



AGENDA

- **Program Updates**
 - Backup Case Managers - "John Doe - Backup Case Manager, (307) 123-1234"
 - Comment History on Plan Rollbacks
 - Direct Service Workers' Overlapping Services
 - Case Manager Training Task in WHP Portal
 - CMMR & Application
- **Monthly Training Session**
 - Review of the CCW Case Manager Manual Updates

TOPICS

Adding Backup Case Manager Information

The Division would like to remind all case managers of the importance of ensuring that all contact information is current and accurate. Please ensure that along with the current case manager's information, you are adding information for the backup case manager as well. This allows for quick access in case we need to contact the backup case manager. The contact information can be added under the contact type *Case Worker*. When the contact screen opens to allow you to add their name, please type the backup case manager's name followed by a dash with the words "backup case manager", and then add their contact information.

Comment History on Plan Rollbacks

If a plan or modification is rolled back to you after submission, please be sure to click on "Show Comment History" at the top of the *Plan Summary* screen to see the reason for the rollback. Case Managers must address the reason for the rollback before re-submitting the plan.

Direct Service Workers' Overlapping Services

A guidance memo was sent out last month regarding this subject. The Division would like to remind all case managers that regardless if services are delivered through traditional means or through participant-direction, the Service Index must be followed. As clarified in the guidance memo and per CMS, there is no allowance for two different service providers or employees to provide the same service at the same time, or two different direct-services at the same time. Only **one** provider may bill for any given time. There is the allowance for two service providers on the same day, but their time **cannot overlap** when direct services are provided. Since homemaker is considered a non-direct service, it could be provided at the same time as another service.

WHP Annual Case Manager Training Task

Each year, case management agencies will receive *Case Manager Training* tasks in the Wyoming Health Provider (WHP) portal. The tasks, titled **Annual CM Training**, require each case manager to upload documentation that demonstrates that they have completed annual training requirements. These tasks are tied to the month of the last case management agency renewal, so the agency can expect to see them approximately **90 days prior** to the beginning of that month.

Specifically,

1. Case Management Agencies and each case manager should review the trainings now found on the *CCW Initial Certification* page of the HCBS website. Look for the **Case Manager Training** tab and the **Case Management Agency Training** tab.
2. For each training module listed, complete an *HCBS Training Summary* form and upload it into the open task in the WHP portal.
3. Save and update the status to “*Submit renewal for review by State staff*” and select the “*Update Status*” button to submit the required *Training Summary* forms.

For additional support, please contact the Credentialing Specialist listed at the top of the WHP portal task screen.

CMMR & Application

The revised CCW Case Manager Monthly Review form is anticipated to go live on November 1, 2024. The CMMR has been updated to include a section for billing documentation. The services on the participant's plan of care will automatically populate to the CMMR for the case manager to note that the provider's billing documentation was received, the number of units used, and if there are any billing documentation or unit usage concerns.

The CCW online application is also anticipated to go live on November 1st. Applicants will visit <http://wyowaiverparticipants.com/> and register through the Participant Portal. From there, they will then be able to complete and submit the application, as well as check the status of pending applications. Please keep in mind that although we are moving towards the electronic application, that does not mean we will stop accepting paper applications. Paper applications will continue to be processed as usual.

WRAP UP

Next call is scheduled for February 10, 2025

QUESTIONS & ANSWERS

PROVIDER DOCUMENTATION/NEW CMMR

- **Will we have to verify the billing and get the monthly reports from the providers? And do we document the billing somewhere?**

*Providers must make service documentation available to the case manager each month by the tenth (10th) business day of the month following the date that the services were provided. Case managers will use the provider documentation to review service **utilization** and ensure that services are occurring in accordance with the service referral. If a case manager identifies a discrepancy between the services a participant is supposed to receive and the services that the provider is documenting, the case manager must reach out to the provider to better understand the problem and determine the best approach to address the issue. Documentation requirements will vary, based on the service the provider is delivering. Table 2 in the CCW Case Manager Manual lists the requirements by service type.*

- **[Regarding the CMMR update] on November 1st, could you please email me where I go to look for what we need to be looking at and where it should be documented in the rules? Can you give us an example?**

*The CMMR changes effective November 1st are not substantial, but are meant to streamline workflow and make utilization monitoring easier. Please refer to the **State Rules & Regulations** tab on the [Services & Regulations](#) page of our website for the CCW Case Manager Manual, CCW Provider Manual, and Chapter 34 of the Wyoming Medicaid Rules which document the role and responsibilities of case managers.*

- **If the primary case manager has the extra training certification and bills at that level, and the backup case manager does not, then when the backup case manager does the visit, do we need to modify the plan of care to bill [at the lower rate for] that non-certified case manager?**
Ideally, case managers and backup case managers should both be certified for the same level of service. However, if the chosen case manager bills at the tier rate, backup services may also be billed for that same rate without modifying the plan.

CASE MANAGER ANNUAL TRAINING

- **Is the case manager training required annually or every other year? Will the annual CM training be different from the initial training? Where are the case manager annual training modules located?**

*As stated in the CCW Provider Manual, case managers must take refresher training **annually**. Each case manager will receive a task in the WHP portal approximately 60 days prior to the date by which the training must be completed. Each case manager will be required to upload evidence of training (Training Summary Form) and submit the task by the due date. A case manager may be required to retake any training at the Division's discretion. Case managers must also attend any mandatory training required by the Wyoming Department of Health or Division of Healthcare Financing.*

*Until Division resources allow for the creation of new annual case manager refresher training modules, the initial case manager certification training modules found on the **Case Manager Training tab** of the [CCW Initial Certification](#) page of the HCBS Section website will be used to satisfy this requirement.*

OVERLAPPING SERVICES

- **We have had a client with a history of a wound that we had to have both a CNA and SN overlapping due to the nurse coming in after his shower to put on a new dressing and before he got dressed. So you are saying that we will not be able to do that if needed again. For Self Directed Care, can an employee be caring for two people at the same time?**

As stated above, regardless if services are delivered through traditional means or through Participant-Direction, the Service Index must be followed. As clarified in the guidance memo and per CMS, there is no allowance for two different service providers or employees to provide the same service at the same time, or two different direct-services at the same time. Only one

provider may bill for any given time. There is an allowance for two service providers on the same day, but their time cannot overlap when direct services are provided.

MEDICAID RENEWALS & PLAN CLOSURES

- **Should someone be providing us with the electronic copy of Medicaid Renewals by the 10th of the month?**

As discussed during the [August CCW Case Manager Support Call](#), the LTC Unit administers Medicaid Renewals. Please review the recorded training and support call notes for details. Best practice is to regularly check the case notes in EMWS.

- **Do we have to do a plan modification before you do the closure? And notify all providers? Do we do plan modification to end meals too?**

Plan modifications are needed for plans utilizing the Participant Direction service delivery option where individual service lines need to be closed and personal support providers will not automatically receive closure notifications or be made aware of the service end date. Personal Support Providers should be notified so that services are not provided or billed for after the end date.

Meal providers may not access the WHP Portal in the same manner or with the same frequency as other service providers. Best practice is for case managers to contact providers of home delivered meals directly whenever a case with this service type closes – whether or not it utilizes Participant Direction. As not every situation allows for system automation, we appreciate your efforts communicating with provider team members and regularly monitoring cases.

- **However, I thought the FMS change form has someone to sign and send back to us? Am I incorrect in stating that?**

The FMS change form does require a signature. We are finding that the FMS notification isn't working properly and ACES\$ is not receiving all of them.