

Provider Training Series

Chapter 45, Sections 5,6,15,31

Provider Qualifications, Standards and Training (Module #6)

Wyoming Department of Health
Division of Healthcare Financing
DD Waiver Provider Training Series



Welcome to the Division of Healthcare Financing (Division), Home and Community Based Services Section's Provider Training Series for Chapter 45 of the Department of Health's Medicaid Rules (Rules). These rules govern the home and community based Comprehensive and Supports Waivers, hereinafter referred to as the DD Waivers.

Chapter 45, Section 15(d) lists many of the specific trainings that providers of waiver services and their staff members must complete prior to delivering services. Although some provider organizations may choose to develop their own training modules, individuals who complete all of the Series training modules and associated training summaries will be in compliance with this specific requirement. Please note that there are provider training requirements established throughout Chapter 45, and it is the responsibility of providers to ensure they meet **all** training requirements prior to delivering waiver services.

This module covers Sections 5, 6, 15, and 31 which address provider qualifications, provider standards, provider training, and relative providers.

Purpose of This Training



To familiarize providers with the standards and qualifications that providers must meet, as well as the training requirements for providers and provider staff members.

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Training Agenda

- ▶ Provider qualifications
- ▶ Provider standards
- ▶ Required provider trainings
- ▶ Importance of participant specific training
- ▶ Standards that apply to relative providers

At the end of the module addressing provider qualifications, standards and training, the following topics will have been introduced and explained.

- Qualifications that all providers must meet, including age, Division certification, and technology requirements;
- Overall standards that all providers must meet, including those related to the protection and treatment of participants, the facilitation of choice and independence, and the implementation of reasonable and appropriate policies and procedures;
- Required provider trainings and how to document the trainings;
- The importance of participant specific training, and what must be addressed in that training; and
- Standards that apply to relative providers, who are defined as biological, step, or adoptive parents.

Please note that, for the purpose of these trainings, providers include provider staff and case managers, unless there is a specific need to make a distinction.

Choice



Freedom to make choices is a human right. Participants have the right to choose their services and providers. It is important to ensure that the selection of providers has met standards and qualifications.

Freedom to make choices is a human right. Laws protect people's right to decide how to spend their money, make their own health care decisions, work for a living, and have relationships with friends and family.

Provider standards established in Chapter 45 require that DD Waiver services are delivered in a way that encourages participant choice. One of the most critical roles that a provider plays in a participant's life is ensuring that the participant is able to communicate their choices and then ensuring that their choices are honored.

Sections throughout Chapter 45 refer to the participant's right to choose their services and who provides those services. It is the Division's obligation, and a requirement of the State of Wyoming's agreement with the Centers for Medicare and Medicaid Services, to assure that the providers from which participants can choose have the qualifications and training necessary to deliver quality waiver services.

Provider Qualifications



Individuals offering waiver services must meet the requirements outlined in Chapter 45, Section 5.

Qualifications are qualities or accomplishments that make someone suitable for a particular job or activity. Individuals offering waiver services must meet the qualification requirements outlined in Chapter 45, Section 5.

Who Must Meet Qualifications?

- ▶ Individual waiver providers
- ▶ Subcontractors
- ▶ Provider employees

Chapter 45, Section 5(a)

Chapter 45, Section 5(a) states that all individual waiver providers, subcontractors, and provider employees offering direct services to waiver participants shall meet the qualifications outlined in Section 5.

There may be times when a qualification is specific to the provider entity, not the employee. If you are the employee of a provider organization, there may be some qualifications that do not apply to you, and we will do our best to point these out. If you are a sole proprietor, or an independent provider, you must meet all qualifications outlined in this Section.

If you subcontract services out, you will be responsible for ensuring that the subcontractor meets the same qualifications and standards as a provider employee. This is the obligation of the entity that holds the certification to provide waiver services.

Qualifications Required to Provide Waiver Services

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- ▶ Eighteen years or older;
- ▶ Certified by the Division to provide the service;
- ▶ CPR, First Aid and, if applicable, Medication Assistance Training; and
- ▶ Valid email address, internet access, and means to upload documentation.

