



HOME AND
COMMUNITY-
BASED
SERVICES

WYOMING DEPARTMENT OF
DIVISION OF HEALTHCARE FINANCING

Community Choices Waiver

Reminders and Updates

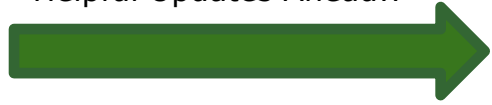
Wyoming Department of Health
Division of Healthcare Financing
Home and Community-Based Services Section
January 29, 2024



Good afternoon everyone. My name is Eric Cralley, and I am the Incident Management Specialist who serves Albany, Carbon, Converse, Goshen, Natrona, Niobrara, and Platte Counties. Welcome to today's call.



Helpful Updates Ahead!!



The purpose of this training is to remind CCW providers about some of the important processes that they must follow, and highlight the changes that have occurred over the past few months.

Acronyms and Abbreviations



- CAP- Corrective action plan
- CCW- Community Choices Waiver
- CMS- Center for Medicare and Medicaid Services
- HCBS- Home and Community Based Services
- IMS- Incident Management Specialist

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Before we get started, we'd like to go over some of the acronyms and abbreviations we will be using in today's training. The Medicaid system in general, and the home and community-based services program in particular, uses a lot of acronyms. Although most of you know these terms, for a new provider, it can feel a bit like alphabet soup.

- We will be discussing corrective action plans in more detail later in this presentation. Corrective action plans are commonly referred to as **CAPs**
- The Community Choices Waiver is most commonly referred to as the **CCW** or CCW program.
- We will occasionally refer to the Centers for Medicare and Medicaid Services. We will use **CMS** when referring to this federal agency.
- We will often 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 part of the Wyoming Department of Health. We will typically refer to these as the Division or Department respectively.
- The Incident Management Specialists, who we commonly refer to as the **IMS**, are the HCBS Section staff members who review and investigate incidents and complaints.

Training Agenda

- Incident Reporting
- Provider Certification Renewals
- Change in Ownership
- Corrective Action

During this training, we we will review:

- Incident reporting, including required timelines and expectations that providers must meet;
- Provider certification renewal timeframes and processes;
- Change in ownership requirements; and
- Corrective action and subsequent corrective action plans.

We hope to have time for questions at the end so please jot those down if you think of them beforehand.

Choice



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

Choice is a basic tenet of home and community-based waiver services. 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. As we walk through today's training, it is imperative that you remember that having choice is paramount to human dignity.

Available Resources



- CCW Provider and Case Management Manuals
- CCW Provider Training
- CCW Provider and Case Manager Support Call Notes
- Administrative Rules
- CCW Agreement with CMS

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There are many documents and resources available to you. The HCBS Team has done our best to make sure information is complimentary, and to the extent possible, not repeated.

Resources include:

- The CCW Provider and Case Management Manuals are found on the CCW Providers and Case Managers page of the HCBS Section website, under the Case Manager and Provider Resources toggle
- The initial trainings and the trainings offered during CCW provider support calls are found on the Training page of the website.
- CCW Provider and Case Manager Support Call notes are found on the CCW Providers and Case Managers page of the website, under the respective toggles.
- Administrative Rules, including Medicaid Chapter 34 and related Division of Aging rules, can be found on the Public Notices, Regulatory Documents, and Reports page of the website, under the Rules tab.
- The CCW Agreement with CMS is also found on the Public Notices, Regulatory Documents, and Reports page, under the Current Waivers tab

So, let's jump into our first reminder.

Incident Reporting

Reporting Critical Incidents and Complaints

****HCBS Incident Submission Guidance Manual****

Important Reminder: Wyoming state law (statutes 14-3-205 & 35-20-103) mandates any person who suspects the abuse, neglect or exploitation of a child or vulnerable adult is required to report. For more information, click [here](#).



It's smart to really know your way around the Incident Manual.

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Let's start with incident reporting.

Incidents are events that require a specific response from a provider and, in many cases, the case manager. These events may happen as a result of an accident, noncompliance with rules and regulations, illness, or other circumstances. During the CCW Provider Support Call that was held in September 2023, we discussed the provider's obligation to report incidents that occur while they are providing services.

CLICK HERE FOR MORE INFORMATION ON BECOMING A CCW PROVIDER

Case Manager and Provider Resources

[Case Manager Manual](#) - Updated 1/3/2023

[CCW Provider Manual](#) - Updated 4/1/2023



Reporting Critical Incidents

Incidents are events that happen during the provision of services that require a specific response from a provider and case manager. These events may happen as a result of an accident, noncompliance with rules and regulations, illness, or other challenge. **Every provider has the responsibility to report incidents via the electronic reporting process.** Providers cannot

Page 34 of the CCW Provider Manual specifically states that every provider has the responsibility to report incidents. Providers cannot delegate incident reporting responsibilities to the case manager, or vice versa.



