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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-14-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

April 29, 2014

Teri Green, State Medicaid Agent
Wyoming Division of Health Care Financing
401 Hathaway Building
Cheyenne, WY 82002

RE Wyoming #14-001

Dear Ms. Green.

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-001. This SPA concerns an update to the TCM state plan for individuals eligible for Medicaid who are being determined for eligibility for the Wyoming Adult Developmental Disabilities Waiver, the Child DD Waiver, Acquired Brain Injury Waiver, Comprehensive Waiver, or Supports Waiver, and to obtain coordination of services while on a wait list for Waiver services.

Please be informed that this State Plan Amendment is approved effective February 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

CC Chris Bass
Lee Clabots, Deputy Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES1 TRANSMITTAL NUMBER.
14-0012 STATE
WYOMING3 PROGRAM IDENTIFICATION TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)4 PROPOSED EFFECTIVE DATE
February 1, 2014

5 TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6 FEDERAL STATUTE/REGULATION CITATION
42 CFR 441.18, 42 CFR 440.1697 FEDERAL BUDGET IMPACT
\$08 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 1 to Attachment 3 1-A, Pages 2a, 2b, 2c, 2d9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Supplement 1 to Attachment 3 1-A, Pages 3a, 3b, 3c

10 SUBJECT OF AMENDMENT

Wyoming is seeking to update the targeted case management state plan for individuals eligible for Medicaid who are being determined for eligibility for the Wyoming Adult Developmental Disabilities (DD) Waiver, the Child DD Waiver, Acquired Brain Injury Waiver, Comprehensive Waiver, or Supports Waiver; and to obtain coordination of services while on a wait list for Waiver services.

11 GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: Delegated to Teri
Green, State Medicaid Agent, Division of
Healthcare Financing12 SIGNATURE OF STATE AGENCY OFFICIAL
/s/

13 TYPED NAME. TERI GREEN

14 TITLE STATE MEDICAID AGENT

15 DATE SUBMITTED 01/30/14

16 RETURN TO:
TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
6101 YELLOWSTONE ROAD SUITE 210
CHEYENNE, WY 82002CC CHRIS BASS, MANAGEMENT ASSISTANT
(SAME ADDRESS)**FOR REGIONAL OFFICE USE ONLY**

17 DATE RECEIVED

01/30/14

18 DATE APPROVED 04/29/14

19 EFFECTIVE DATE OF APPROVED MATERIAL.
02/01/1420 SIGNATURE OF REGIONAL OFFICIAL.
/s/

21 TYPED NAME.

Richard C. Allen

22 TITLE

ARA, DMCHO

REMARKS

State Plan under Title XIX of the Social Security Act
State/Territory: Wyoming

TARGETED CASE MANAGEMENT SERVICES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9))
Individuals eligible for Medicaid who are being determined for eligibility for the Wyoming Adult Developmental Disabilities (DD) Waiver, the Child DD Waiver, Acquired Brain Injury Waiver, Comprehensive Waiver, or Supports Waiver must have collateral information or display characteristics, limitations, and/or behaviors suggesting a diagnosis of a developmental disability or an acquired brain injury to become a client for TCM services and apply for one of the waivers.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to **180** consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions) (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act)

- X Entire State
Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount, duration and scope (§1915(g)(1))

Definition of services (42 CFR 440.169) Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation, and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
 - **Assisting the client to get necessary documents such as medical records, assessments, and other collateral information to determine waiver eligibility and eligibility for other resources available to the applicant.**
 - **Completing an annual level of care assessment for submission to the Division,**
 - **Arranging for a single initial psychological/neuropsychological evaluation for a new applicant to determine a diagnosis and clinical eligibility for the waiver.**

- **Arranging for a single initial Inventory for Client and Agency Planning Assessment, which is used to score functional limitations for the waiver, and arranging for one every five years thereafter if the person remains on the wait list for services.**
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual,
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals, and
 - identifies a course of action to respond to the assessed needs of the eligible individual,
 - **Develops the TCM plan of care for TCM service authorization.**
 - **Can be used for the development of the initial plan of care once the eligible person receives a funding opportunity for the waiver.**
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan, and
 - **Advocacy: Advocacy on behalf of a specific client for the purpose of accessing needed services. Activities may include making and receiving telephone calls, and the completion of forms, applications and reports which assist the client in accessing needed services.**
 - **Linkage: Working with clients and/or service providers to secure access to needed services. Activities include communication with agencies to arrange for appointments or services following the initial referral process, and preparing clients for these appointments. Contact with hospitalized clients, hospital/institution staff, and/or collaterals in order to facilitate the client's application and entry into waiver services.**
- ❖ Monitoring and follow-up activities
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met
 - services are being furnished in accordance with the individual's care plan,
 - services in the care plan are adequate, and
 - changes in the needs or status of the individual are reflected in the care plan

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback; and alerting case managers to changes in the eligible individual's needs
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b))

A TCM Provider must have a:

- Bachelor's degree in one (1) of the following related fields from an accredited college or university and one (1) year work experience in one (1) human services field. Fields include Counseling, Education (*will allow a school year instead of calendar year*), Gerontology, Human Services, Nursing, Psychology, Rehabilitation, Social Work, Sociology, or have a related degree, as approved by the Division.

OR

- Master's degree from an accredited college or university in one of the related fields listed above,

OR

- Associate's degree in a related field and four (4) years of work experience in a human services field.

AND

- Be certified by the Behavioral Health Division as an individual (not an agency)
- Obtain an NPI number in their name and submit a Medicaid enrollment application to the BHD.
- Keep current CPR and First Aid Certification
- Have a clean background check on file with his/her agency
- Complete training requirements as specified by the Division

Freedom of choice (42 CFR 441.18(a)(1))

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act:

- 1 Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan
- 2 Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b))

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services

Individuals eligible for Medicaid who are being determined for eligibility for the Wyoming Adult Developmental Disabilities (DD) Waiver, the Child DD Waiver, Acquired Brain Injury Waiver, Comprehensive Waiver, or Supports Waiver must have collateral information or display characteristics, limitations, and/or behaviors suggesting a diagnosis of a developmental disability or an acquired brain injury to become a client for TCM services and apply for one of the waivers.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6))

The State assures the following

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services, and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan

Payment (42 CFR 441.18(a)(4))

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7))

Providers maintain case records that document for all individuals receiving case management as follows (i) The name of the individual, (ii) The dates of the case management services, (iii) The name of the provider agency (if relevant) and the person providing the case management service, (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved, (v) Whether the individual has declined services in the care plan, (vi) The need for, and occurrences of, coordination with other case managers, (vii) A timeline for obtaining needed services, (viii) A timeline for reevaluation of the plan

Limitations

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302 F)

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following research gathering and completion of documentation required by the foster care program, assessing adoption placements, recruiting or interviewing potential foster care parents, serving legal papers, home investigations, providing transportation, administering foster care subsidies, making placement arrangements (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))