



Wyoming HCBS Spending Narrative Update (FFY 2023 Q3) American Rescue Plan Act of 2021, Section 9817

The Wyoming Department of Health, Division of Healthcare Financing provides access to quality, cost-effective services for Wyoming citizens within available financial resources in order to promote self-sufficiency and positive health outcomes.

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Executive Summary

The Wyoming Department of Health, Division of Healthcare Financing (Division) is the Medical Assistance Unit within the Single State Agency and directly administers the Wyoming Medicaid home and community-based (HCBS) waiver programs. Wyoming's HCBS programs include:

- The Comprehensive Waiver and Supports Waiver, collectively referred to as the Developmental Disabilities (DD) Waivers. The DD Waivers serve participants who have an intellectual or developmental disability, or an acquired brain injury (ABI).
- The Community Choices Waiver (CCW). The CCW serves individuals who are 65 and older, or who are between the ages of 19 and 64 and are determined to have a disability, which is demonstrated through a disability determination by the Social Security Administration (SSA) or by the Department of Health or its agent using SSA determination criteria.
- The Care Management Entity (CME) and Children's Mental Health Waiver (CMHW), referred to as the CME/CMHW. The CME/CMHW serves youth between the ages of 4 and 21 who have a serious emotional disturbance or serious mental illness.
- Home health and rehabilitation services delivered through the Medicaid State Plan.

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA). Section 9817 of the ARPA provides a temporary 10 percent increase to the Federal Medical Assistance Percentage (FMAP) for specified Medicaid HCBS expenditures. On May 13, 2021, the Division received guidance from the Centers of Medicare and Medicaid Services (CMS) related to the implementation of Section 9817 of the ARPA. This guidance was updated in June 2022, and requires states to submit an initial and quarterly spending plan, as well as an initial and semi-annual spending narrative that explains the activities that the state has implemented or intends to implement to enhance, expand, or strengthen HCBS under the Medicaid program.

The following narrative updates information on the activities the Division is implementing, the projected cost and actual expended funds of each activity, and project completion information.

The Division has developed an ARPA webpage, which includes spending plans, information on upcoming stakeholder engagement sessions, and recordings from previous stakeholder engagement sessions. The website is located at <https://health.wyo.gov/healthcarefin/hcbs/hcbsarpa/>.

Ongoing Stakeholder Input and Engagement

In an effort to involve HCBS stakeholders in the process, the Division continues to hold community engagement sessions to seek feedback from participants, providers, case managers, and other stakeholders of the CCW and DD Waivers on how Wyoming could best utilize the temporary influx of federal funding that is anticipated to be available through Section 9817 of the ARPA. The following sessions have been conducted, and recordings of the sessions are available on the Wyoming HCBS ARPA webpage.

- Wednesday, April 7, 2021, 1:00PM – 2:00PM – Providers and Case Managers
- Wednesday, April 7, 2021, 3:00PM – 4:00PM – Participants and Other Stakeholders
- Thursday, April 8, 2021, 6:00PM – 7:00PM – Interested Stakeholders
- Thursday, July 29, 2021, 2:00PM – 3:30PM – Interested Stakeholders
- Friday, August 6, 2021, 10:00AM – 11:30AM – Interested Stakeholders
- Monday, August 8, 2022 - 1:00PM - 1:30PM - Interested Stakeholders

Stakeholder Feedback

- Increase provider rates
- Expand assistive technology and home modifications
- Fund transition services
- Conduct person-centered training
- Translate participant resource documents

Stakeholder input sessions continue to generate ideas on how to expend the additional funding that Wyoming will receive as a result of the implementation of Section 9817 of the ARPA, including:

- Increasing provider reimbursement rates;
- Expanding assistive technology and environmental modification services;
- Funding transition services;
- Providing education and skill building for case managers and direct support professionals, including education on person-centered practices;
- Funding waitlists;
- Funding additional supported employment services; and
- Translating participant resource documents.

The Division has implemented several of these suggestions as part of its effort to enhance, expand, and strengthen HCBS in Wyoming.

The Division has incorporated new services identified in its ARPA initiatives into a CCW amendment. As part of the public comment process, the Division held a public comment forum on November 9, 2022 to accept public comment and answer additional stakeholder questions related to these services.

Technical Assistance

Wyoming was selected as one of seven states to receive intensive, short-term technical assistance through an ADvancing States program generously supported by The SCAN Foundation, The John A. Hartford Foundation, the Peterson Center on Healthcare, and the Milbank Memorial Fund. This project

was intended to provide the selected states with assistance to facilitate and expedite the implementation of their plans to expand, enhance and strengthen services for older adults and persons with disabilities using ARPA funding. The project, which ended on November 30, 2021, resulted in a comprehensive project plan that the Division uses to manage and track each identified ARPA activity.

Narrative of Planned Projects and Expenditures

In accordance with Section 9817(b) of the ARPA, the Division has identified several projects that will enhance, expand, or strengthen HCBS. These projects include short-term activities that will be implemented in response to the COVID-19 public health emergency (PHE), as well as longer term strategies that will sustain promising and effective programs and services.