First and foremost!!

Providers are responsible for ensuring the safety and well-being of the participants they support.

First and foremost, providers are responsible for ensuring the safety and well-being of the participants they support. Incident reports should be filed only after immediate medical, health, or law enforcement interventions have been addressed. For more information on how to file an incident, please refer to the [HCBS Incident Submission Process Guidance Manual](#).

Examples of Critical Incidents:

- Suspected Abuse
- Neglect
- Exploitation
- Unexpected Death

Critical incidents include suspected abuse, neglect, exploitation, and unexpected death, which includes death as a result of an unexpected natural cause, illness, or disease; death as a result of neglect or trauma inflicted by another person; death as a result of a medication error; or death as a result of an accident, suicide or unknown cause.

Critical incidents must be reported immediately after assuring the participant's health and safety or, in the event of an unexpected death, immediately after being notified of the incident.

Reportable incidents include:

- Use of restraint or unauthorized use of restrictive interventions
- Seclusion
- Serious injury
- Elopement
- Medical
- Behavioral or emergency room admissions that are unexpected and occur while the participant is receiving services
- OR death that does not meet the definition of "unexpected."



Reportable incidents must be reported within three (3) business days after assuring the participant's health and safety or, in the event of death, within three (3) business days of being notified of the incident. Reportable incidents include the use of restraint or unauthorized use of restrictive interventions, seclusion, serious injury, elopement, medical, behavioral, or emergency room admissions that are unexpected and occur while the participant is receiving services, and death that does not meet the definition of "unexpected."

The provider must report the incident through the Wyoming Health Provider portal, which we commonly refer to as the WHP portal. Incidents must be submitted within the required timeframes and as accurately as possible. The provider must ensure they have the information necessary to provide a clear, detailed, and accurate account of the incident. This information can include the names of individuals working with the participant; events that occurred before, during, and after the incident, and the staff response to the incident.

Once the provider submits the report, they will be redirected to a confirmation page that allows the provider to print the report. Even if a provider does not print the report, they should save a copy of the incident to give to the case manager and keep for their files.

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When the provider submits an incident report, it is assigned to the county Incident Management Specialist for their review. The IMS evaluates the actions taken by the provider to ensure that the provider responded in an adequate and timely manner. If the IMS determines that a provider's actions were insufficient, they may require the provider to conduct immediate follow-up actions. The provider must monitor the progress of the incident until the incident has been closed by the IMS.

What about case managers?



Example: if the participant falls and is transported to the emergency room for an injury while the case manager is conducting a home visit, then the case manager would be responsible for submitting that incident report.

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Case managers also have responsibilities related to incident reporting. They must submit an incident report if an incident occurs while they are providing the service. As an example, if the participant falls and is transported to the emergency room for an injury while the case manager is conducting a home visit, then the case manager would be responsible for submitting that incident report.

As part of their regular monitoring activities, case managers should review all critical incident reports filed on behalf of the participant. If they are aware of a situation that did not get reported, but should have been reported, they should submit an incident report. If they have additional information about an incident, they should submit an incident report. When the case manager receives or reviews incident reports, they must take immediate action to reasonably assure the health and welfare of participants. If the participant's health and welfare is in jeopardy, they have the authority to address these concerns. Case managers may be required to request a new assessment, or update risk mitigation or service plans.

Just a reminder– case managers can submit incident reports through EMWS. This functionality was added to make the incident reporting process a little easier for case managers.

Provider Certification Renewals



Now, let's dive into Provider Certification Renewals. In order to be a CCW provider, you must be licensed and certified to provide the services you intend to deliver. Your certification is actually two pronged, and in some cases, three pronged.

CCW Certification Renewals



- Obtain and maintain necessary licensing
- Be certified as a CCW provider
 - ◆ Every 1-3 Years
- Be enrolled as a Medicaid Provider
 - ◆ Every 5 Years

When are you due to renew?

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First, If you are providing services that require a specific license, you must ensure that you have obtained and maintain that license. These licenses are usually issued by the Division of Aging. You must be able to demonstrate to the HCBS Section that you have a current license, if applicable.

Providers must be certified by the HCBS Section to provide the desired service. This application is completed through the WHP portal, and must be approved before the provider certification is active. Finally, every provider must also be enrolled as a Medicaid provider. This enrollment is completed through HHS Technologies, the contractor that Wyoming Medicaid has secured to manage this process. This enrollment must be renewed every five years.



