



Wyoming
Department
of Health

PROVIDER MANUAL TRAINING

You can use your mouse
or your keyboard to click
through the presentation.

Training Objectives



Comprehend the rules and regulations; and know how to access them



Learn important components involved with being a provider



Understand responsibilities of providers and case managers



Acknowledge the certification renewal process and provider responsibilities



Recognize the importance of provider reporting and documentation

Working with Participants

Rights of Participants

Dignity and Respect

**Response to Illness and
Emergencies**

**Home and Community
Based Settings (HCBS)**

Rights of Participants

Participant' rights may not be modified or suspended except in accordance with state or federal law.

Each participant receiving services has the same legal rights and responsibilities guaranteed to all U.S. citizens under the United State and Wyoming constitutions and federal and state laws.

Dignity and Respect

All participants should be treated with dignity and respect at all times.

This means providers must:

- Honor participant's preferences, interests, and goals
- Provide participants with daily opportunities to make their own choices
- Encourage participants to express their wishes, desires, and needs
- Design services to meet the individual needs of the participant
- Provide activities that are meaningful and functional for each participant

Dignity and Respect

Remember!

All participants are individuals and should be treated as such. What may work for one person may not work for another. Providers should aim to have their services meet the specific supports that each individual needs.

Response to Injury, Illness, and Emergencies

Providers should be prepared to respond to any instance of injury, illness, or emergency that may occur. A timely response can ensure that participants are healthy and safe.

Providers should:

- Keep a well-stocked and current first aid kit
- Keep an up-to-date list of all emergency contact information
- Utilize training from CPR and First Aid Certification
- Maintain current medical information about each participant served
- Maintain emergency plans

Remember!

Providers are responsible for ensuring the health and safety of the individuals that they support but they are not alone. Emergency medical professionals, case managers, guardians, and other supports can help in responding to injuries, illness, and emergencies.

Home and Community Based Services (HCBS)

Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings.

HCBS also ensures that services are home and community based in nature.

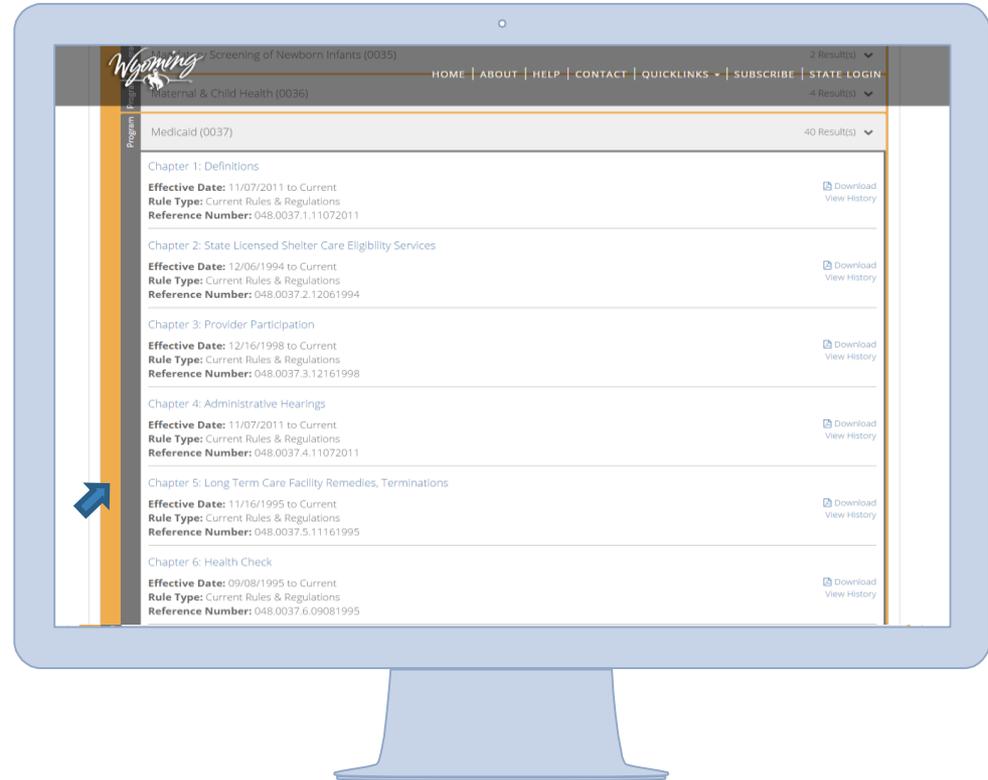
This means participants:

- Have full access to their community
- Have freedom to make their own life choices
- Have visitors of their choosing at any time
- Have a right to privacy, dignity, and respect
- Have freedom from coercion and restraint

Rules and Regulations

- ❑ Go to <https://rules.wyo.gov>
- ❑ Click “Current Rules”
- ❑ Click Health, Department of (048)
- ❑ Click Medicaid (0037)

This will take you to all Wyoming Medicaid rules.



Important Chapters to Note

Chapter 3

Provider Participation

Rules associated with being a general Medicaid provider for the state of Wyoming

Chapter 16

Program Integrity

Description of processes involved with sanctions, investigations, and other penalties

Chapter 44

Specialized Equipment

Overview of specialized equipment, environmental modification, and self-directed goods and services rules and guidelines

Chapter 45

Waiver Provider Standards

Specific standards and rules for all providers who deliver services on the Supports, Comprehensive, and/or Acquired Brain Injury Waivers

Chapter 46

Supports and Comprehensive Waivers

Overview of Supports and Comprehensive Waivers including eligibility and services offered

Confidentiality

HIPAA

Health Insurance Portability and Accountability Act

HIPAA provides federal protection on protected health information held by covered entities and gives patients rights with respect to that information

Providers are expected to maintain confidentiality and protect information about participants including health, medical, behavioral, or any other information that is identifying and important.