All identified activities fall within the scope of services listed in Appendix B in State Medicaid Director Letter #21-003 (SMD# 21-003) issued by the Centers for Medicare and Medicaid Services. Activities are consistent with examples set forth in Appendix C and D of SMD# 21-003, do not cover services delivered in an Institution for Mental Disease or other institutional setting, and do not include room or board payments.

Wyoming’s initial spending plan and narrative grouped the identified projects into five key categories. These categories are:

1. Expanding home and community-based services;
2. Developing and implementing transition and diversion services;
3. Expanding provider workforce and capacity;
4. Adopting enhanced care coordination; and
5. Structural planning, analysis, and accessibility.

These projects have been further categorized into phases that outline timeframes by which each project will be implemented. The proposed timeline and activity updates, including progress and expenditures made on each activity, are detailed below. The Division is managing and tracking these activities in accordance with the project plan developed in November 2021 as a result of the ADvancing States technical assistance project. Please note that activities have been rearranged to account for the extended spending deadline.

Table 1
ARPA Activities Timeline by Phase (Updated 7/18/2022)

Activity Timeline	Phase I April 2021 - March 2022	Phase II April 2022 - March 2023	Phase III April 2023 - March 2024	Phase IV April 2024 - March 2025
Increase provider reimbursement rates				
Adopt enhanced care coordination				
Create and incentivize case manager training				

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Activity Timeline	Phase I April 2021 - March 2022	Phase II April 2022 - March 2023	Phase III April 2023 - March 2024	Phase IV April 2024 - March 2025
Document translation Customer experience tool	1st half of Phase 2 to Phase 3 April 2022 - March 2023			
Support innovation technology projects through innovation grants Level of Care (FASI) planning Create transition, environmental modification, and homemaker services		2nd half of Phase 2 to Phase 3 April 2022 - March 2023		
Plan and implement IT services			1st half of Phase 3 to Phase 4 April 2023 - March 2024	

Phase I - April 2021 - March 2022 Implementation

Phase I - April 2021 - March 2022 Implementation			
Projected expenditure \$21,535,972	Expended to date \$3,704,129	Percentage expended 17.19%	Completion percentage 17.19%
Waiver(s) involved: Children’s Mental Health Waiver (CMHW) Comprehensive Waiver Supports Waiver		Federal and State authority changes: 1915(b) waiver agreement (CMHW only) 1915(c) waiver agreements Wyoming Medicaid Chapter 47 (CMHW only)	
<p>Activity to be completed</p> <p><i>Outcome Statement: Providers of selected services that employ direct support professionals will increase the compensation for direct support professionals. This compensation increase will promote workforce stabilization and result in business longevity for providers.</i></p> <p>The Division will increase provider reimbursement rates of selected HCBS, including CME/CMHW, for the purpose of elevating the compensation for direct support professionals, improving provider recruitment and retention, and ensuring network adequacy.</p> <p>1915(c) waiver amendments to revise rate methodologies and increase provider reimbursement rates have been submitted and approved for the identified waivers.</p> <p>These rate increases only apply to services that are specifically categorized as HCBS, which are outlined in SMDL #21-003, Appendix B. The Division has communicated to all stakeholders that this increase is temporary, and will end by June 30, 2024. In order for this increase to be sustained, the Wyoming Legislature will need to appropriate additional funds to the HCBS Waiver programs.</p>			
Spending Narrative Update - FFY 2023 Q3			
<p>The automated provider attestation process that the Division implemented for the Comprehensive and Supports Waiver providers continues to function adequately. Providers were required to report on enhanced rates received from February 1 - June 30, 2022 by July 31, 2022, and approximately 66% have completed the required reporting. The Division is reviewing data on provider reporting to determine the providers that employ staff, and will provide technical assistance to ensure that all affected providers come into compliance with reporting requirements.</p> <p>The sunset date of these increases has been changed to June 30, 2024 to align with legislative appropriations and the State’s Fiscal Year.</p>			
In FFY 2022 Q2, the following update was provided:			
<p>The Division submitted an amendment to the 1915(c) Children’s Mental Health Waiver and associated</p>			

➤ **Expanding Provider and Workforce Capacity - Increase provider reimbursement rates**

1915(b) waiver on September 28, 2021. Additionally, the contract for the prepaid ambulatory health plan (PAHP) contractor is in review with the Attorney General's office and is slated for final signature. These waivers are anticipated to be effective sometime in State Fiscal Year 2022, quarter 1.

The Division posted draft Comprehensive and Supports Waiver amendments for public comment on October 10, 2021, and will hold a public forum to obtain feedback on October 28, 2021. This amendment increases provider reimbursement rates for selected services. These increased rates are the result of an updated rate methodology that was developed as part of a 18-month rate study and rebasing project led by Guidehouse Consulting. The Division plans to submit these amendments to CMS on or around November 10, 2021, and anticipates an effective date of February 1, 2022

In FFY 2022 Q3, the following update was provided:

The Division worked with CMS to identify and mitigate a maintenance of effort (MOE) violation associated with case management and assisted living facility services reimbursement rates on the Community Choices Waiver. This MOE paused forward progress on Children's Mental Health Waiver amendment. Now that the MOE has been mitigated, this amendment has been approved and will be effective on January 1, 2022.

