AGENDA

- Program Updates
  - Welcome to Bethany Zaczek, Provider Support Unit Operations Manager
  - Rules Implementation Training is available on the website
  - Reading and responding to Division communications
  - Provider employment status
  - Required safety inspections
- Monthly Training Session - Home and Community Based Service Settings - Slidedeck

TOPICS

Welcome to Bethany Zaczek, Provider Support Unit Operations Manager
The Division of Healthcare Financing (Division) is pleased to welcome Bethany Zaczek (pronounced “Zay Check”) as the Provider Support Unit Operations Manager for the Developmental Disabilities Section. Bethany is originally from the panhandle of Nebraska. She recently moved to Wyoming after relocating from northern Wisconsin to be closer to family. Bethany has experience working with provider populations and in the management of service delivery to individuals with developmental and intellectual disabilities, frail elderly, and low income target groups. She has also worked with grant management and community health initiatives. Her educational background includes a Bachelor’s of Science in Healthcare Administration and Healthcare Management and certification as a Community Health Worker. Bethany has also completed her Lean Six Sigma Green Belt Certification, which is a certification for process and data improvement.

Rule Implementation Training is available on the website
The Division conducted training on the changes to Chapter 44, 45, and 46 of the Department of Health’s Medicaid Rules on January 28, 2020. This training was recorded in modules and the modules, as well as the printable PDF of the slides and script, are available on the training page of the Division website at https://health.wyo.gov/healthcarefin/dd/compandsupptraining/rules-implementation/. The training includes the specific implementation deadlines associated with the new rules. All providers are strongly encouraged to review the training and ensure that you implement the changes to the rules as required by the Division.

Reading and responding to Division communications
Chapter 45, Section 5 of the Department of Health’s Medicaid Rules establishes qualifications for each waiver service, and outlines rules for all waiver providers, including case managers. Chapter 45, Section 5(a)(iv) states that all individual waiver providers, subcontractors, and provider employees offering direct services shall "Have a valid email address, internet access, and the means to upload documentation into a Division designated portal."

The provider’s email address, as well as all contact information listed in the provider portal, must be up-to-date. It is the responsibility of all providers, including case managers, to read and provide appropriate response or action, based on the content of the communication, regardless of if it comes in the mail, as an email, or as a task in the provider portal of the Information for Providers (IMPROV) or the Electronic Medicaid Waiver System (EMWS). If you have questions regarding the information sent
in the communication, please contact the Provider or Participant Support Specialist, the Division staff member who sent the communication, or the person specifically identified as the person to contact.

**Provider employment status**

Comprehensive and Supports (DD) Waiver providers are not employees of the State of Wyoming. When individuals become certified as DD Waiver providers, they attest to understanding that they are self-employed, and are considered independent contractors with the State of Wyoming. They also attest to understanding that:

- The State of Wyoming will not withhold payroll taxes from income received for waiver services, which is reportable income to the Internal Revenue Service (IRS);
- Providers are not covered under the State of Wyoming’s Workers Compensation or other liability insurance;
- Providers are responsible for filing their tax return with the IRS, and any tax liability incurred as a result of waiver income is the provider’s responsibility; and
- The Wyoming State Auditor’s Office is required to report all provider payments to the IRS.

It is each provider’s responsibility to educate themselves on required business practices and responsibilities, and to fulfill any requirements associated with their particular situation (i.e., sole-proprietorship, Limited Liability Corporations, non-profit organizations, etc.).

**Required safety inspections**

Chapter 45, Section 13 of the Department of Health’s Medicaid Rules establishes that safety inspections are required for settings in which DD Waiver services are delivered.

Section 13(e) requires providers to obtain an inspection by an outside entity for all service settings they own or operate. The inspection must be conducted at least once every twenty-four months. This Section lists entities that can conduct the inspection, as well as the specific requirements of the inspection. The provider is responsible for obtaining a written report that describes what was inspected and any recommendations to address areas of deficiencies. The provider is also responsible for ensuring that the deficiencies are remediated within thirty calendar days.

An inspection by an outside entity must be conducted for all new service locations. The report must be submitted to the area Provider Support Specialist (PVS), who will verify that all recommendations have been addressed, before services can be provided in the setting. An Outside Entity Inspection Requirements form is available on the [Forms and Reference Library](#) page of the Division website, under the Certification Forms tab, and can be used by the outside entity conducting the inspection.

Section 13(f) requires providers to conduct an annual self-inspection on all service settings they own or operate, and address any deficiencies found. This self inspection is intended to verify that the provider is in compliance with the requirements of Section 13. An Annual Self-Inspection Requirements Form is available on the [Forms and Reference Library](#) page of the Division website, under the Certification Forms tab, and can be used by the provider to address the specific requirements found in Section 13. An On-Site Safety Standards document, which can be found on the Forms and References Library page, under the References/Tools tab, is available for providers to use as a guide in completing the annual self-inspection.
Providers are strongly encouraged to be familiar with all Section of Chapter 45 in order to ensure that they are in compliance with the Department of Health’s Medicaid Rules.

WRAP UP

Next call scheduled for March 30, 2020