Confidentiality

Confidentiality is important because:

- It helps maintain the dignity and respect of the participants
- It ensures that people's personal information isn't being shared with individuals that are not authorized
- It is a federal requirement to protect health information

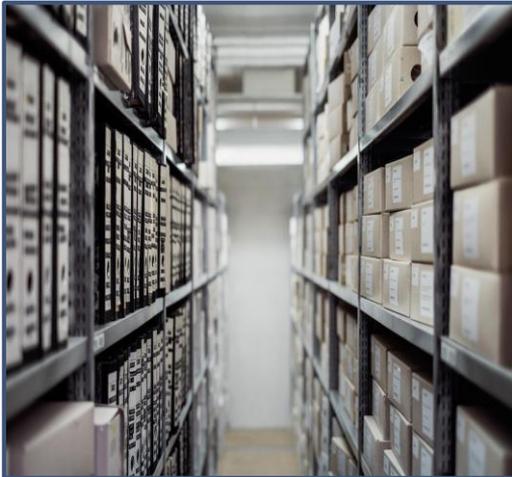
Confidentiality

What Is Considered Protected Health Information?

Name	Street Address	Date of Birth
Social Security Number	Admission and Discharge Date	Health Plan Beneficiary Number
Date of Death	Email Address	Medical Record Number
Phone Number	Fax Number	Account Number
Certificate License Numbers	Vehicle Identifiers and Serial Number	Device Identifiers and Serial Number
Web URL	IP Address Number	Biometric Identifier (Finger and Voice Print)

Maintaining Confidentiality

Record Keeping



Sharing of Information



Record Keeping

Providers must ensure they keep detailed and accurate records for their agency.

This includes:

- Participant Files
- Staff Files
- Organization Files

Record Keeping

Records should be:

- Kept secured and safe to protect confidentiality
- Organized in a manner that makes records easily retrievable
- Separated by each individual participant
- Maintained for at least six years

Sharing of Information

When sharing information, after you have a release of information in place, it is important to only share that information according to the **release**.

Sharing of Information

This means:

- ❑ Confidential information should not be discussed in a public setting
- ❑ Provider's friends and associates aren't authorized to receive confidential information
- ❑ Other waiver providers aren't authorized to receive confidential information unless they provide services to that participant and the information is relevant

Participant Supports

Individual Budgeted Amount



Plan Development



Service Delivery



Individual Budgeted Amount (IBA)

The individual budgeted amount is the amount of funding that a participant can use to purchase services that they would like to receive for the upcoming plan year.

This funding is calculated with the level of service score (LOS), the ICAP, living situation, age, and other factors.

Team Meetings

Plan of Care Meetings

These meetings are for when the team gets together to develop the plan of care for that participant. Plan of care meetings should include all stakeholders and should occur at times and locations that are convenient for the participant and providers.

Transition Meetings

These meetings are held when there is a transition for the participant. This could be a change in location or a change in service provider or services received. These meetings should include the participant's team including any new providers, if applicable.

Semi-Annual Meetings

These meetings are held semi-annually to review the plan of care in place and determine if any changes or adjustments need to be made. All areas of the plan of care should be reviewed including any progress made on habilitation goals.

As Needed Meetings

These meetings are held when there is a significant change in circumstances or needs for a participant or if a concern needs to be addressed. Any member of the team is able to request a team meeting at any time to address their concerns, including the participant.

Team Meetings

For each participant, there should be at least 2 team meetings every year, however, there can be as many meetings as needed.

Positive Behavior Support Plans (PBSP)

The PBSP contains different positive techniques and interventions that can be utilized by providers on how to support participants for targeted behaviors.

A PBSP can be developed when there are behaviors that negatively impact a person's ability to successfully reside in home and community-based settings and less restrictive intervention have been unsuccessful.

Positive Behavior Support Plans (PBSP)

All providers and provider staff need to be trained on the PBSP before providing any services to the participant.

PBSPs are not requirements of participants or how participants need to act or react to situations. If the PBSP is not effective, the team should have a meeting and re-evaluate strategies.

Individualized Plan of Care (IPC)

Providers will need to be on a participant's plan of care and have prior authorization before providing any services. If a provider does not have a prior authorization number, they need to work with case manager to be added to the plan of care.

Provides a general framework for providing care and services to participants. This will include individualized information and it should be reviewed frequently and utilized accurately.

Any provider that is providing services to the participant must be trained on the plan of care **before** providing services. This ensures that providers are prepared and knowledgeable to deliver high-quality services to the individual.

IPC Process

Development

Approval

Implementation

The IPC is developed by the team and it should be representative of the participant. The assessed needs, the personal goals, the health and safety risks, and the participant's preferences should be taken into account when developing a plan of care.

The IPC is submitted to the Division for approval by the assigned Participant Support Specialist (PSS). The PSS will evaluate the IPC to ensure it is person-centered, free of unnecessary rights restrictions, and has all of the necessary components.

IPC Process

The IPC should be distributed to all team members and training should be conducted for providers and provider staff. The team should monitor the new plan for effectiveness and opportunity for growth. Case Managers will conduct quarterly service observations to evaluate services.

Psychoactive Medications

Plan of Care Requirements

As-Needed

Monitoring

Restrictions

Psychoactive Medications

A psychoactive medication is prescribed by a licensed physician that may be used to change perception, mood, or behavior of a participant. Psychoactive medications can be regularly scheduled or as-needed.

For all prescribed psychoactive medications, the participant's plan of care must reflect:

- ❑ The reason the medication is being prescribed
- ❑ The benefits and potential side effects of the medication
- ❑ The length of time considered sufficient to determine if the medication is effective
- ❑ The plan to monitor the potential side effects

Psychoactive Medications

For psychoactive medications that are prescribed as a PRN or “as-needed”, there must be:

- ❑ An opportunity for the individual to refuse the medication without consequence
- ❑ A specific protocol detailing how staff should offer the medication
- ❑ Evidence that the medication is in the best interest of the participant
- ❑ Less restrictive interventions utilized before offering the medication

Psychoactive Medications

Psychoactive medications should be monitored regularly by:

- ❑ Monitoring a participant's response to prescribed medications
- ❑ Reviewing PRN usage monthly and communicating trends with prescribing physicians
- ❑ Evaluating the effectiveness of other interventions utilized
- ❑ Adhering to all physician orders

A psychoactive medication can not be given against a participant's will, unless it is ordered by a treating physician and administered by an individual licensed to administer the medication. This practice is only allowed for participants over the age of 18.