The Division submitted an amendment for the Comprehensive and Supports Waivers on November 12, 2021. CMS sent an informal request for additional information, to which the Division responded on December 13, 2021. The Division still anticipates an effective date of February 1, 2022.

In FFY 2022 Q4, the following update was provided:

Comprehensive and Supports Waiver amendments to increase provider reimbursement rates for most services were approved on January 31, 2022 and went into effect on February 1, 2022. The Division has implemented an attestation process that all providers must complete. This attestation acknowledges that the provider must pass the entirety of the increase on to direct support workers, and requires the provider to identify the mechanism for passing this increase on.

The Division expects to have expenditure data to report on the FFY 2023 Q1 spending plan.

In FFY2023 Q1, the following update was provided:

The rate increase percentages for the Comprehensive and Supports Waivers, by service, that were implemented on February 1, 2022 were listed.

The rate increase percentage for the Youth and Family Training and Support service offered through the Children's Mental Health Waiver is 2.5%. That increase went into effect on January 1, 2022.

The Division has automated the provider attestation process for the Comprehensive and Supports Waivers, and now requires providers to complete attestation forms and reporting in the Wyoming Health Provider (WHP) portal. This automation will allow the Division to more accurately and efficiently track compliance with the requirement that all providers pass the entirety of the rate increase that went into effect on February 1, 2022 to the direct support workforce.

➤ **Expanding Provider and Workforce Capacity - Increase provider reimbursement rates**

Although CMS has extended the deadline by which state funds attributable to ARPA must be expended, the sunset date of these increases will remain March 31, 2024. The budget calculated for this initiative was based on the March 31, 2024 deadline.

➤ **Adopting Enhanced Care Coordination**

Projected expenditure \$10,424	Expended to date \$0.00	Percentage expended 0%	Completion percentage 0%
Waiver(s) involved: Children’s Mental Health Waiver		Federal and State authority changes: 1915(b) waiver agreement 1915(c) waiver agreements Wyoming Medicaid Chapter 47	

Activity to be completed

Outcome Statement: Participants of CME/CMHW will have access to care coordination while waiting for Supports Waiver services.

Currently, children and youth who are served by, or applying for participation in, the CME/CMHW program may not be served by the CME if they are on the waitlist for another waiver. The Division amended the CME program’s 1915 (b)/(c) waivers to permit participants with co-occurring disorders the choice to either continue to receive CME/CMHW HCBS services or receive state funded targeted case management services while they are waiting for Supports Waiver services. CME enrollment will terminate at the point in time that a youth is moved from the waitlist to funded status on the other waiver.

This activity will be funded through March 31, 2025. The Division will reevaluate the financial feasibility of extending this activity beyond this date by September 30, 2024.

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The Medicaid Children's Mental Health Waiver (CMHW) has begun serving youth with co-occurring disorders who qualify for CMHW services and are on the Comprehensive or Supports Waiver waitlists. Medicaid CMHW, Comprehensive, and Supports Waiver service providers have engaged in joint educational opportunities to exchange information necessary to ensure smooth coordination and transition between the waiver programs and services provided to qualifying children, youth, and their families.

Funds for this activity have not been expended to date.

Prior Updates

➤ **Adopting Enhanced Care Coordination**

In FFY 2022 Q2, the following update was provided:

The Division submitted an amendment to the 1915(c) Children’s Mental Health Waiver and associated 1915(b) waiver on September 28, 2021. Additionally, the contract for the prepaid ambulatory health plan (PAHP) contractor is under review with the Attorney General’s office and is slated for final signature. These waivers are anticipated to be effective sometime in State Fiscal Year 2022, quarter 1.

In FFY 2022 Q3, the following update was provided:

The Division worked with CMS to identify and mitigate a maintenance of effort violation associated with case management and assisted living facility services rates on the Community Choices Waiver. This MOE paused forward progress on Children’s Mental Health Waiver amendment. Now that the MOE has been mitigated, this amendment has been approved and will be effective on January 1, 2022. The 1915 (b) combination waiver contract amendment for the PAHP contractor has been executed and submitted to CMS regional and central office for review.

In FFY 2022 Q4, the following update was provided:

The Division is identifying work within the Electronic Medicaid Waiver System and the Benefits Management System that will need to occur in order to implement this activity.

In FFY 2023 Q1, the following update was provided:

The Division completed the work necessary to modify the Electronic Medicaid Waiver System and the Benefits Management System. The policy update has been distributed to the affected providers so they can begin the enhanced care coordination process for youth and families who choose and qualify.

Funds for this activity have not been expended to date.