Chapter 45, Section 5(a)(i) - (v)

All providers and employees who deliver waiver services must be at least 18 years old.

Providers must obtain initial certification as a waiver provider, and undergo subsequent certification renewals, in order to provide waiver services. Provider employees do not need to be individually certified. However, in order for a provider to obtain and maintain that certification, they must ensure that they, and any employee they hire, meets and maintains all requirements established in Chapter 45, including but not limited to those related to background screenings, required policies, national accreditation, and documentation.

All providers and employees who deliver waiver services must maintain a current CPR and First Aid certification. This certification must include a hands on component which allows the person being trained to practice and demonstrate the skills necessary to perform CPR. If the provider or employee assists participants with medications, they must also be certified in Medication Assistance Training approved by the Division. Medication assistance includes activities such as monitoring for side effects, counting pills, or prompting participants to take their medication. Providers and employees must not assist with any medication, including over the counter pain relievers, if they have not been certified in Medication Assistance Training.

The Division utilizes email and online applications as the primary means of communication and information sharing. All providers must have a valid email address, and must read and respond to emails on a regular basis. They must also have internet access and a means and the skills

necessary to upload documentation into Division designated portals. Providers are responsible for ensuring that employees have the proper access to conduct their job tasks, meet documentation standards, and meet incident and other required reporting standards.

Services That Require Minimum Qualifications

- ▶ Adult Day Services
- ▶ Community Living Services
- ▶ Community Support Services
- ▶ Companion Services
- ▶ Crisis Intervention Support
- ▶ Personal Care Services
- ▶ Respite Services
- ▶ Supported Employment Services

Chapter 45, Section 5(a) establishes the minimum requirements for all DD Waiver services. The rest of the Section establishes additional requirements for certain services. Some services are not listed in this Section because the Division does not require additional qualifications. These services include:

- Adult Day Services;
- Community Living Services;
- Community Support Services;
- Companion Services;
- Crisis Intervention Support;
- Personal Care Services;
- Respite Services; and
- Supported Employment Services.

Please note that a provider may require employees to meet standards that exceed the minimum standards established by the Division.

Services That Require Additional Qualifications

- ▶ Behavioral Support Services
- ▶ Case Management
- ▶ Child Habilitation Services
- ▶ Environmental Services
- ▶ Individual Habilitation Services
- ▶ Special Family Habilitation Home
- ▶ Specialized Equipment
- ▶ Transportation

The Division requires that providers of other waiver services meet qualifications in addition to the minimum qualifications, which are identified in Chapter 45, Section 5(b). The requirements vary from service to service, but may include additional education, licensure, or ongoing training. These services include:

- Behavioral Support Services;
- Case Management;
- Child Habilitation Services;
- Environmental Services;
- Individual Habilitation Services;
- Special Family Habilitation Home;
- Specialized Equipment; and
- Transportation.



Conflict Free Case Management Information

Background Information

During Wyoming's 2014 legislative session, House Enrolled Act 58 was enacted to clarify how Conflict Free Case Management would be implemented and monitored by Wyoming's Division of Healthcare Financing (Division). That act is as follows:

- (c) *For purposes of implementing Medicaid reform pursuant to 2013 Wyoming Session Laws, Chapter 117, the department may apply for any applicable waivers or permissions to allow exceptions to federal conflict free case management definitions for frontier and rural areas, which to the extent consistent with federal law, shall implement a system using a neutral third party to ensure no conflicts exist. Consistent with federal law, the department may phase in the independent case management system. In negotiating a waiver pursuant to this subsection, the department shall, to the extent practicable and approved by the center for Medicare and Medicaid services:*
- (i) *Allow an individual or agency to provide case management and direct services to discrete clients if the services are provided under conflict free circumstances;*
 - (ii) *When implementing updated case manager educational standards, provide for a three (3) year transition period and allow credit for prior case manager experience.*

The qualifications for case managers are much more detailed than the qualifications for providers of other services, due to the fact that case management is the only required service on the waiver, and case managers serve as the first line monitor of participant services and supports. These qualifications are listed in Chapter 45, Section 5(b)(ii). The Division has created a quick reference tool that outlines case management requirements. It can be found on the [Providers and Case Managers](#) page of the Division website, under the *Case Manager and Provider Reference Materials* toggle.