Rights Restrictions and Life-long Supports

A rights restriction can be added to the plan of care when it has been identified that there are assessed health and safety risks that affect an individual's abilities to successfully reside in home and community based settings.

Rights restrictions can only be added if there is a an assessed health and safety risk and less restrictive methods have been unsuccessful. Rights restrictions can not be added solely for provider convenience and/or guardian preference.

A life-long support is a restriction that may be required due to an individual's medical need or physical disability.

Both life-long supports and rights restrictions may require additional documentation and/or follow-up before being approved in the plan of care.

Rights Restrictions and Life-long Supports

If added, a protocol must be developed by the team that discusses:

- The assessed need for the rights restriction
- Unsuccessful positive intervention and support previous used
- The process for regular collection and review of data
- Established time limits for review of the restriction
- Informed consent of the individual
- Assurance that intervention will cause no harm to the individual

In addition, the team must develop a restoration plan that:

- Minimizes the effect of the restriction
- Assists the participant with exercising their rights more fully
- Ensures that a participant's rights are not completely removed
- Identifies the specific part of the right that is restricted
- Sets goals for restorations

Restraints

A restraint can be classified as either a chemical, mechanical, or physical restraint. A restraint is a last resort intervention that can be utilized in response to assessed health and safety concerns. Each type of restraint requires additional documentation outlined in Chapter 45.

Restraints

■ Chemical Restraint

A chemical restraint is the use of a psychotropic medication given against a person's will in an attempt to exert control over a person's behavior.

■ Mechanical Restraint

Any device attached or adjacent to a participant's body that he or she cannot easily move or remove, restricts freedom of movement or normal access to the body. Mechanical restraints may only be used under the direct supervision of a physician.

■ Physical Restraint

The application of physical force or physical presence without the use of any device for the purposes of manually holding all or part of a person's body in a way that restricts the person's free movement.

Restraints

Providers shall have a policy that identifies whether or not they will utilize restraints. Providers who chose to use restraints must have the proper certifications to ensure that restraints are done safely.

Restraints

If a provider is not certified to do restraints and they must perform an emergency restraint, then specific follow-up steps must be taken after the health and safety of all individuals has been ensured.

This involves:

- Documenting the how, when, and why the restraint was used
 - * This information must be reported to the case manager, guardian, and the Division within 1 business day.**
 - A team meeting to determine if the participant's plan of care needs to be adjusted and/or restraints need to be added to the plan of care.
 - If restraints are being added to the plan of care, there needs to be a detailed description of how and why restraints will be used and it must be approved in writing by the participant and/or guardian and the Division.
- * Only providers with restraint certification can serve individuals that have restraints in their plan of care.**

Meeting Service Definitions

Providers must ensure that the services they are providing meet the service definition outlined in the service index. This should be reflected in a provider's documentation.

Meeting Service Definitions

Case managers will conduct quarterly service observations to ensure that providers are meeting the expectations outlined in the service index.

Meeting Service Definitions

For a tiered service, the provider must ensure that they are meeting the specific support requirements for the tier that is being billed.

The plan of care must reflect the support requirements for that tier.

Participant Specific Training

All providers and provider staff working directly with participants must be trained on that participant's individual plan of care before working with the participant. The participant's case manager shall ensure that training is completed for each provider on the plan of care, but all staff employed by those providers shall be trained by that organization.

Participant Specific Training

Training must be completed before services are provided for the current plan of care. All training must be documented and kept on file for each participant with whom an employee works.

Participant Specific Training

Training must include a review of:

- The individual plan of care for the participant
- Mealtime plans and/or guidelines
- Positioning needs, including skin integrity needs
- Use and maintenance of adaptive equipment
- Behavioral needs, including training on the Positive Behavior Support Plan, if applicable
- Rights and rights restrictions specific to the participant
- Medications, including side effects
- All applicable protocols
- Objectives
- Supervision levels

Right to Choose

If at any time a participant/guardian would like to change services:

- ❑ Inform case manager about the discontinuation
- ❑ Work with the case manager to pick a new service provider
- ❑ No notice is required

If at any time a provider would like to stop services:

- ❑ Provider must give a 30 day notice to participant, guardian, and case manager of discontinuation of services
- ❑ Provider must deliver typical services that would be expected throughout the remaining 30 days
- ❑ Share necessary information with the case manager during the transition process

Advertising vs. Solicitation

Providers are allowed to advertise and provide information about the services they offer but they are not allowed to solicit participants into receiving services from them.

Advertising vs. Solicitation

Examples
of
Advertising

Examples
Of
Solicitation

Advertising vs. Solicitation

- ❑ Advertising services through newspapers, flyers, or other appropriate means
- ❑ Attending conferences and setting up an informational booth about your services
- ❑ Networking with providers and case managers to discuss your services

- ❑ Approaching prospective participants and/or guardians to offer services
- ❑ Offering false promises, gifts, and/or cash for selecting you as their services provider

Standards for All Providers



Maintain current CPR and First Aid certification **at all times**



Meet specific qualifications for each service offered



Gather and review participant specific information before agreeing to provide services



Protect participants from abuse, neglect, mistreatment, intimidation, and exploitation



Deliver services based on participant's needs and preferences



Develop and implement appropriate policies and procedures



Train staff to meet the needs of the participants and respond to emergencies

Background Check Requirements

All providers and provider staff that will be providing direct services to participants or that will have any unsupervised access to participants must complete a full background check.

All household members over the age of 18 that are living within a home where a participant will receive services must complete a full background check. A household member is anyone staying at the residence for longer than 1 month.

Volunteers and individuals under the age of 18 must be supervised by an adult with a successful background screening in place.

Background Check Requirements

Anyone with unsupervised access to participants **must** complete a full background screening. This consists of a DFS Central Registry Screening and a FBI Fingerprint Screening.