Phase II - April 2022 - March 2023 Implementation

➤ Expanding Provider and Workforce Capacity - Create and incentivize case manager training			
Projected expenditure \$1,319,235	Expended to date \$28,000.00	Percentage expended 2.12%	Completion percentage 30%
Waiver(s) involved: Community Choices Waiver Comprehensive Waiver Supports Waiver		Federal and State authority changes: 1915(c) waiver agreements	
<p><u>Activity to be completed</u> <i>Outcome Statement: Case managers will implement person-centered planning and best practices in case management services.</i></p> <p>The Division will develop and implement a case manager training and incentivization program. Training focus will include, but is not limited to:</p> <ul style="list-style-type: none"> ▪ Person-centered planning; ▪ Best practices in case management services; ▪ Communication and leadership skills; and ▪ Developing and maintaining cross system partnerships. <p>The training program will include incentivized rates for case managers who complete the program. This will be achieved through the submission of the appropriate waiver amendments to increase provider reimbursement rates.</p> <p>The Division will review case manager performance to determine the impact that the additional training has on plans of care, and will ultimately decide if the training will simply be a resource or if the training will be required for all new case managers. The rate enhancement will only be offered for the duration of this spending plan period.</p>			
Spending Narrative Update - FFY 2023 Q3			
<p>The Wyoming Institute for Disabilities (WIND) has conducted extensive searches of case manager trainings from across the country. Information gathered from fellow UCEDD programs, other state’s HCBS case manager trainings, and other organizational trainings includes PowerPoints, peer reviewed articles, videos, curriculums, and training courses across various state programs, which will be used to inform the proposed draft outline.</p> <p>WIND met with the Case Manager Advisory Board to review and receive feedback over content for the first three draft modules of this training. The feedback provided by the Advisory Board was incorporated, and in some cases led to restructuring of the curriculum content. Once the curriculum revisions were incorporated, the drafts were sent to the Division for review and feedback. The</p>			

➤ **Expanding Provider and Workforce Capacity - Create and incentivize case manager training**

Division has provided feedback on Modules 1 and 2, and Module 1 content has been approved as final.

Prior Updates

In FFY 2022 Q2, the following update was provided:

The Division is pursuing a partnership with the Wyoming Institute for Disabilities (WIND), Wyoming's University Center for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD) to develop, present, and track case management training that focuses on person-centered planning and best practices in case management services. The Division posted draft Comprehensive and Supports Waiver amendments for public comment on October 10, 2021, and will hold a public forum to obtain feedback on October 28, 2021. This amendment increases provider reimbursement rates for case managers who complete this training. The Division plans to submit these amendments to CMS on or around November 10, 2021, and anticipates an effective date of February 1, 2022. An amendment for the Community Choices Waiver is forthcoming.

In FFY 2022 Q3, the following update was provided:

The Division has developed and is finalizing an interagency agreement with WIND. Once this agreement is in place, WIND will begin developing the training for this activity.

In FFY 2022 Q4, the following update was provided:

The Division included a certificate tier with an enhanced rate for case management services in the most recent Comprehensive and Supports Waiver amendment, which went into effect on February 1, 2022. The Division will include a case management certificate tier with an enhanced rate in a new Community Choices Waiver amendment, which is expected to be submitted in the third quarter of FFY2023. The Division has finalized an interagency agreement with the Wyoming Institute of Disabilities, Wyoming's University Center for Excellence in Developmental Disabilities (UCEDD), to develop and deliver the training curriculum.

In FFY 2023 Q1, the following update was provided:

The Division is actively working with the Wyoming Institute for Disabilities (WIND) to establish a training advisory group of case managers to help develop the training program, which is expected to launch in the spring of 2023. By enlisting the help of this advisory group, as well as soliciting feedback through other mechanisms, the Division expects to have an increased level of participation and satisfaction with this program.

WIND is currently recruiting case managers who are interested in sitting on the advisory group. This group will shape the training curriculum and review the final training to ensure it is relevant and beneficial. In June of 2022, a short survey will be emailed to all case managers, allowing them to provide input on the training topics and training modality. In late summer of 2022, WIND will conduct 45–60-minute interviews with case managers, participants, and participant family members. These interviews will be used to identify areas of strength, areas on which to focus content development, and preferred modality of training (online, in person, mixed). In the fall of 2022, WIND will pilot two training modules with a small group of case managers. Training will be available to all case managers

➤ **Expanding Provider and Workforce Capacity - Create and incentivize case manager training**

in the spring 2023.

WIND has developed a webpage (<https://www.uwyo.edu/wind/waiver-support-professional/case-manager-training.html>) that offers additional information on this project.

The Division has already received approval on a Case Management - Certificate tier for the Comprehensive and Supports Waivers. Approval for this tier will be sought with the Community Choices Waiver amendment that is expected to be submitted on or around November 15, 2022.

Funds for this activity have not been expended to date.

➤ **Structural Planning, Analysis, and Accessibility - Document translation**

Projected expenditure \$35,000	Expended to date \$8,730	Percentage expended 24.94%	Completion percentage 24.94%
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Waiver(s) involved:
Community Choices Waiver
Comprehensive Waiver
Supports Waiver

Federal and State authority changes:
None

Activity to be completed

Outcome Statement: Participants, legally authorized representatives, and other stakeholders will have immediate access to Spanish and Braille translations of written materials.

The Division will translate HCBS written materials that may be utilized by participants, including but not limited to program rules, participant manuals, fact sheets, service indices, and documents related to participant-directed services. These materials will be translated to, at a minimum, Spanish and Braille. The Division will accomplish this by expanding its current contract for translation services to include these materials.