While not an extensive list, the following slides provide more information related to case manager requirements.

Case Managers Cannot be Related Within the Third Degree

- ▶ Spouse;
- ▶ Biological, step, or adoptive parent;
- ▶ Mother, father, brother, or sister-in-law;
- ▶ Biological, step, or adoptive child;
- ▶ Biological, step, or adoptive sibling;
- ▶ Grand or great grandparent or child;
- ▶ Aunt, uncle, niece, or nephew.

Case managers cannot be related within the third degree by blood or marriage to the participant, legally authorized representative, or any other provider on the participant's plan. Related within the third degree means spouses; biological, step, or adoptive parents; mother, father, brother, or sisters-in-law; biological, step, or adoptive children; biological, step, or adoptive siblings; grand or great grandparents or children; or aunts, uncles, nieces or nephews.

Conflict-Free Case Management Services

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Conflicts exist if:

- ▶ The case manager or case manager's family can financially benefit from other services the participant receives.
- ▶ The case management agency can financially benefit from other services the participant receives.
- ▶ A participant's chosen provider may influence the case manager's performance because the case manager is related to or employed by the provider.
- ▶ A participant and their family may influence the case manager's performance because the case manager is related to or employed by the participant or participant's family.

Wyoming is a conflict-free state, meaning that case managers cannot have conflicts with the participant, legally authorized representative, or other providers listed on the participant's IPC that could affect their ability to do their job. One thing of which case managers must be acutely aware is potential conflicts that may exist between the case manager and other providers listed on the plan of care. Case managers cannot provide any other waiver service to participants for whom they provide case management services. They cannot have any financial interest or relationship with another person or entity providing services to a participant.

Situations that would be considered a conflict include, but are not limited to:

- The case manager or their family financially benefiting from other services the participant receives.
- The case management agency financially benefiting from other services the participant receives.
- A participant's chosen provider having the power to influence the case manager's ability to advocate or intervene in their role as a case manager because they are related to or employed by the provider.
- A participant or their family influencing the case manager's ability to advocate or intervene in their role as a case manager because they are related to or employed by the participant or family member.

Provider Standards



Chapter 45, Section 6 establishes minimum standards that all providers must follow.

Standards are used to establish and evaluate the quality of services. Chapter 45, Section 6 establishes minimum standards that all providers must follow in order to assure that waiver participants are free from abuse, are treated with consideration and respect, and are afforded the opportunity to live meaningful lives based on their preferences.

Standards for Protection and Treatment

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- ▶ Protect participants from abuse, neglect, mistreatment, intimidation, and exploitation;
- ▶ Treat participants with consideration, respect, and dignity;
- ▶ Honor participant's preferences, interests, and goals; and
- ▶ Protect and promote the health, safety, and well-being of each participant.

Chapter 45, Section 6(a) lists some highly critical but decidedly commonsensical standards that providers must meet when offering waiver services. These standards fall into four overall categories:

- Standards related to the protection and treatment of participants;
- Standards related to participant choice;
- Standards related to service delivery; and
- Standards related to policies and procedures.

Providers of waiver services must protect participants from abuse, neglect, mistreatment, intimidation, and exploitation. Although there is no way to guarantee with 100% certainty that these situations won't occur, providers must ensure that their policies, training, organizational culture, and actions support this standard.

Providers must, without fail, treat participants with consideration, respect, and dignity. They must honor the participant's preferences, interests, and goals, and protect and promote their health, safety, and well-being.

Standards for Participation and Choice

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- ▶ Provide participants with daily opportunities to make choices and participate in decision making;
- ▶ Facilitate activities that are meaningful and functional for each participant; and
- ▶ Encourage participants to express their wishes, desires, and needs.

When delivering services, providers must offer participants opportunities to make choices and participate in decision making each and every day. The participant must be able to engage in activities that are meaningful and functional for them, and be able to express their wishes, desires, and needs.