Background Check Requirements

Individuals that do not pass the background screening may not supervise, provide, or bill for wavier services, nor have unsupervised access to participants.

Providers must keep evidence of background screenings for all required persons.

Changes to Certification

Adding Services

A provider is able to add services to their certification at any time.

The provider must meet all the necessary qualifications to add services and have the capabilities to provide the service.

Removing Services

A provider is able to remove services from their certification at any time.

A provider must give a 30 day notice to all participants receiving that service and continue to provide that service during the 30 days prior to that service being removed.

Changing/Adding Address

A provider is able to change/add service addresses at any time.

If offering services in a new location, providers must complete inspections and contact the division at 30 days before starting services in that location.

Voluntary Decertification

A provider is able to decertify at any time. A 30 day notice will be required.

If a provider chooses to recertify, they must go through the initial application process again and all open corrective action items must be resolved.

Relative Providers

A “relative” is considered a participant’s biological or adoptive parents, or step-parents.

A relative is able to provide services if:

- ❑ They become a waiver certified provider and form a LLC or other corporation
- ❑ They are hired to work for an agency that provides services to a participant

Relative Providers

A “relative” may provide the following services if the participant is over 18 years of age:

- Residential Habilitation
- Supported Living
- Personal Care
- Specialized Equipment
- Supported Employment
- Prevocational
- Environmental Modification

Relative Providers

If a participant is under 18 years of age, a “relative” can only provider Personal Care services for up to 4 hour per day.

Documentation and Billing

Documentation



Billing



Documentation and Billing

Documentation is the record of services that are delivered to the participant. A provider's documentation and billing must match to ensure that the provider is being reimbursed only for services provided.

Documentation

Documentation provides evidence that providers have adequately delivered the services required for the amount of money they have billed for.

Documentation

General Rules for Documentation:

- ❑ Full legal name of participant
- ❑ Individualized plan of care start date
- ❑ Physical address of the location of services
- ❑ Date of service, including year, month, and day
- ❑ Service provided, including name, type, and billing code
- ❑ Time services began and ended using either AM/PM or Military Time
- ❑ Printed name and signature of the person performing services
- ❑ Detailed description of services provided

Documentation

General Rules for Documentation:

- ❑ **Detailed description of services provided:**
 - ❑ Includes a personalized list of tasks or activities to describe a typical day, week, or month for the individual
 - ❑ Addresses specific objectives for habilitation services
 - ❑ Provides evidence that the service definition is being met for the service provided
 - ❑ Reflects the needs, preferences, and required supports of the participant

Documentation

General Rules for Documentation:

- Individual Providers or staff may not document for two different services at the same time
- Providers may not round up service time to the next unit (except Skilled Nursing)
- Participant must be present for all direct care services
- Providers must submit all billing and documentation to the case manager by the 10th business day of the following month
- Providers must ensure all documentation adheres to all documentation standards
- Documentation must be legible, easily retrievable, completed, unaltered, and in permanent ink (if handwritten)

Building a Schedule

Any schedule developed by a provider must adhere to all documentation standards.

Documentation Standards:

- Full, legal name of participant
- IPC start date
- Name of service provided (service name, billing code)
- Legible signature of staff person providing the service
 - If using initials, the initials and signature must be included on each page to identify to whom the initials belong.

The following information must be included each time a service is documented:

- Location of services
- Date of service, including year, month, and day
- Time services begin and end, consistently using either AM and PM or military time.
 - Time services begin and end shall be documented for each calendar day, even if services span more than one calendar day
- Detailed description of services provided
 - These descriptions may be included on a schedule, task analysis, therapy notes, or case manager monthly form
- Initial or signature of person performing the service

Additional Standards

- Document each service on a separate form or schedule
- Document for each participant on a separate form or schedule.

Building a Schedule

They must also accurately reflect the service that is being provided by meeting the description in the service index.

Example Service Definition:

Companion Services	Comprehensive Waiver	S5135	Individual	\$4.15	15 minute
	Supports Waiver • May be self-directed	S5135 HQ	Group up to 3	\$2.07	

Companion Services include non-medical care, supervision, socialization and assistance for a participant to maintain safety in the home and community, and enhance independence. Companions may assist or supervise the individual with such tasks as meal preparation, laundry, and shopping, but do not perform these activities as discrete services. Companions may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. The provision of Companion Services does not entail hands-on nursing care, but does include personal care assistance with activities of daily living as needed during the provision of services. Routine transportation is included in the reimbursement rate.

Building a Schedule

Example

Participant Name: Bob John Smith

Month/Year: August 2018

Companion Services (Individual) – S5135

Average Hours per Week : 12 hours

Plan of Care Start Date: January 2018

Location: 1234 Cherry Lane, Laramie, WY 82072

Bob will require line of support supervision during services to ensure staff can respond if Bob were to have a seizure. If Bob has a seizure, staff must follow the seizure protocol to ensure there is an adequate response. Bob also has a history of falls and will need assistance with getting up if he falls. During companion services, Bob has stated that he would like help working out, preparing healthy lunches, and going into the community.

Date:	8/5/18	8/7/18	8/9/18	8/10/18	8/11/18
Time In:	11:00 am	12:00 pm	12:30 pm	11:00 am	11:00am
Physical Activity:	Went to rec center	Took a walk in the park	Did Workout DVD	Played basketball outside	Did workout DVD
Lunch:	Made BLT Sandwiches	Ate leftover spaghetti	Didn't want lunch	Made wraps	Ate at Burger King
Community Outing:	Grocery shopping	None	None	Bowling with friends	Movies and. Burger King
Time Out:	1:00 pm	1:15pm	1:30 pm	2:00 pm	4:00 pm
Initials:	ST	ST	ST	ST	ST

Provider Name: Suzy Test

Signature: *Suzy Test*

Initials: *ST.*

Billing

Billing can only be completed after services have been delivered and documentation has been completed

Billing

All billing is done through Conduent. They will be able to provide guidance and assistance to providers for all billing matters.

