

PROVIDER SUPPORT CALL TRAINING Implementing **COVID-19** **Flexibilities**

WDH Division of Healthcare Financing
Developmental Disabilities Section
April 27, 2020



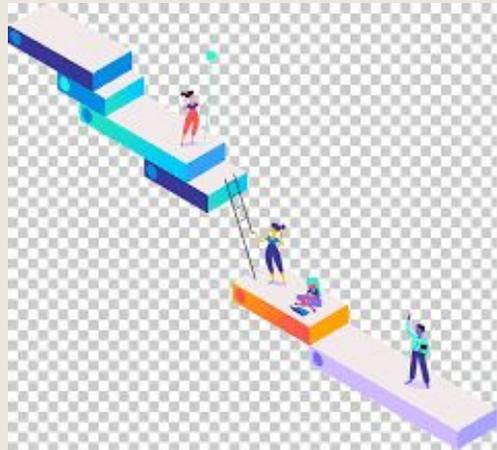
Good afternoon and welcome to the training portion of today's provider support call.

Training Agenda

- Timeline for implementing provider certification renewals
- Documentation requirements when utilizing temporary flexibilities
- The importance of participant specific training
- Adding services to a provider's certification
- Communication is key

Read through slide

Timeline for Extending Provider Certification Renewals



In response to the current COVID-19 health emergency, the Division of Healthcare Financing (Division) has determined that it is necessary to extend all provider certification renewals.

Provider Certifications Extended

All provider certifications will be extended by 7 months.

All provider certifications will be extended by 7 months to allow providers to focus on the needs of participants, and to allow Division staff to focus on addressing health and safety concerns that arise during this crisis.

Provider Certification Timeline

- Providers will still receive 90 day notification letters.
- Extension will be implemented for all certification activities
 - *Originally due March 2020 ⇨ now due October 2020*
 - *Originally due April 2020 ⇨ now due November 2020*
 - *Originally due May 2020 ⇨ now due December 2020*
- These timelines are target dates, but are not guaranteed. Timelines will be established based on notification letter.

Approximately 90 days prior to the provider's new expiration date, the Provider Support Specialist (PVS) will send notification that the provider certification is expiring, as has happened in the past. The letter will give instructions on how to begin the renewal process. Providers will then need to complete the process, which includes downloading, printing, completing, and uploading required documents, just the same as in the past.

Please keep in mind that the seven month extension is a target date. This date may change depending on how long the crisis continues.

Provider Certification Timeline (Continued)

- New expiration month is effective for future renewals.
- A new application will not need to be submitted if a previous application was completed or in process prior to March 13th.

The new expiration dates for each provider will be in effect for future certification renewals.

In the event that a provider had already submitted their renewal application prior to March 13th, that application will carry over to the new expiration date and the application will not be required to be completed a second time.

If an application was not started prior to March 13th, one will need to be completed and submitted.

Division Focus During Extension Period

- Health and safety issues identified **prior** to the health emergency.
- Health and safety issues identified **during** the health emergency.

As stated earlier, during the extension period, the Division will focus primarily on health and safety concerns identified both prior to the health emergency as well as new issues as they arise.

Provider Focus During Extension Period

- Health and safety of participants served.
- Remain in compliance with provisions established in Chapter 45.
- To the extent possible, stay current with required trainings.
- Participate in weekly COVID calls and refer to the COVID website often to receive updated information.
- Prepare to return to regular requirements and rule compliance.

Providers need to take this time to focus on the health and safety of participants served. In doing so, it is imperative that providers remain in compliance with Chapter 45 of the Department of Health's Medicaid Rules, as well as the guidance issued by the Division. Please follow the guidelines regarding flexibilities in how services may be provided during this emergency, what services have flexibilities, and training expectations. These guidelines can be found on the Division website.

The Division also asks providers to attend and participate in the weekly COVID calls to keep up to date on any changes. These are held every Thursday from 3-4PM and will continue until further notice.

Please be advised that once the COVID health emergency has passed, providers will be required to adhere to the normal requirements set forth in Medicaid Rules.

Documentation
Expectations
When Utilizing
Temporary
Flexibilities



Identify Implemented Flexibilities

- ADS or CSS provided in the home if this is not typical.
- Services via teleconferencing if this is not typical.
- Services for school aged children during school hours.

In response to the COVID-19 health emergency, the Division has offered flexibility in several areas. When providers use flexibility, which are not a typical way of delivering services, then the flexibility needs to be specifically included in the service documentation.

The Division is temporarily allowing Adult Day and Community Support Services to be provided in the participant's home. The flexibility in service location should be indicated in the documentation.

Case managers may temporarily conduct home visits, service observations, and team meetings by telephone or video conferencing. Some day time services and Community Living Basic 15 minute units are also able to be provided via teleconferencing. If this delivery method is used, it should be included in the service documentation.

School aged children are able to receive certain services during regular school hours while the local school district is closed. If a child receives waiver services during school hours, documentation should include a notation that the school district was not offering school services during that time.

