

AGENDA

- Program Updates
 - Incident reporting timelines
 - Medicaid re-enrollment letters
- Monthly Training Session - SMART Goals and Objectives - [Slidedeck](#)

TOPICS

Incident reporting timelines

Chapter 45, Section 20 of the Department of Health's Medicaid Rules clearly establishes incident reporting timelines.

- Critical incidents, which include suspected abuse, sexual abuse and self-abuse; suspected neglect and self-neglect; suspected abandonment, exploitation, and intimidation; and death must be reported to the Division of Healthcare Financing (Division), the Department of Family Services (DFS), Protection and Advocacy System, Inc. (P&A), the case manager, the legally authorized representative, and law enforcement immediately after assuring the health and safety of the participant and other individuals.
- Other reportable incidents, which include police involvement; any use of restraint or seclusion; serious participant injuries or injuries caused by a restraint; medical or behavioral admissions and emergency room visits that were not scheduled; elopement; and medication errors that result in emergency medical attention must be reported to the Division, P&A, the case manager, and legally authorized representative within one business day.
- Medication errors must be reported to the Division, the case manager, and the legally authorized representative within three business days.

Many of the incidents submitted to the Division have not met the timelines established in rule. Providers are strongly encouraged to review this provision of rule and ensure that they are meeting the required timeframes. A copy of Chapter 45 can be found on the [Public Notices, Regulatory, Documents, and Reports](#) page of the Division website, under the *Rules* tab.

Medicaid re-enrollment letters

Wyoming Medicaid has been issuing letters to providers regarding Medicaid re-enrollment, which is required every five years. This is a necessary step for all Medicaid Waiver providers, but is not part of the provider certification renewal process conducted through the Developmental Disabilities Section. If a provider receives correspondence from Wyoming Medicaid, it is the provider's responsibility to read and respond as appropriate. Failure to do so could cause the provider to be disenrolled as a Medicaid provider.

WRAP UP

Next call scheduled for December 30, 2019