- Recertification **must** be completed **prior** to the expiration date.
- The expiration date is not the same as the application due date.
- If your renewal is not completed at least 45 days prior to your expiration– **YOU WILL BE DECERTIFIED!!**

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After a provider becomes initially certified, that provider receives a certification expiration date. The expiration date is the date after which the provider will no longer be able to deliver CCW services unless they have completed the recertification process. It is important to note that the expiration date is not the “due date” of the recertification. In accordance with Chapter 34, Section 8(j), the provider must complete their recertification 45 days prior to the expiration date. If the renewal process is not completed prior to the certification expiration date, the provider’s certification will expire and they will no longer be eligible to receive compensation for services provided to CCW participants. Case managers will not be able to add the provider to service plans, the provider will no longer be listed as an option for participants to choose, and participants served by the provider may be required to transition to new providers.

No...Seriously! We want to make this absolutely clear. If your renewal is not processed and approved at least 45 days before your expiration date, You Will Be Decertified! There are no extensions. If you fail to recertify, you will have to start the certification process over again. You will not be paid for services and participants may need to be transitioned to a different provider. This will create inconvenience, uncertainty, and anxiety for the participants you serve.

120 Days before:



- Review the demographic information.
- Review services & location.
- Upload documents.
- Review disclosures in the WHP.

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At least 120 days prior to the provider's certification expiration date, the provider will receive a system generated email that notifies them of the upcoming expiration date. When the provider logs into the WHP portal, they will see the recertification application in their task list. The provider is responsible for:

- Reviewing the demographic information, and making updates as needed.
- Reviewing services and locations to ensure accuracy.
- Uploading documents, depending on the service provided.
- Reviewing and acknowledging disclosures in the WHP.

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Once the provider submits the certification renewal application in the WHP portal, the assigned Certification Specialist will review the application and contact the provider with any questions or concerns. The Certification Specialist is required to review additional staff documentation to verify that qualifications, background screening, and training requirements are met. The Certification Specialist will also review participant specific information to ensure that the provider is delivering services in accordance with CCW service definitions. The Certification Specialist may ask for additional information, and providers must be responsive to these requests in order to complete the process on time.

Reporting Changes



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Changes happen, but if there is a change to a provider organization, and it isn't reported, it can cause complicated and ongoing problems that result in payment delays and, in many cases, corrective or adverse action.

Report Changes!



- Provider name change
- Licensure, certification, or registration status
- Change in type of service or area of specialty
- Additions, deletions or replacement in group membership
- Mailing addresses
- Ownership

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Section 4, Paragraph O of the Medicaid Provider Agreement, which is signed by every CCW provider, states that providers are obligated to give the Medicaid program advance notice of any change or proposed change in:

- the provider's name;
- licensure, certification, or registration status;
- type of service or area of specialty;
- additions, deletions or replacement in group membership;
- mailing addresses; and
- ownership.

Wyoming Medicaid

[Patient Centered Medical Home](#)

[What is Medicaid?](#)

[Programs and Eligibility](#) ▾

[Care Management Entity](#)

[Presumptive Eligibility](#) ▾

[Medicaid Provider Enrollment & Billing](#)

[Well Child Checkups!](#)

[Clubhouse Services](#)

Medicaid Provider Enrollment & Billing

Enroll as a Wyoming Medicaid Provider

Steps to Enroll



If there is a change in provider ownership, the new owner is required to sign a new Medicaid Provider Agreement. For example, if the owner of a provider organization retires, and sells the organization to a long time employee, the new owner is required to re-enroll with Medicaid as a new owner, sign a new Medicaid Provider Agreement, and complete a new CCW provider certification. A new owner cannot simply take over the current owner's Medicaid number and agreement.



**The participant
gets to choose**

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It is essential to remember that people are not assets, and cannot be purchased as part of a business. If the participant's current provider has a change in ownership, the participant must be notified at least 30 days prior to the change and given a choice between the new ownership and other providers that can deliver the service. If the participant chooses a different provider, the current provider must work with the participant and their plan of care team to ensure that the participant's transition to a new provider is smooth, and their services continue without interruption.



Collaborate with:

- Carebridge
- Acentra
- HHS Technologies

Notify the HCBS Section at least sixty (60) days in advance to avoid an interruption of provider certification or provider payments.

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If there are changes to the provider's executive leadership, these changes must be submitted as a change request in the WHP portal. If provider organization owners are planning to sell their organization, or buy a new one, they must make sure to notify the Provider Credentialing Team in advance of the ownership change. Ownership changes take time, and require collaboration between entities such as Carebridge, Acentra, and HHS Technologies. Failure to notify the HCBS Section of ownership changes at least sixty (60) days in advance could result in an interruption of provider certification or provider payments. Failure to re-enroll with Medicaid and complete a new CCW provider certification may result in adverse action against the new owner, including recovery of payments that have been made to the new provider.