Identify How Teleconferencing Addresses Participant Needs

- Be specific
- Be descriptive
 - *Who*
 - *What*
 - *When*
 - *Where*
 - *How*
- Be accurate

Be specific in documenting how the service is being delivered, and how it addresses the participant's needs.

Be descriptive, and include who, what, when, where, and how in order for the documentation to provide a clear picture of the service that was delivered. Include information on the participant's mood or any noticeable health symptoms.

And of course, be accurate in the documentation you provide.

Documentation Examples

John entered items into his spending register and balanced his bank account. DSP provided verbal and visual prompts using Facetime. Facetime was used to provide prompts for general house cleaning and to conduct a virtual safety check of John's apartment.

Sally used Skype to work on goal for choosing healthy meals and portion sizes. DSP and Sally created a weekly menu and shopping list. DSP went to the store and Sally joined via Skype to make selections and keep track of spending. DSP dropped groceries at Sally's door, and checked in with Sally at 5pm to ensure that she had put her groceries away.

The slide demonstrates what providers and staff might include in documentation. Be sure to monitor and document health and safety needs and concerns of the participants.

The Importance of Participant Specific Training



Relaxed Training Requirements

- CPR
- First Aid
- Crisis Intervention Training
- Medication Assistance Training

The Division has relaxed many of the staff training requirement in response to guidance from the Governor related to social distancing. CPR, First Aid, Mandt or CPI crisis intervention training, and medication assistance training certifications have been extended for any provider or provider staff member who will expire during the State of Emergency in Wyoming. Once the state of emergency is lifted, providers and provider staff members will have 30 days to schedule their training. Please note that some organizations, such as the American Heart Association, may grant extensions of certification due to cancellations. If the organization grants such an extension, maintain documentation of this extension for your records. If an employee's crisis intervention training has expired, they should not perform a restraint.

Although the Division will not enforce these training requirements during the COVID-19 crisis, the provider will be responsible for any harm that comes to a participant as a result of inadequate staff training. Please also note that incident reporting requirements are currently still in place.

The same 30 day scheduling timeline applies for new staff members who have not been certified in CPR or First Aid. It is the providers decision to allow new staff work without it. Best practice would indicate that staff who have never had the training

should not provide services but it will be up to the providers to assume that risk.

It would be inappropriate for a staff member who has never been trained in medication assistance to assist with medications.

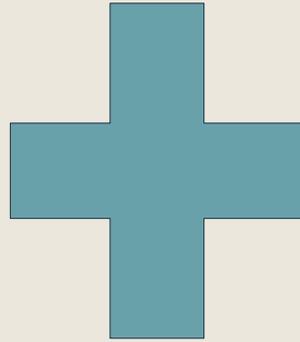
The Division is currently not processing new provider applications that are incomplete.

Participant Specific Training is Still Required, and is Critical

- Individualized plan of care (IPC), including supervision and support needs
- Assistive technology devices
- Disabilities and diagnoses
- Medical or risk conditions
- Protocols
- Positive behavior support plan (PBSP)
- Medications, including possible side effects

Other training requirements have been suspended or extended, which makes the need for participant specific training even more important. Participant specific training is vital to assuring the participant's needs are being met appropriately, and is especially critical during these unprecedented times. Every participant has different needs and supports, and providers and staff still need to receive participant specific training so they can meet the participant's needs, follow the required protocols and positive behavior supports, be on the lookout for potential medication side effects, and provide appropriate supervision.

Adding Services to a Provider Certification



It is a very common occurrence for a provider to want to add a new certification to their profile during the interim period between certification renewals. To do so is a fairly simple process involving only a few easy steps. But to ensure accuracy and to avoid possible unwanted outcomes, it must be done properly.

Adding Services

- Provider must be certified in a service before performing compensated services.
- Provider must be qualified and have the means to deliver services.

As you are already aware, before a provider can provide a service with the expectation of compensation, they must be certified by the Division to do so. A provider cannot even be added to a participant's Plan of Care for a service in which they are not certified.

Additionally, before you add a service please assess whether or not you have the qualifications and means to perform the chosen service.

Steps for Adding a Service

- Download and complete the Towns and Services Selection form.
- Sign and date the form.
- Email or mail the form to the PVS responsible for your area.

Steps for adding services to a provider certification include:

- Download the Towns and Services Selection form located under the Forms Tab in the Forms and Document Library on Division's website.
- Complete the form:
 - Add provider or agency name
 - Check the add box in front of the new service(s) you wish to provide
 - Write the name of the town(s) or countie(s) in which you will offer the services
 - Select the waivers for the services you will offer
 - Sign and date the form
- Email or mail the form to the PVS responsible for your area

It's possible that your Provider Support Specialist may contact you to clarify your request or ask for additional information.

Once your Provider Support Specialist has processed your request, you will be able to be selected and added to a Plan of Care for the new service.