Future translation needs, including updates and new documents, will be ongoing and included in the Division’s contract deliverables for translation services.

Spending Narrative Update - FFY 2023 Q3

As of December 31, 2022, the Division has translated over 200 pages of participant materials into Spanish. The Division continues to work through challenges with securing a vendor to translate identified documents into Braille, and is also considering audio options for manuals.

Prior Updates

➤ **Structural Planning, Analysis, and Accessibility - Document translation**

In FFY 2022 Q2, the following update was provided:

The Division has inventoried and prioritized all public facing documents for translation into Spanish, and will begin translation activities once Wyoming’s initial spending plan is approved. Ongoing efforts are being made to identify Braille translation services.

In FFY 2022 Q3, the following update was provided:

The Division is waiting for conditional approval of its spending plan in order to begin this work.

In FFY 2022 Q4, the following update was provided:

The Division has identified a vendor that can provide Braille translations, and is working to get an interagency agreement in place. Translation services are earmarked to begin on or around July 1, 2022.

In FFY 2023 Q1, the following update was provided:

The Division has executed the contract necessary to begin translating documents into Spanish, beginning July 1, 2022. Documents will be translated in order of importance and use by participants. The Division continues to work through challenges with securing a vendor to translate identified documents into Braille.

Funds for this activity have not been expended to date.

➤ **Structural Planning, Analysis, and Accessibility - Customer Experience Tool**

Projected expenditure \$550,035	Expended to date \$117,075	Percentage expended 21.29%	Completion percentage 18%
Waiver(s) involved: Community Choices Waiver Comprehensive Waiver Supports Waiver		Federal and State authority changes: None	

Activity to be completed

Outcome Statement: A customer experience tool, such as NCI or CAHPS, will be implemented for all HCBS populations in order to measure the participant’s experience with services.

The NCI Aging and Disabilities Survey will provide information about the experiences of participants receiving Community Choices Waiver (CCW) services. This data will be analyzed and compared to national trends, and will be examined by the Quality Improvement Committee for potential areas of improvement in waiver services and administration.

This is the first time that Wyoming will participate in the NCI-AD, so data collected in the first year of

➤ **Structural Planning, Analysis, and Accessibility - Customer Experience Tool**

implementation will be used to establish baseline information on participants of the CCW.

The Division intends to fund this activity, with funds not attributable to ARPA, beyond March 31, 2025.

Spending Narrative Update - FFY 2023 Q3

Vital Research (VR) has begun conducting surveys. They have hired surveyors throughout the state of Wyoming, and intend to conduct 400 NCI-IDD surveys by June 30, 2023. The Division has supplied VR with a randomly selected list of participants to contact, and VR will schedule and collect background information as part of the ongoing survey process.

Prior Updates

In FFY 2022 Q2, the following update was provided:

The Division has begun the procurement process in order to select a vendor to oversee the National Core Indicators (NCI) survey process. A request for proposal and corresponding requirements is being developed and is slated to be published on or around November 15, 2021. The NCI Aging and Disabilities Survey is scheduled to be implemented during Phase II. The NCI In-Person Survey for individuals with intellectual or developmental disabilities is scheduled to be implemented during Phase III.

In FFY 2022 Q3, the following update was provided:

The Division is drafting a procurement for a vendor to conduct the survey collection. This activity is still scheduled for a Phase II implementation.

No update was provided In FFY 2022 Q4

In FFY 2023 Q1, the following update was provided:

The Division has selected Vital Research to conduct surveys and oversee the NCI survey process. The contract is effective July 1, 2022. The NCI-IDD survey will be implemented during State Fiscal Year (SFY) 2023, and the NCI-AD survey will be implemented during SFY 2024. In the future, these surveys will be conducted in alternate years. The NASDDDS and ADvancing States contracts will be executed by July 31, 2022. These contracts cover items such as participant fees, membership dues, and conference registration fees.

Funds for this activity have not been expended to date.

Phase III - April 2023 - March 2024 Implementation

➤ Expanded Home and Community-Based Services - Support innovative technology projects through the award of innovation grants			
Projected expenditure \$3,000,000	Expended to date \$0.00	Percentage expended 0%	Completion percentage 0%
Waiver(s) involved: Community Choices Waiver Comprehensive Waiver Supports Waiver		Federal and State authority changes: None	
<p><u>Activity to be completed</u></p> <p><i>Outcome Statement: Providers will implement technology projects that promote efficient services and increased independence for participants.</i></p> <p>The Division will support provider projects that meet identified criteria and are intended to enhance, expand, or strengthen HCBS. Innovative projects may address remote or virtual support services, equipment purchases that support participant communication and access to needed services; staff development and training, and other technology projects identified by the provider. Internet connectivity costs are not included in this initiative.</p> <p>This will be achieved through one-time grants awarded to providers. Providers will be responsible to report progress on expected outcomes and how the grant award was applied to the project budget. Grant amounts will not exceed \$100,000 per project.</p> <p>Awards will be granted by January 1, 2025. Providers are required to describe their plan for the ongoing sustainability of the project once the grant award has been exhausted.</p>			
Spending Narrative Update - FFY 2023 Q3			
<p>The Division published the draft Technology Innovation Grant funding opportunity announcement (FOA) in order to seek feedback from the provider network and the Developmental Disability Advisory Council (DDAC). These groups were asked to review the draft FOA and provide feedback on understandability of the project and application criteria, considerations that were not included in the project, and provider experience and lessons learned from grant processes that would improve this program. The Division received positive feedback on the FOA and the project in general.</p> <p>The Division has developed the necessary application scoring rubric and reporting materials, and is finalizing the contracts that will be needed in order to provide provider payment once a grant has been awarded. The first grant cycle is scheduled for April 1, 2023 - June 30, 2023.</p> <p>Funds for this activity have not been expended to date.</p>			

