HOME AND COMMUNITY-BASED SERVICES
WYOMING MEDICAID DIVISION OF HEALTHCARE FINANCING

Comprehensive & Supports Waivers Case Manager Support Call Notes

5/13/2024

AGENDA

Program Updates & Reminders

- Choking & Aspiration Protocols
- Specialized Equipment
- New Provider Documentation Non-Compliance Report
- Adding Community Living Services 3-6
- WYABLE/STABLE Accounts
- T2022 Home Visits
- Case Managers Offering Guidance to Providers
- TCM Change of Case Management

Training on Durable Medical Equipment

TOPICS

Choking & Aspiration Protocols

In recent months, there has been an increase in incidents that mention participants struggling with swallowing, aspiration and choking. In several instances, these issues have led to medical incidents, and in some cases even death. When looking further into these tragic situations, we have noticed that a participant's plan of care might mention that the person struggles with aspiration or other swallowing problems, but have found that many plans are lacking further guidance on how to support the participant with these issues,

The annual plan of care meeting, 6 month review, or other team meetings offer a great opportunity for a participant's team to ensure that the supports needed for the person's health and safety are addressed. We would like to recommend that teams discuss, and perhaps pursue, further support of individuals who have swallowing issues, or aspiration, noted in their plans. Such supports might include a swallowing evaluation by a medical professional and the development of mealtime and swallowing protocols specific to the participant.

Specialized Equipment

The Home and Community Based Services (HCBS) Unit would like to ask case managers to ensure that before submitting a modification requesting Specialized Equipment, they work with their assigned Benefits and Eligibility Specialist (BES) to ensure that the request meets Chapter 44 Section 6 and 7. This will enable the team to know if this is something that can be purchased with waiver funds as well as prevent the case manager from unnecessary work if the request does not meet these requirements.

New Provider Documentation Non-Compliance Report

If a provider does not make the required documentation available to the case manager by the 10th business day of the month, the case manager should contact the provider/employer of record to get the necessary documentation. If the provider/employer of record does not submit the required documentation by the end of the month, the case manager must submit this form to the area IMS at the end of the month in which the documentation was to be submitted. If the provider/employer of record is chronically late with submitting documentation, the case manager should submit a complaint through the WHP Portal. Separate reports shall be filed for each participant.

Adding CLS Levels 3-6

There have been a number of cases recently in which Community Living Services (CLS) levels 3-6 have been added to plans without prior approval through the Extraordinary Care Committee (ECC). The Scope and Limitation section of the CLS service definition states that participants who are not receiving CLS levels 3-6, and who are at significant risk due to extraordinary needs that cannot be met in their current living arrangement, may request 24-hour CLS if the participant meets the definition of an emergency, as outlined in Chapter 46, Section 14 of Wyoming Medicaid Rules.

WYABLE/STABLE Accounts

A STABLE account is an investment account available to eligible individuals living with disabilities. Wyoming has partnered with STABLE account, a national ABLE plan, to make WYABLE accounts available to residents of Wyoming. While the funds do not count against the individual for purposes of determining their eligibility for means-tested federal benefits programs, it is important to note that the account is used for resources. If a client is over income, the excess money cannot be deposited into the STABLE account. If the client is over the Medicaid income limits, a Qualified Income Trust (QIT or Miller Trust) is required.

Qualified Income Trusts (QIT's)- also called Miller Trusts, offer a way for individuals over the Medicaid income limit to still become income-eligible for Nursing Home Medicaid or a Medicaid Waiver. The Miller Trust packet must be provided by Wyoming Medicaid as variances to that packet are not allowed. The irrevocable trust has a trustee named, giving that individual legal control over the money. Irrevocable means the terms of the trust cannot be changed, reversed or recovered. The QIT/Miller Trust account must be a separate account from the client's normal checking/savings account if the client is on waiver. All income must be deposited into the QIT/Miller Trust amount. The Trustee will withdraw the Maximum Income Standard from the account on a monthly basis for the client to use. Anything over and above the Maximum Income Standard must remain in the QIT/Miller Trust account. The trust funds can only be used for very specific purposes, such as paying health insurance, trustee fees, guardianship fees, etc. The State of Wyoming must be listed as the beneficiary on the QIT/Miller Trust account. Nursing home clients must complete a QIT/Miller Trust packet, but do not need to open a separate bank account for the trust account.

If you have any additional questions please feel free to reach out to the Medicaid Long Term Care Unit at 1-855-203-2936.

T2022 Home Visits

In order to bill for T2022 an in-person home visit must occur; if the participant/legally authorized representative (LAR) opts to only have a phone call or virtual visit, the T2022 code cannot be billed for that month. The Case Management T2016 code requires a *quarterly in-person* home visit unless the participant receives Community Living Services, then a *monthly in-person* home visit is required in order to bill. During the pandemic and for sometime afterward, there was a virtual allowance; however, that has not been in place for quite some time. It is best practice to schedule your home visit early enough in the month to allow for schedule changes due to participant illness or other scheduling issues that may arise.

Case Managers Offering Guidance to Providers

On several occasions, the HCBS Section has had to provide technical assistance or corrective action to providers who are not in compliance with Wyoming Medicaid rules. Providers are stating that they are doing things based on guidance from their case manager. Although we appreciate all that case managers do to help providers come into compliance, if a provider has a question about a rule or a specific concern, we would strongly encourage you to refer the provider back to the Incident Management or Credentialing Specialist assigned to their area. This will alleviate any confusion on the part of the provider, and ensure that the case manager is not put in the position of giving inaccurate guidance.

The HCBS Section reaches out to providers on a regular basis, but case managers have more day-to-day interaction. We would appreciate your help with reminding providers of the bi-monthly provider support calls. Call times and login information can be found on the DD Providers and Case Managers page of the HCBS Section website, under the *Provider Support Call Notes* toggle.

TCM Change of Case Management

If the outgoing case manager is initiating the change, they must provide 30 days notice to the family so that participants have a choice in choosing the new case manager. Additionally, and as with any modification, the Benefits and Eligibility Specialist must be notified a minimum of 7 days in advance. The outgoing case manager will need to end their targeted case management line so that the incoming case manager will be able to begin their TCM line in order to be reimbursed. The incoming case manager must then review/establish a targeted case management plan of care with the participant and legally authorized representative, obtain new signatures (as applicable), and upload to the Document Library as part of the transition process.

WRAP UP

The next DD Case Manager Support Call is scheduled for

July 8, 2024