Adding Services in a Provider Operated Setting

- Notify the Division at least thirty (30) calendar days before the location is to be used.
- Division must review the external inspection report and verify that all recommendations have been addressed.
- All deficiencies must be corrected.

If the new service entails utilizing a new provider-controlled service location, there is a process for approval of the location you need to undergo before you can provide compensated services there.

Current Chapter 45 rules states “The provider shall notify the Division of the new location at least thirty (30) calendar days before the location is to be used to provide services.” To accomplish this, simply send a written notice via email or postal mail to your Provider Support Specialist. Please be sure to include the address of the new location and the service you intend to provide there.

Additionally, per Chapter 45 rule, “The provider shall not provide services in the new location until the Division has reviewed the external inspection report and has verified that all recommendations have been addressed.” Please forward a copy of the inspection to your Provider Support Specialist as soon as possible prior to utilizing the new location. Should the inspection include recommendations, the service location cannot be utilized until the recommendations have been remedied.

Assuming that an appropriate 30 day notice and acceptable external inspection was submitted to the Division, you should be able to start the provision of services at the

end of the 30 day notice period.

Communication is Key



Communication is the single most important factor that makes a participant's team strong and their system of supports successful.

Team Communications

- Providers must keep case manager and other team members apprised of challenges the participant is experiencing.
- Team members must communicate how service delivery might temporarily change, and how the participant's needs can still be met.
- Case managers must keep providers and other team members apprised of changes made to the Plan of Care.

Obviously, maintaining communication within the team remains vital to ensure that participant's needs are being met. Providers must keep the case manager and other team members apprised of challenges the participant is experiencing. This may include the timely submission of critical and non-critical incident reports to the case manager.

Additionally, it is very important that providers communicate to all interested parties any need they may have to temporarily change service delivery methods.

Case managers, as always, remain tasked with ensuring providers are apprised of all changes to the plan of care.

Communicating with the Division

- Division staff are working remotely.
- Staff will answer voicemail as they are able; email is a more reliable form of communication at this time.
- Use Provider and Participant Support email addresses:
 - dd.providers@wyo.gov – provider questions, concerns and challenges.
 - dd.casemanagers@wyo.gov – Case managers questions and participant and team concerns and challenges.
 - dd.waivers@wyo.gov – General questions related to COVID-19.

Due to the current COVID-19 crisis, many Division staff are working from home, but still have the capacity to receive and respond to emails and voicemail messages. Please be aware that, at this time, emails are the preferred and most reliable method of communication. Please continue to communicate with your assigned Provider Support and Participant Support Specialist as needed for day-to-day support.

For COVID-19 related challenges and concerns please utilize the following email addresses:

- For providers please use “dd.providers@wyo.gov”
- For Case Managers please use “dd.casemanagers@wyo.gov”
- For general COVID-19 related questions please use “dd.waivers@wyo.gov”

Please remember that the Wyoming Department of Health - Public Health Division provides the states expertise related to COVID-19, and that the Division of Healthcare Financing can only respond from a regulatory standpoint.

The Division remains committed to meeting the needs of all HCBS waiver stakeholders.

Communication from the Division

- Check your email and postal mail frequently and read any correspondence received from the Division.
- Plan to join and participate in scheduled and one-off Division held conference calls.
- Check the Division's website.
- Label Division phone numbers on your smartphones.

The Division relies heavily on written materials to communicate important announcements, updates, and requests from providers. Please be aware that some of the correspondence you may receive can be related to your certification, or may be time sensitive; therefore, it is very important for you to check your email and postal mail frequently for Division related correspondence.

Plan to join and participate in the Division's conference call offerings. The Division utilizes conference calls as a method of keeping providers informed regarding current issues. Additionally, the Division frequently offers one-off or temporarily scheduled regular calls designed to update providers about trending issues and/or developing situations.

The Division maintains a website at "health.wyo.gov/healthcarefin/dd/" which contains a wealth of waiver related information including Division staff contact information, announcements, regulatory documents, related links, and situation updates. Please check the website often as it is frequently updated.

Occasionally, Division staff will try to reach out to you by phone. To avoid missing an important phone call, it is a good practice to add your local Provider Support and

Participant Support Specialists to your smartphone's contact list.

Update Contact Information

- Providers should check their contact information in IMPROV to verify the information is current and accurate.
 - IMPROV Provider Web Portal
 - Searchable provider list on the Division's website
- Update your profile, as needed, via web portal or by contacting your assigned Provider Support Specialist.

To ensure that Division staff can communicate with you as needed, please ensure your contact information is current and accurate.

To verify your information is correct, please access your profile via the IMPROV Provider Web Portal, or utilize the searchable provider database found on the Division's website.

Please contact your assigned Provider Support Specialist, as needed, to update any incorrect information.

Questions?

Contact your local Provider
Support Specialist

or

dd.providers@wyo.gov

dd.casemanagers@wyo.gov

dd.waivers@wyo.gov