➤ **Expanded Home and Community-Based Services - Support innovative technology projects through the award of innovation grants**

Prior Updates

In FFY 2023 Q1, the following update was provided:

The Division has participated in a technical assistance program focused on technology services, and has reviewed ARPA initiatives proposed by other states. During these activities, the use of innovation grants was introduced. The Division has researched this option, and through conversations with the Developmental Disabilities Advisory Council, the Long Term Care Advisory Council, and informal conversations with various providers, has determined that a grant program will be a more beneficial way to support providers with their technology programs and pursuits.

To this end, the Division has developed a draft Funding Opportunity Announcement and is working with the Wyoming Department of Health contract and fiscal departments to determine the best way to administer a grant program. Grant recipients will be required to:

- Prove how the project is innovative;
- Prove how the project enhances, expands, or strengthens HCBS services;
- Identify expected outcomes; and
- Describe how success will be measured.

If this approach is approved by CMS, the Division will move forward on finalizing this FOA and inviting providers to apply for technology grants that will be used to enhance, expand, or strengthen HCBS.

Please note that the Division has not provided updates for this activity prior to FFY 2023 Q1. Funds for this activity have not been expended to date.

➤ **Transition and Diversional Services - Create Community Transition, Environmental Modification, and Homemaker Services**

Projected expenditure \$1,760,100	Expended to date \$0.00	Percentage expended 0%	Completion percentage 0%
Waiver(s) involved: Community Choices Waiver		Federal and State authority changes: 1915(c) waiver agreements Chapter 34 of Wyoming Medicaid Rule	

Activity to be completed

Outcome Statement: Participants will have access to services needed to stay in their home or transition from a nursing facility back to their community. These services will include the support needed to modify and maintain their home environments or to receive the initial financial support needed to transition from a nursing facility to their community.

In accordance with Application for a §1915(c) Home and Community-Based Waiver Instructions, Technical Guide and Review Criteria [Version 3.6, January 2019], the Division will fund initial set up

➤ **Transition and Diversion Services - Create Community Transition, Environmental Modification, and Homemaker Services**

costs that individuals incur when they transition from nursing facilities back into their community. Covered costs may include security deposits, utility activation fees, and basic furnishings. Room and board costs, including food and rent costs, will not be covered under this service. This will be achieved through an additional Community Transition Services option.

The Division will submit a Community Choices Waiver amendment to add all identified services. Services will be based on the participant's assessed needs, and will be subject to service caps and, for home modifications, lifetime expenditure caps. The Division is reviewing the feasibility of using service definitions and current administration mechanisms used for similar services identified in the Comprehensive and Supports Waivers to guide the development and implementation of homemaker and environmental modification services.

Due to the significant cost savings that will be realized as individuals move from institutional care to community support, the Division intends to extend this funding beyond March 31, 2025. All funding decisions are based on Legislative appropriation.

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The Division has submitted an amendment to the Community Choices Waiver that includes the addition of these services. If approved, these services will go into effect on April 1, 2023.

Funds for this activity have not been expended to date.

Prior Updates

In FFY 2022 Q2, the following update was provided:

The Division has conducted research on transition services that exist in other states. This activity is scheduled for future waiver amendments.

No update was provided In FFY 2022 Q3

In FFY 2022 Q4, the following update was provided:

The Division has conducted research on transition services being used throughout the nation, and is working closely with stakeholders and industry experts to draft a definition for transition services. Internal teams are discussing IT system changes and provider credentialing considerations that will need to be addressed in order to implement these services. The Division will hold a stakeholder input meeting on May 26th to discuss potential implementation strategies for these services. A Community Choices Waiver amendment submission is expected in the third quarter of FFY2023.

In FFY 2023 Q1, the following update was provided:

In order to fully develop draft definitions for the various services, the Division postponed the stakeholder input meeting until August 8, 2022. On July 11, 2022, the Division released the draft service definitions to the public. This should allow sufficient time for review prior to the stakeholder

➤ **Transition and Diversion Services - Create Community Transition, Environmental Modification, and Homemaker Services**

input meeting. Stakeholder input will be accepted through August 31, 2022.

Draft definitions have been presented for the following services:

- Homemaker Services
- Environmental Modification Services
- Transition Setup and Transition Service Coordination
- Independent Living Support

Additionally, clarifications to Personal Support and Home Health Aide Services are being proposed to help distinguish the differences between the various services.