Standards for Service Delivery

- ▶ Direct services toward maximizing the growth and development of each participant for maximum community participation and citizenship;
- ▶ Provide services in the most appropriate, least restrictive, and most integrated environment; and
- ▶ Design services to meet the needs of all participants served by the provider.

Providers should deliver services in a way that maximizes the participant's growth, development, and participation in the community. Providers are responsible for delivering services that meet the needs of each participant being served. These services must occur in the most appropriate, least restrictive, and most integrated environment.

Standards for Policies and Procedures

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- ▶ Establish and implement *written* policies and procedures that:
 - ▶ Are available to staff, participants, legally authorized representatives and, upon request, the general public;
 - ▶ Are updated or revised as needed by rule or policy change;
 - ▶ Are reviewed at least annually with employees; and
 - ▶ Describe the provider's operation and how systems are set up to meet the participants' needs.

Chapter 45, Section 6(a)(xi)

Several sections of Chapter 45 require providers to establish and implement policies and procedures that address various requirements. These policies must be available to employees, participants, legally authorized representatives and, upon request, the general public.

If a provider fails to establish written policies, they will be subject to corrective action. But writing a policy is only half of the equation. Providers, and any staff they employ, must follow the policies that have been established. In order to ensure that policies accurately reflect the provider's practices, they must be updated or revised as needed by rule or policy change, and they must be reviewed, at least annually, with employees. If a provider has changes throughout the year that could impact policies and procedures, making these changes offers a great opportunity to review policies and procedures to ensure they stay accurate, relevant, and up-to-date

Provider policies need to accurately describe provider operations and systems, and how they meet the participants' needs. Remember, providers are obligated to adhere to the policies they adopt.

The Division has several policy templates available on the the [Forms and Documents](#) page of the website. While these policies offer a starting point for providers that need to develop policies, they are just that. A starting point. Providers should ensure that the policies they adopt accurately represent their situation.

Provider employees do not need to establish their own policies, but are required to adhere to the policies established by their employer.

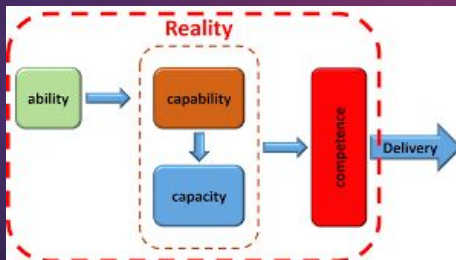
Policies and Procedures to Ensure Compliance with Chapter

- ▶ Implement policies and procedures to comply with standards, specifications, and requirements of:
 - ▶ Chapter 45
 - ▶ Comprehensive and Supports Waiver Service Index
- ▶ Providers may change policies and procedures at any time.
 - ▶ Must be documented, implemented, and maintained in accordance with Chapter 45.

Chapter 45, Section 6(g)

When developing their policies, providers must ensure that they comply with the standards set forth in Wyoming Medicaid Rules and the service definitions. Providers may change their policies and procedures at any time, and are encouraged to make changes as their circumstances change. However, policy changes must be documented, and changes should be shared with staff, participants, and legally authorized representatives.

Know Your Capability and Capacity to Provide Services



Before providing services to a participant, the provider shall gather and review referral information regarding the participant so, to the greatest extent possible, the provider is aware of the participant's preferences, strengths, and needs.

Chapter 45, Section 6(b)

Chapter 45, Section 6(b) states that, before providing services to a participant, the provider shall gather and review referral information regarding the participant so, to the greatest extent possible, the provider is aware of the participant's preferences, strengths, and needs. Providers need to make an educated decision on if they are a good fit for the participant. Transitions can be difficult for everyone involved, and we want to make sure participants and providers have the best possible shot at success.

Are You the Best Choice?

- ▶ Consider the safety of all participants receiving services in making the decision to accept new participants.
- ▶ Consider if the provider has the capability, capacity, commitment, and resources necessary to provide the supports the participant needs.

Providers should have a comprehensive understanding of a participant's support needs and preferences in order to determine if they have capacity, ability, and resources to provide the supports and services that the participant wants and needs. In making this determination, providers should consider other participants who receive services, and how inserting a new participant into their life will affect them. This is a critical step that providers must take before agreeing to deliver services to a participant.