Billing

The Billing Tutorial can be found at the following website:

https://wyequalitycare.acs-inc.com/WP_Tutorials.html

Billing

If you need assistance with billing contact Provider Relations with Conduent to receive assistance.

1-800-251-1268

Incident Reporting

All residents of the State of Wyoming are mandated reporters. Regardless of profession, status, or relation, residents must report all incidents of abuse, neglect, exploitation, abandonment, or self neglect immediately.

Incident Reporting

Suspect Abuse, including Self-Abuse

Suspected Neglect, including Self- Neglect

Suspected Abandonment

Suspected Exploitation

Suspected Intimidation

Sexual Abuse

Death

These incidents need to reported to the Division, DFS, Protection and Advocacy, the case manager, law enforcement, and any legally authorized representative **immediately** after assuring the health and safety of the participant and other individuals.

Incident Reporting

These incidents need to be reported to the Division, Protection and Advocacy, the case manager, and any legally authorized representative within one business day.

Police Involvement

Any Use of Restrictive Interventions

Seclusion

Injury Caused by Restraints

Serious Injury to the Participant

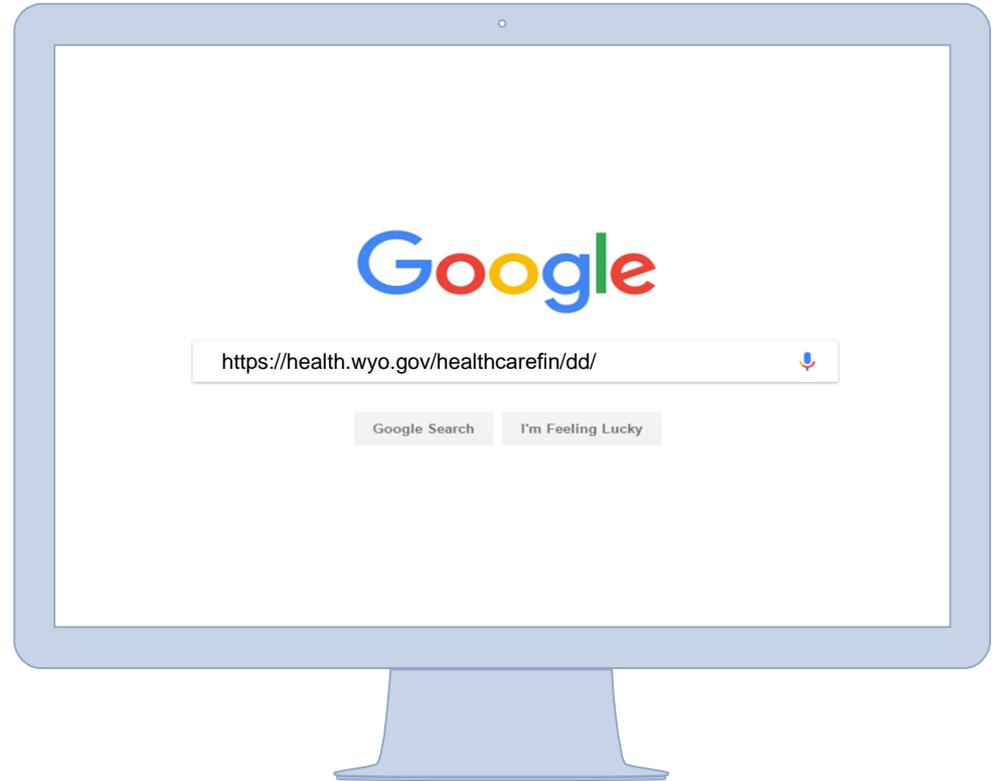
Elopement

Medication Errors

Medical or Behavior Admissions

To File an Incident Report

- <https://health.wyo.gov/healthcarefin/dd/>



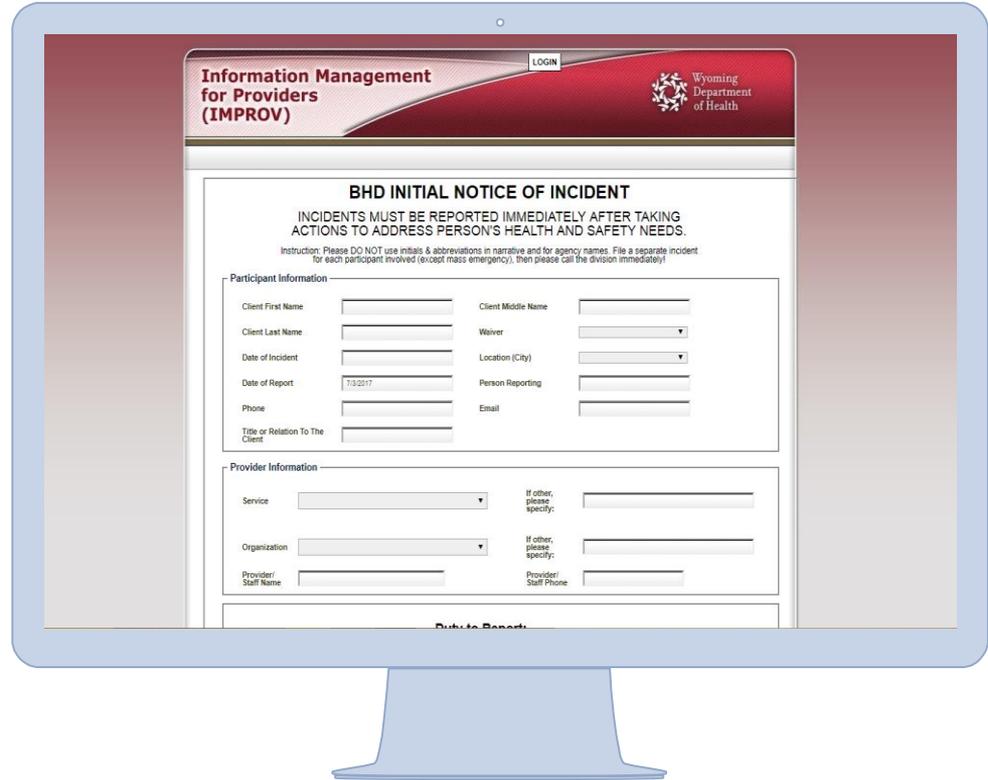
To File an Incident Report

- <https://health.wyo.gov/healthcarefin/dd/>
- Click on “Report a Critical Incident”