After stakeholder input is received, the Division will finalize the Community Choices Waiver amendment and will begin the required process for tribal notification and formal public comment. The Division anticipates submitting a waiver amendment on or around November 15, 2022.

Funds for this activity have not been expended to date.

➤ **Structural Planning, Analysis, and Accessibility - Level of Care planning**

Projected expenditure	Expended to date	Percentage expended	Completion percentage
\$850,000	\$0.00	0%	0%
Waiver(s) involved: Community Choices Waiver Comprehensive Waiver Supports Waiver		Federal and State authority changes: None - 1915(c) waiver agreements, and Chapters 34 and 46 of Wyoming Medicaid Rule will require amendments if the FASI is implemented after January 1, 2025.	

Activity to be completed

Outcome Statement: A comprehensive project plan, which includes stakeholder engagement and pilot project, will be developed and implemented in order to determine the feasibility of using the Functional Assessment Standardized Items (FASI) as the level of care assessment for participants of the CCW and DD Waiver programs.

Prior to the COVID-19 PHE, the Division consulted with Public Consulting Group (PCG) to review the Division’s current level of care assessments, and make recommendations for implementing FASI. PCG developed a work plan that identifies the activities needed to transition Wyoming to the use of the FASI for institutional level of care assessments.

In order to determine the feasibility of using the FASI as a level of care assessment tool, the Division will develop a project plan and pilot the assessment across various participant categories. If determined feasible for Wyoming, the FASI will not be implemented prior to April 1, 2025.

➤ **Structural Planning, Analysis, and Accessibility - Level of Care planning**

If the FASI is fully implemented, the administrative costs associated with regular level of care assessments will be absorbed by the Division.

Spending Narrative Update - FFY 2023 Q3

The Division has partnered with the Wyoming Institute for Disabilities (WIND) to develop and implement a comprehensive exploration of level of care assessments. An interagency agreement is in development, and will be in place prior to the beginning of the project. This project is broad in scope, and will be launched using a phased approach.

- Phase I - Pilot Project - Adult participants of Comprehensive, Supports, and Community Choices Waivers (ICF/IID and skilled nursing facility (SNF) level of care) - June 2023 - January 2025
 - WIND will conduct the Functional Assessment of Standardized Items (FASI) assessment on approximately 400 participants, and conduct necessary data validation in order to generate a final data report and recommendation.
- Phase II - Pilot Project - Child participants of Comprehensive and Supports Waivers (ICF/IID level of care) - August 2023 - January 2025
 - WIND will conduct the FASI assessment on approximately 400 participants, and conduct necessary data validation in order to generate a final data report and recommendation.
- Phase III - June 2023 - February 2024 - During this phase, WIND will crosswalk current nursing home participant LT101 assessments with FASI measures and calculate scores to determine the feasibility of using the FASI for all nursing home level of care populations. **This phase will not be funded through the ARPA.**

Funds for this activity have not been expended to date.

Prior Updates

In FFY 2022 Q2, the following update was provided:

The Division is in conversations to receive technical assistance on this activity.

In FFY 2022 Q3, the following update was provided:

The Division has received initial technical assistance, and is working internally to determine next steps.

No update was provided In FFY 2022 Q4

In FFY 2023 Q1, the following update was provided:

In accordance with the project plan developed by PCG, the Division is adding dates to the timelines for major milestones. Major milestones include:

- Establishing an advisory group composed of representatives from various groups that will be affected by a change in level of care assessment, including but not limited to, skilled nursing facilities, HCBS Waiver providers and case managers, participants, Department of Health Fiscal and Long Term Care units, and the HCBS Section.
- Developing and implementing a communication strategy. The Division must identify the

➤ **Structural Planning, Analysis, and Accessibility - Level of Care planning**

impacted stakeholders, and the best mechanisms for communicating the purpose for exploring other level of care assessments, a description of the strengths and challenges of the FASI, action items that the Division will be taking throughout the process, how a pilot project may be implemented and how the Division will use lessons learned, and how stakeholders can provide feedback throughout the process.

- Developing, refining, and implementing a pilot project to determine the feasibility and value of adopting a new level of care assessment for all institutional and HCBS programs.

Funds for this activity have not been expended to date.

Phase IV- April 2024 - March 2025 Implementation

➤ Structural Planning, Analysis, and Accessibility - Plan and implement IT services			
Projected expenditure \$600,000	Expended to date \$0.00	Percentage expended 0%	Completion percentage 0%
Waiver(s) involved: Community Choices Waiver Comprehensive Waiver Supports Waiver		Federal and State authority changes: None	
<p><u>Activity to be completed</u></p> <p><i>Outcome Statement: The Division will plan, design, and implement necessary IT enhancements that will improve the administration of HCBS programs.</i></p> <p>The Division presently maintains two IT systems that are focused on Medicaid HCBS. The Division intends to modernize its platform for service planning, provider management, and critical incident reporting.</p> <p>Ongoing maintenance and updates will be funded beyond March 31, 2025.</p>			
Spending Narrative Update - FFY 2023 Q3			
<p>The Division does not have an update on this activity at this time.</p> <p>Funds for this activity have not been expended to date.</p>			
Prior Updates			
<p>In FFY 2022 Q2, the following update was provided: The Division is preparing to procure an IT solution to meet the needs described in this activity.</p> <p>In FFY 2022 Q3, the following update was provided: The Division continues to follow the procurement process in order to secure an IT solution to meet the needs described in this activity.</p> <p>No update was provided In FFY 2022 Q4</p> <p>In FFY 2023 Q1, the following update was provided: Conversations between program and project staff are taking place to discuss the requirements and scope of this project; however, timelines have not been established.</p> <p>Funds for this activity have not been expended to date.</p>			

