include Senior Citizen agencies again?

In accordance with the CCW agreement, a provider of Homemaker services must be an agency, but this agreement does not limit the kind of agency that can provide these services. If the agency is a home health agency, the HHA must meet Department of Aging licensing requirements. It is important to note that any agency may provide Homemaker Services if they are enrolled in Medicaid and certified by the HCBS Section.

Questions on Participant Specific Training & Training of Participant Directed Providers

Case managers are responsible to train SDC providers? Is that what you mean?

Per the newly promulgated rule Case managers are responsible to provide training on the current plan of care to any direct service provider listed on the plan.

So CM are not technically providing training to other providing agencies, just checking to make sure that they have?

The case manager is the person responsible for oversight of the plan of care, part of that responsibility is to ensure that each provider understands what they are agreeing to when they agree to provide services to a participant. It has been determined that the most appropriate person to provide this training is the case manager.

Why wouldn't the employer do that ?

The employer will be expected to provide training to their employees based on the participant specific training that is provided to them.

With the provider training that is to be provided by the case manager, isn't that what the comment box for within the POC? We can put likes or dislikes, etc.

The comment box is intended to provide brief information on a participant that allows a provider to determine if the needs of the participant are something they can meet during the service referral time. This training is for more in depth training to ensure that the provider is meeting the identified needs and wants of the participant.

The service referral in EMWS provides the information needed for participant specific training. Is that not adequate?

Regardless of the chosen service delivery method (AKA: Participant-Direction), case managers are responsible for providing participant-specific training on the plan of care to all **direct care service providers**, or in the case of provider agencies, at least one staff member designated by the provider agency. This training should occur prior to the service plan's start date, or before changes to the plan occur. 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.

Can you please give an example of CM provider training?

Case managers may use their discretion regarding what to include in Participant Specific Provider Training. For an example of what might be included, please refer to the DD Waiver Participant-Specific Training Example found in the HCBS Document Library. Please note that the Division will be working over the next several months to revise language in documents like this one so that it may apply to both DD and CCW Waivers.

Questions on Conflicts of Interest

What is considered empowerment over medical? Can an example be provided?...In the conflict free component it states that there can not be empowerment over medical.

This means that the case manager cannot have any authority to make medical decisions on behalf of the participant.

Does this include providing other services that would be considered a medical service while being the assigned case manager and agency?

Case managers shall not be empowered to make financial or health-related decisions on behalf of the participant. Examples of this might include the provider agency or case manager having Fiduciary or Medical Power of Attorney

Questions on ACCES$

You guys were supposed to have clarification for all of us regarding getting documentation from the providers on a monthly basis to make sure the services were provided and check on how we verify that with Aces$ too.

Thank you for your input. We are trying to provide guidance within the confines of our rules or guidance documents.

Costs for background checks for participant direction were supposed to be assumed by ACES$. Employers of record are still being required to pay for background checks and cannot move forward with a background check until they enter the credit card information for payment.

ACES$ will assume responsibility for payment when they take over the administration of the background screenings on March 1st.

Questions on Documentation

When conducting Utilization Review for services, do you have an idea of what specifics that State is requiring for CM to review? Regarding the "details" of documentation required from providers, can you describe what this will look like from each service, PERS, meals. Home health, etc. Is this a "detailed description" from each provider for each service provided that month, and CM's are to request this from each provider?

The CM is responsible for reviewing service utilization and documentation of traditional and participant-directed services to assure the amount, frequency, and duration of services is appropriate. During the documentation review, case managers should be looking for evidence that the services delivered by the provider met the service definition, as well as the wants and needs of the participant that are outlined in the Plan of Care. Simply put, the case manager is performing an audit of the provider's documentation to identify any potential concerns with the documentation or the services provided.

For clarification, Case Managers are needing to do utilization review of direct services such as p.s.s, hha and skilled nursing. Not PERS or Meals.

Case Managers should request and review documentation for all services provided which includes PERS and Meals.

You state the notes have to be to the Case Manager by the 10th so we will always be a month behind when completing CMMRS?

Case managers are responsible for reviewing provider service and billing documentation for each service the participant receives. When reviewing billing documentation, remember that you are reviewing the prior month's documentation. For example, if you are completing the CMMR for June, you will be reviewing and reporting on the *provider documentation* for May. Case Managers documentation for the services provided and contacts they have made throughout the current month should be included in the CMMR for the current month. The review of provider documentation will be a month behind however.

So the division wants the provider documentation included in the monthly eval. Would it need to be uploaded in the document library as well?

The same information will be required for each service type. The Division is currently updating its published Documentation Standards which will reflect the requirements found in Chapter 34, Section 20(g) through Section 20(k). While the documentation requires information from each provider, for each service, for every service plan/participant, the means by which case managers

collect and organize this documentation is left up to the discretion of the case manager. Documentation will be reviewed monthly. We do not intend for the case manager or a provider to upload provider documentation. The intent is for case managers to review the units being used by the providers to ensure that it is appropriate, meets the service definition per the service index and is delivered as agreed upon by the participant and their team.

Do you have an idea when the case manager manual update will be completed?

The Division 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 will be provided. Effective July 1, 2024, the expectation is that Chapter 34 rules will be followed as written. With these dates in mind, the Division is diligently working to update the case manager manual, as well as all other applicable documents, and will notify the case managers once they are available.

I am concerned about the legal liability in all these changes, this is placing a lot on CM. Do you have any suggestions on legal protection for CM?

Each case manager or case manager agency is their own business. The Division cannot offer legal suggestions or advice.

How does it work when there is a new provider on our drop down menu when choosing services for the participant? Sometimes they just appear for example HDM's and how are we to know anything about them? I would think there would be a way that the new provider would introduce themselves to us case managers and let us know where they are and what they can provide. Also, the list on the state website for providers isn't up to date.

The Division is not an employer of any provider and cannot direct them as to how they go about introducing their business. The participant or their legally authorized representative can call providers to find out more information about them to assist them with their decisions regarding who is the best provider for them.

WRAP UP

Next call is scheduled for April 8, 2024.