To File an Incident Report

- <https://health.wyo.gov/healthcarefin/dd>
- Click on “Report a Critical Incident”
- Fill out Form



The screenshot shows the 'Information Management for Providers (IMPROV)' web application. The header includes a 'LOGIN' button and the Wyoming Department of Health logo. The main content area is titled 'BHD INITIAL NOTICE OF INCIDENT' and contains the following text:

BHD INITIAL NOTICE OF INCIDENT
INCIDENTS MUST BE REPORTED IMMEDIATELY AFTER TAKING ACTIONS TO ADDRESS PERSON'S HEALTH AND SAFETY NEEDS.
Instruction: Please DO NOT use initials & abbreviations in narrative and for agency names. File a separate incident for each participant involved (except mass emergency), then please call the division immediately!

Participant Information

Client First Name	<input type="text"/>	Client Middle Name	<input type="text"/>
Client Last Name	<input type="text"/>	Waiver	<input type="text"/>
Date of Incident	<input type="text"/>	Location (City)	<input type="text"/>
Date of Report	<input type="text" value="7/3/2017"/>	Person Reporting	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Title or Relation To The Client	<input type="text"/>		

Provider Information

Service	<input type="text"/>	If other, please specify:	<input type="text"/>
Organization	<input type="text"/>	If other, please specify:	<input type="text"/>
Provider/ Staff Name	<input type="text"/>	Provider/ Staff Phone	<input type="text"/>

Public Report:

Provide as much important and relevant information as possible!

Preceding Events

This is information that describes what happened leading up to the incident that could have possibly been an antecedent to the incident.

Description of Incident

This is information that describes the incident including staff involvement and techniques utilized by staff during the incident.

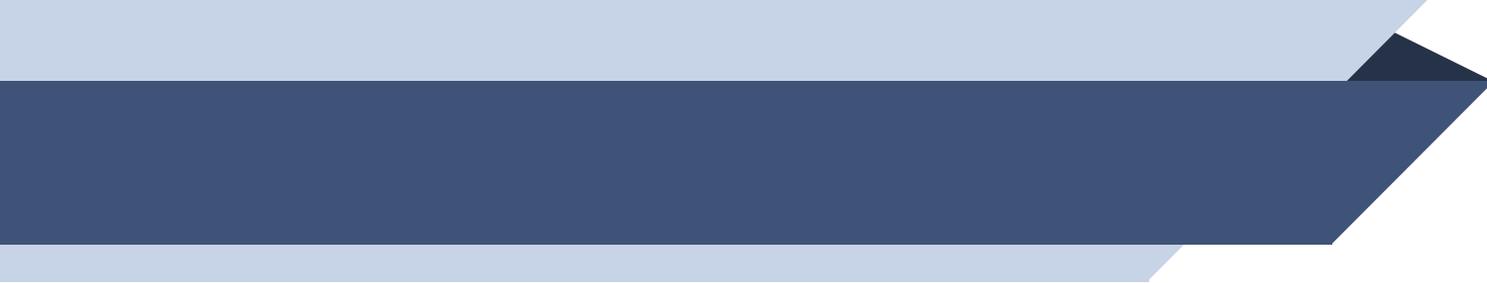
Actions Taken

This is information about what follow-up was done by the provider to ensure the current and on-going health and safety of the participant.

Division Complaint Process

If there is an immediate concern for a participant's health and/or safety, emergency services needs to be contacted.

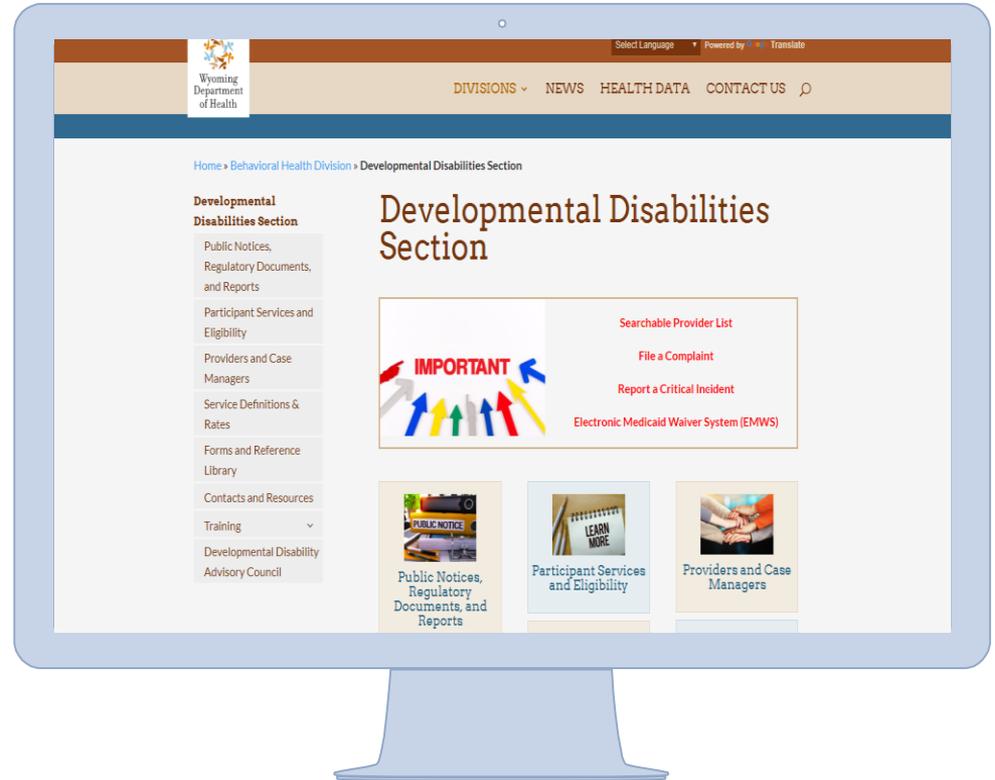
After the participant's health and/or safety has been assured, a complaint needs to be filed to the Division, Protection and Advocacy, and other applicable agencies, such as DFS or law enforcement.