Discontinued Activities

➤ Expanded Home and Community-Based Services - Enhance Supported Employment Services			
Projected expenditure \$0	Expended to date \$0.00	Percentage expended 0%	Completion percentage 0%
Waiver(s) involved: Comprehensive Waiver Supports Waiver		Federal and State authority changes: 1915(c) waiver agreements Chapters 45 of Wyoming Medicaid Rule	
<p><u>Activity to be completed</u></p> <p><i>Outcome Statement: Participants will have increased access to supported employment services in order to obtain and maintain integrated employment.</i></p> <p>The Division will increase the amount of supported employment services available to participants. This strategy has been specifically requested by stakeholders during stakeholder input sessions.</p> <p>This will be achieved through the submission of the appropriate waiver amendments. Services will be added to support individuals who choose to work, or will be revised to establish how a participant can request additional funding for supported employment in addition to their established individual resource allocation.</p> <p>This activity will be funded through March 31, 2024. The Division will reevaluate the financial feasibility of extending this activity beyond this date by September 30, 2023.</p>			
Spending Narrative Update - FFY 2023 Q1			
<p>Since the claiming period of April 1 2021 - March 21, 2022 has ended, the Division has been able to more accurately calculate the supplemental funding that will be available for ARPA related activities. The Division initially overestimated the service category expenditures that would qualify for the enhanced FMAP. With fewer dollars to spend, the Division had to determine which identified activities would be most impacting for HCBS participants. Based on initial stakeholder feedback and current information that is related to participant interest in employment services, the Division has chosen to withdraw supported employment service enhancement as an ARPA initiative.</p> <p>Please note that the Division has not provided updates for this activity prior to FFY 2023 Q1.</p>			

➤ Expanding Provider and Workforce Capacity - Implement DSP certification reimbursement			
Projected expenditure \$0	Expended to date \$0.00	Percentage expended 0%	Completion percentage 0%
Waiver(s) involved: Comprehensive Waiver Supports Waiver		Federal and State authority changes: None	
<p><u>Activity to be completed</u></p> <p><i>Outcome Statement: Direct support professionals will demonstrate exemplary skill and knowledge while supporting people with disabilities.</i></p> <p>The Division will reimburse providers for the cost of direct support professional certification through a nationally recognized entity such as the National Alliance of Direct Support Professionals (NADSP) or NADD. Certification focus will include, but is not limited to:</p> <ul style="list-style-type: none"> ▪ Person-centered practices; ▪ Crisis prevention and intervention; ▪ Safety; and ▪ Health and wellness. <p>This activity will be funded through March 31, 2025. The Division will reevaluate the financial feasibility of extending this activity beyond this date by September 30, 2024.</p>			
Spending Narrative Update - FFY 2023 Q3			
<p>The Division has continued to have open dialogue with providers about how to improve and incentivize provider performance. The Division will begin the next legislatively required provider reimbursement rate rebasing study for the Comprehensive and Supports Waivers, and as a result of provider input, intends to focus on how to adopt and implement value based payments. If implemented, the value based payment strategy would be a permanent feature in these waivers, rather than a time limited strategy funded through ARPA. The Division intends to complete a similar rate rebasing for the Community Choices Waiver upon the completion of the Comprehensive and Support Waiver rebasing project.</p> <p>Because of this new focus, the DSP certification reimbursement project will be eliminated. The funding that was originally allocated to this project will be distributed between the Level of Care Planning project and provider reimbursement rates.</p>			
Prior Updates			

In FFY 2022 Q2, the following update was provided:

The Division has participated in several webinars and panels that have addressed workforce issues and strategies for building skills and capacity among direct support professionals. This activity is scheduled as a Phase III project, but the Division will continue to gather information in preparation for implementing this activity.

In FFY 2022 Q3, the following update was provided:

The Division completed participation in the DSW Learning Collaborative in December 2021. Participation in the Collaborative was helpful in examining the strategies that other states are planning and executing regarding DSW workforce issues, and will help to inform this activity. Analysis is underway regarding the curricula provided by NADSP and NADD, as well as those that are endorsed by these organizations to determine the best fit for Wyoming.

No update was provided In FFY 2022 Q4

No update was provided in FFY 2023 Q1

Attestations

In accordance with the requirements of ARPA, Section 9817, the State of Wyoming attests to the following statements:

- Wyoming is using the federal funds attributable to the increased Federal Medical Assistance Percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- Wyoming is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- Wyoming is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Wyoming is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- Wyoming is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.