Chapter 3, requires you to provide written notice to the Division 60 days before any ownership changes. But, seriously!! Let's not roll the dice on that timeline. Please let us know at least 90 and 120 days before. Your planning ahead will be a game-changer for a smoother transition.

Corrective Action



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The role of the HCBS Section is to help CCW providers understand, apply, and remain in compliance with state and federal laws and program standards. To the extent possible, we will use technical assistance to support providers in these areas. However, if the provider is getting technical assistance on multiple occasions for the same or similar situations, or if there is an immediate health and safety issue, the HCBS Section may need to provide a higher level of support.



A corrective action plan alone is not an adverse action

Corrective action is a formal action that the HCBS Section may impose in order to correct an identified deficiency or violation, especially if a provider does not make changes after technical assistance is given, or if the issue is considered serious enough to warrant immediate action. Please note that a corrective action plan alone is not an adverse action according to Chapter 16 of Wyoming Medicaid rules, so a provider does not have the right to a fair hearing if they receive corrective action.

A Corrective Action Plan Should Always:

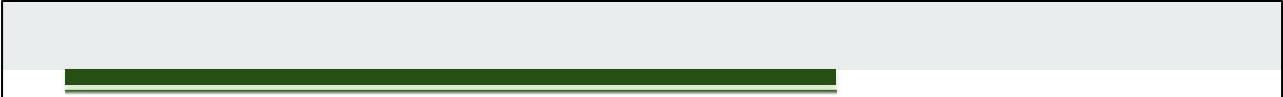


- Address the area of non-compliance
- Detail action steps
- Designate a responsible person
- Include a date by which the correction will be made
- Actual date of completion

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When the HCBS Section imposes corrective action on a provider, the provider must develop and submit a plan that explains the steps they will take to make the necessary corrections. This corrective action plan must be submitted within fifteen (15) business days, and must adequately address the area of non-compliance, and include detailed action steps the provider will take to ensure the correction is made now and in the future, the person responsible for ensuring the correction is made, the date by which the correction will be made, and the actual date of completion. If the provider's CAP is not deemed adequate, the HCBS Section can reject the CAP and require the provider to revise and resubmit. If the plan is not accepted by the third submission, the provider may be subject to adverse action.

The HCBS Section may review the provider's compliance with the CAP at any time to assure the provider has fully implemented and evaluated the CAP, and that participants remain safe during its implementation. The provider must ensure that the CAP is completed and can be closed within the time frame identified in the approved CAP.



Corrective action to
develop, submit, and
implement a CAP



Improved systems &
avoidance of ongoing
issues.

Corrective action and the provider's obligation to develop, submit, and implement a CAP is intended to help the provider improve their systems and avoid ongoing issues that may result in an incident. Once the CAP is implemented and closed, the provider is obligated to ensure that the deficiency addressed in the CAP is not repeated. However, the provider should also be able to move on, continue to provide services, and know that the CAP experience improved their services and systems

Just a friendly reminder...

Key Takeaways



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- Participants have a choice
- Providers are responsible for reporting incidents
- Providers must maintain their certification
- Changes in provider ownership require advance notice
- If corrective action is imposed, the provider is required to submit a CAP

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Before we end today's training, we'd like to recap the key takeaways related to essential processes and recent changes.

- Above all, participants have choice in their providers and services.
- Providers are responsible for reporting incidents, including critical incidents like suspected abuse, neglect, exploitation, and unexpected deaths. Timely reporting is crucial!
- Providers must maintain their certification, which involves being enrolled as a Medicaid provider and, if applicable, holding necessary licenses. Providers must complete recertification before their certification expires in order to continue offering services.
- Any changes in provider ownership require advance notice to participants, the Medicaid program, and the HCBS Section.
- The HCBS Section may impose corrective action if a provider fails to address deficiencies or violations after receiving technical assistance. Providers must submit a corrective action plan outlining steps to address non-compliance. Providers should ensure that corrective action plans are implemented, closed within the specified timeframe, and that systems are improved to prevent recurring issues.



Questions???

Contact your Credentialing or Incident Management Specialist

<https://health.wyo.gov/healthcarefin/hcbs/contacts-and-important-links>

<https://health.wyo.gov/healthcarefin/hcbs/hcbs-training/>

Thank you for participating in this training. If you have questions related to the information in this training, please contact your area Credentialing or Incident Management Specialist. Contact information can be found by visiting the web address provided in the slide.

As always, this training and all other Provider Support call trainings are available on the [HCBS Training page](#).

Question Time!



→ Ground Rules

- ◆ Assume best intentions
- ◆ Be respectful and professional
- ◆ Stay on topic



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We will now begin to take questions. Please type your question in the chat or raise your hand and we will answer them or call on you in the order they are received. Please remember to

- Assume best intentions
- Be respectful and professional
- Stay on topic