If there is a concern regarding a participant or a provider, a complaint can be filed through the website. All complaints sent to the Division will be addressed.

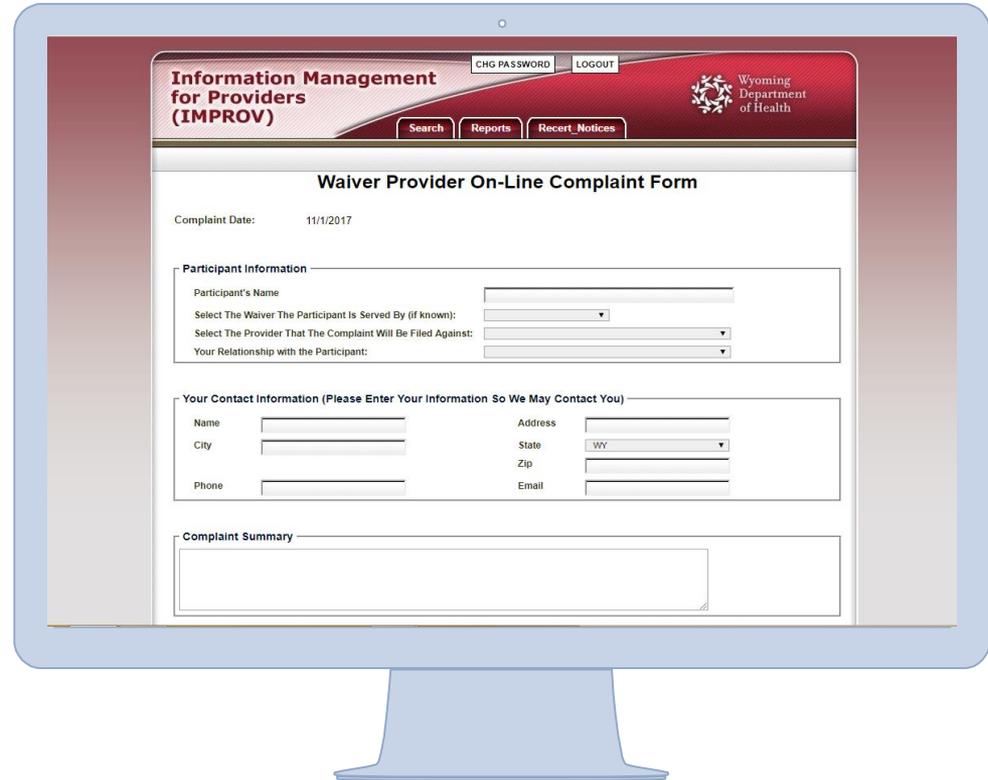
To File a Complaint

- ❑ <https://health.wyo.gov/healthcarefin/dd>
- ❑ Click on “File a Complaint”



To File a Complaint

- ❑ <https://health.wyo.gov/healthcarefin/dd>
- ❑ Click on “File a Complaint”



The screenshot shows a web browser displaying the 'Information Management for Providers (IMPROV)' interface. At the top, there are links for 'CHG PASSWORD' and 'LOGOUT'. The main header includes the Wyoming Department of Health logo and navigation buttons for 'Search', 'Reports', and 'Recent Notices'. The central content area is titled 'Waiver Provider On-Line Complaint Form'. Below the title, the 'Complaint Date' is set to '11/1/2017'. The form is divided into three main sections: 'Participant Information', 'Your Contact Information (Please Enter Your Information So We May Contact You)', and 'Complaint Summary'. The 'Participant Information' section contains fields for 'Participant's Name', a dropdown for 'Select The Waiver The Participant Is Served By (if known)', a dropdown for 'Select The Provider That The Complaint Will Be Filed Against', and a dropdown for 'Your Relationship with the Participant'. The 'Your Contact Information' section includes fields for 'Name', 'Address', 'City', 'State' (pre-filled with 'WY'), 'Zip', 'Phone', and 'Email'. The 'Complaint Summary' section is a large empty text area.

Services in Provider Operated Setting

If you are providing services in a home that you lease, control, or operate in any manner, you have specific expectations you must meet throughout the year.

Services in Provider Operated Setting

Emergency Drills

A drill review must be conducted for 12 different drill categories with at least one full evacuation drill (fire drill). Each drill must contain information on concerns noted during the drill review as well as follow-up information on the concerns.

Annual Self-Inspections

Once every year, a provider must complete an annual self-inspection where they walk through the locations they provide services at and note health and safety concerns as well as follow-up to the concerns.

Detector Checks

A provider must actively check the functioning of the smoke detectors and carbon monoxide detectors within the location that they provide services. Detectors must be checked once every quarter and documentation of these checks must be maintained.

External Inspection

Once every three years, a provider must have an external inspection completed. This is done by an outside entity and they verify that all areas are free of fire and safety hazards, as well as, health and safety concerns.

Services in Provider Operated Setting

All providers that currently plan to provide services in a provider operated setting, must also adhere to all Home and Community Based Services Standards.

Emergency Drills

Emergency drills provide an opportunity for the provider to review their emergency plans and identify potential concerns with implementation.

Emergency Drills

At least annually, an emergency drill review must be conducted in the following categories for all locations where services are provided:

- Fires
- Bomb threats
- Earthquakes
- Blizzards
- Floods
- Tornadoes
- Wildfires
- Power Failures
- Medical/Behavioral Emergencies
- Missing Person
- Violent or Threatening Situations
- Vehicle Emergency

The fire drill needs to include a full evacuation.

