



CCW Chapter 34 Training and Q&A January 23, 2024 HCBS Response to Questions

The Home and Community-Based Services (HCBS) Section received several questions related to documentation standards, and more specifically how providers must ensure that documentation is available for case managers by the 10th business day of the month following the month the services were rendered. Rather than addressing each question separately, we offer the following overarching response.

Response: One of the many tasks that case managers are required to perform is a review of provider documentation. Although service utilization information is available in the Electronic Medicaid Waiver System (EMWS), case managers are also responsible for monitoring provider services to ensure that they are being furnished in accordance with the participant's service plan. Case managers must have access to the provider's documentation in order to complete this review.

Chapter 34 requires providers to make service documentation available to the case manager by the 10th business day of the month following the date on which the services were provided. Service documentation must meet the specific requirements outlined in Chapter 34, including documentation of the location, date and time of services, the signature (electronic included) of the person who performed the services, and a detailed description of the services provided. The HCBS Section has heard from case managers that, in the past, they were inundated with large volumes of documentation. The case manager does not need access to every piece of medical documentation...only the documentation that is specific to the waiver services they are charged with reviewing. The case manager is not required to keep copies of provider documentation or upload documentation into EMWS, but is required to review the documentation, note the review on the Case Manager Monthly Review form (CMMR), and record any concerns they found.

The Department of Health was intentionally vague when describing how this documentation should be provided. By not specifying this process, providers and case managers can work together to determine the best way to make this happen. As an example, the HCBS Section does not want to require a provider to make copies if they use an electronic documentation system that could be easily accessed by the case manager. As another example, the HCBS Section does not want to require a provider to send documentation to a case manager if the case manager and provider agree that it makes more sense to review documentation in the provider's office. Providers must ensure that they continue to meet all HIPAA privacy and security requirements when sharing documentation with case managers, regardless of the method that is ultimately used.

Providers are required to make documentation available to the case manager *every* month. If the case manager does not receive the documentation as required, they should file a complaint through the Wyoming Health Provider (WHP) portal. The HCBS Section will follow up on these complaints and issue technical assistance or corrective action as deemed appropriate.



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The HCBS Section expects providers and case managers to work together to ensure that everyone is able to do their jobs as effectively and efficiently as possible. We would not expect either party to create unnecessary barriers or intentionally make another party's job more difficult. We will reiterate these expectations during future case manager and provider support calls.

If there is an ER visit but not an overnight stay, does it need to be reported?

Response: Yes. Emergency room visits that occur during the provision of CCW services and are not scheduled must be reported to the participant's case manager, the legal guardian, and through the WHP portal within three (3) business days. The HCBS Section is requesting that, as a courtesy, case managers submit an incident report even if the admission did not occur during the provision of services. This reporting can help us to respond to other state and federal agency inquiries, including those related to mortality review.

Do senior centers that provide meals and transportation need to have full background screenings for drivers and people delivering meals?

Response: Neither Chapter 34 nor the CCW agreement with the Centers for Medicare and Medicaid Services (CMS) identify Transportation and Home Delivered Meal providers as providers that are subject to background screenings. However, all providers must meet the additional provider qualifications for these services, including those related to the Older Americans Act.

How often do providers need to recertify?

Response: Providers must meet applicable licensing requirements established by the Division of Aging, which is typically required annually. The CCW Provider certification renewal will be required every one to three years, depending on the outcome of the last provider certification renewal.

Will the case manager service definition in the service index be changed to reflect the need to read the documentation from each provider?

Response: Yes. Now that the rule has been promulgated, the Division will work on updating documents and issuing manuals and bulletins to assist with rule interpretation and day-to-day operations.

Does the interpretation and reading of the new information provided by the Division count as billable hours?

Response: No. Wyoming Medicaid providers are required to stay informed of, and comply with, all applicable federal, state, and local laws and regulations. This is part of doing business, is not a service that is being provided directly for a waiver participant, and is not billable through the CCW.

How can case managers access a current list of all HCBS providers providing services by county?



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Response: Searchable provider lists are available on the homepage of the HCBS Section website (<https://health.wyo.gov/healthcarefin/hcbs/>).

How can providers ensure that all participants know important information if not all of them attend these calls?

Response: The HCBS Section keeps its website updated with any changes that are happening within the CCW program, and will send communication directly to the participant if a system change affects the participant's purchasing power; however, providers and case managers are primarily responsible for notifying participants of service changes that are made to their specific programs.

How do case managers authenticate the services provided?

Response: The HCBS Section is not asking for authentication of services but we are asking that a review of provider supporting documentation be reviewed to ensure that services are delivered as required and that unit usage is appropriate.

Are case conferences supposed to meet review?

Response: When the waiver documents were updated in 2018, case conferences were replaced with the requirement of a quarterly face to face meeting with the participant. If you need further clarification regarding this, please contact the assigned Benefits and Eligibility Specialist.

In a self-directed setting, what is the recommended method for submitting reports from Direct Support Workers (DSW)?

Response: Participant-directed employees are required to complete and maintain a log at the location where services are most often provided, such as the employer's or participant's home. If a participant has more than one employee, this supports communication between employees relevant to service delivery, observations, other general information, and provides case manager's with insight into services and potentially concerning observations. This information is not captured through Electronic Visit Verification (EVV), so participant-directed employees should continue to use these logs to provide the detailed documentation of the services that is required in Chapter 34. Case managers can review these logs during their monthly meetings with the participant. These logs do not need to be uploaded in EMWS or maintained by the case manager. However, the Employer of Record (EOR) should maintain these records in order to justify the services paid through the participant-directed service delivery model.

Is it required to manually input initials and a signature for each contact note when entering notes in EMWS?

Response: The case manager does not need to put initials and a signature for each contact note when entering notes in the CMMR. If the case manager is entering notes in the note section of EMWS once they enter the note there is an indication as to who entered the note and the date and time this was



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submitted into the system. Due to the system electronically indicating who completed the note and adding a time and date stamp there is no need to input initials or a signature.

For more information on the categories listed in Section 12 of the covered waiver services, particularly those like Round the Clock services and equipment technology, where can additional details be obtained? Some of these categories do not align with the service index.

Response: The current CCW Service Index that is posted on our HCBS website under *Service definitions and Rates* tab lists all services currently available to participants on CCW. All services contained in our service index fall under one of the categories listed in Section 12.

What are the deadlines for case managers to submit the Case Management Monthly Review form (CMMR)?

Response: In accordance with Chapter 34, Section 20(h), the case manager must submit service documentation by the 10th business day of the month following the month that the case management service was provided.

Are there plans to update the CMMR to better align with the documentation of reviewing provider documentation and other monthly required tasks?

Response:

There are plans to update the CMMR along with other guidance documents to more closely align with the rules and expectations set forth by the promulgation of these rules. Now that the rules are in place the next steps will be to work on these items to align them with rules.

Did the process change from having providers write out documentation to the CM logging into Access to review their documentation monthly when the EVV was created?

Response: Case managers should log into ACES\$ ONLINE to view shift, service, and task information. However, EVV does not cover all of the requirements of CCW documentation standards. They should review the employee logs for information that is not captured within the specific service and task data available on EVV. This also allows the case manager to verify EVV information against employee logs if they have concerns or questions about participant-directed services.