Emergency Drills

Emergency drills must be documented and should include:

- The date and time that the drill was conducted
- Whether or not a full evacuation was completed
- Concerns that were identified
- If concerns were identified, how they were addressed

Medication Assistance Providers

Providers that plan to assist with medications must first be certified or provide evidence of a current nursing license before providing services to anyone that requires medication assistance.

This specific certification can be completed after a provider has been certified to provide services.

Medication Assistance Providers

All providers that are authorized to provide medication assistance, must adhere to all standards and requirements set forth in the certification training.

Hiring a Staff

If a provider would like to hire a staff to provide services, it is the responsibility of the provider to ensure that the staff meets all of the necessary requirements before providing services.

Hiring a Staff

This means that staff must:

- Meet all of the qualifications necessary for each service they will be providing
- Attain CPR & First Aid Certification
- Complete provider training requirements (Chapter 45, Section 15)
- Complete a full background screening
- Attain Medication Assistance Certificate (if applicable)
- Attain Restraint Certification (if applicable)
- Provide evidence of driver's license (if providing transportation)
- Provide evidence of insurance (if providing transportation in their own vehicle)

Hiring a Staff

The provider must create a file containing all of the necessary information for each staff. A sampling of provider staff will be reviewed during certification renewal to determine compliance.

Hiring a Staff

Upon hire, the provider must also conduct an Office of Inspector General (OIG) Check to determine if a staff appears on the list. A copy of the results page showing no results for that staff person should be kept in their staff file.

Transporting Participants

Any provider or provider staff that will be providing transportation for participants must meet and adhere to all guidelines.

Transporting Participants

This means:

- Vehicles must be free from cracked windshields
- Vehicles must be in working order
- First aid supplies must be kept in the vehicle
- Provider must conduct quarterly self inspections or have vehicle inspected quarterly by a mechanic to ensure vehicle is safe, operational, and in good repair
- Any provider or provider staff this is transporting participants shall comply with all applicable federal, state, county and city laws
- Evidence must be provided on request demonstrating up to date registration, license, and insurance

Certification Renewal

Certification renewal will occur one year after a provider has been officially certified to provide services.

Certification renewal will involve a review of a provider's organization, participant, and staff files to determine if the provide is in-compliance with the current rules.

Certification Renewal Steps

If the provider does not submit the requested paperwork before the dates listed in notification letters, the provider will be decertified and will need to re-apply



The provider shall be notified of certification expiration at least ninety



The provider will submit all requested paperwork and information to the Division 



If services are provided in home, the provider will need to schedule an on-site visit



Health and Safety Inspections will be completed at a sample of all provider owned or operated locations



A provider must give documentation showing completion of required vehicle inspections



A sampling of the provider's staff, participant, and organization files will be reviewed for compliance



The provider will receive a report detailing the results of their certification renewal

Certification Renewal Results



A provider will see a variety of results on a certification renewal report.

Certification Renewal Results



A commendation will be received when a provider displays exemplary practices and meets the standard above and beyond expectations.

Certification Renewal Results



A provider will be in-compliance when they have met all of the necessary components relative to that rule or standard.

Certification Renewal Results



A provider will receive a suggestion when there is an opportunity for greater success or when a lack of change will become non-compliance.

Certification Renewal Results



A provider will receive a recommendation when a provider is out of compliance with a current rule or standard.

Certification Renewal Results



A provider will be required to submit a Corrective Action Plan for any recommendations on their renewal report.

Corrective Action Plans

Corrective Action Plans detail how a provider plans on fixing any recommendation made by the Division from a certification renewal or from any form of investigation.

Corrective Action Plans

Corrective Action
Plans require:

- Recommendation
- Action Steps
- Responsible Party
- Due Date

Corrective Action Plans

Recommendation	Action Steps	Responsible Party	Due Date
Staff not aware of incident reporting process.	1. Revise incident report training	Training Manager	7/25/17
	2. Develop competency quiz	Training Manager	8/15/17
	3. Retrain all staff using new model	Housing Supervisor	9/1/17
Provider did not have current CPR/First Aid Certification.	1. Schedule certification with trainer	Provider	7/10/17
	2. Complete training and submit copy to Division	Provider	7/15/17
	3. Develop tracking system to monitor expiration	Provider	7/10/17

Corrective Action Plans

The submitted Corrective Action Plan will be either denied or approved. If the plan is denied, the provider must re-submit a modified plan addressing the reason for the denial.

Corrective Action Plans

If a provider fails to implement the corrective action plan, refuses to submit a corrective action plan, or continues to be in chronic non-compliance with the rules or standards, the provider could face possible sanctions or decertification

Sanctions

Sanctions could be imposed following chronic non-compliance of the rules or standards in place.

Sanctions

Sanctions could be:

- Educational Intervention
- Recovery of Overpayments
- Postpayment Reviews of Claims
- Prepayment Reviews of Claims
- Suspension of Payments
- Suspension of Provider Agreement
- Termination of Provider Agreement
- Conditional Future Provider Agreement
- Referral to appropriate state/licensing agency including the Medicaid Fraud Control Unit

Accreditation

Accreditation is the process of being certified through an accrediting agency in which your organizational practices are evaluated. This process is outside of the State of Wyoming processes and is required for certain providers.

Accreditation

Who needs to get National Accreditation?

Certified in one or more of the following services:

- Residential Services
- Supported Living Services
- Community Integration Services
- Adult Day Services
- Prevocational Services
- Support Employment Services

Listed on at least 3 plans of care for these services

Total waiver income equals or exceeds \$125,000 collectively

* This includes income received outside of the services listed above.

Accreditation

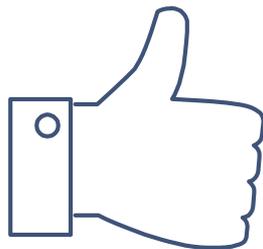
Two Types of National Accreditation accepted:

CARF

<http://www.carf.org/Accreditation/>

CQL

<https://c-q-l.org/accreditation>



THANKS!

Any questions?

You can contact us at:
(307) 777-7115



Wyoming
Department
of Health