As an example, ABC Services is considering offering community living services to Joe, a new participant, in a group home setting. The group home that Joe would be moving in to is currently the home of George and Larry. George is an early riser, and starts his day at 5:00am most mornings. George likes to run the vacuum, turn on the TV, and have energetic conversations with the staff members as soon as he gets up. Larry is more successful when he only has one roommate. ABC Services has conducted a thorough review of Joe's preferences and service needs, and knows that Joe does not like loud noises and does not like to get up before 9am. Joe will likely be disturbed with George's early morning routine, and understanding that Larry may struggle if he has another roommate, ABC Services can presume that this may not be the best living situation for Joe. If ABC Services wasn't informed and understanding of the needs and preferences of each of the gentlemen, they could have created a situation that would have been frustrating for everyone involved.

Educate Yourself and Your Employees



Providers that hire employees shall orient, train, and manage staff that have the skills necessary to meet the needs of participants in their services, and be able to respond to emergencies.

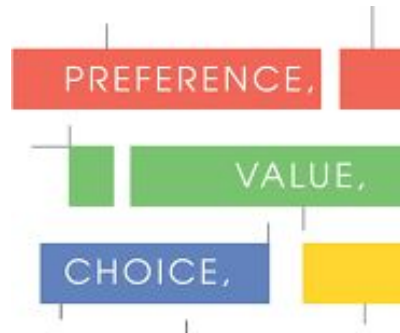
Chapter 45, Section 6(c)

Providers that hire employees shall orient, train, and manage their staff members so they have the skills necessary to meet the needs of participants in their services, and are able to respond to emergencies. Providers and provider employees are responsible for meeting the standards related to protection, treatment, and choice of participants established in Section 6(a).

Facilitating Opportunities

The provider shall facilitate opportunities for all participants to receive services consistent with the needs and preferences of the participant.

Chapter 45, Section 6(d)



Providers and employees shall facilitate opportunities for all participants to receive services consistent with the needs and preferences of the participant. This means that providers and staff members need to ensure that participants are aware of all options available, and not just the options offered by the provider.

Detecting and Preventing Abuse

The provider shall develop a process for detecting, preventing, and handling allegations of abuse, neglect, exploitation, and intimidation in accordance with state and federal statutes and rules.

Chapter 45, Section 6(e)



Providers are expected to have a process for detecting, preventing, and handling allegations of abuse, neglect, exploitation, and intimidation in accordance with state and federal statutes and rules. Employees must be trained on this process to ensure they are knowledgeable in this area. Important educational topics to consider include:

- Comprehensive participant specific training;
- Effective listening and communication skills;
- Managing emotions when under stress;
- Recognizing, preventing, and reporting abuse, neglect and exploitation;
- Conflict resolution;
- Crisis management; and
- Trauma-informed care.

The work environment created by the provider plays a significant role in decreasing instances of abuse, neglect, and exploitation. It is important for providers and supervisors to create a work culture that includes effective lines of communication, effective training, a place where people can speak up and voice their opinion or concern without fear of consequence, and strategies to address physical and emotional burn-out. Remember, all providers and provider staff members are required by law to report instances of suspected abuse, neglect, or exploitation of children or vulnerable adults if they have reasonable cause to believe that it may be occurring.

The Division offers a training entitled *Preventing, Recognizing, and Reporting Abuse, Neglect,*

and Exploitation. It can be found on the [Training](#) page of the Division website.

Maintaining Documentation

The provider shall, at all times, maintain documentation to demonstrate sufficient staff provide services, supports, and supervision to meet the needs of each participant per the participant's individualized plan of care.

Chapter 45, Section 6(f)



Provider documentation is an important topic that will be covered in an upcoming module. Documentation is a broad concept that covers more than just service documentation. As established in Chapter 45, Section 6(f), providers shall, at all times, maintain documentation to demonstrate sufficient staff provide services, supports, and supervision to meet the needs of each participant per the participant's individualized plan of care.

Each participant's IPC lists their supervision needs, which may vary during different situations they encounter throughout their day. For example, a participant may require very close supervision when they are at the store or at a restaurant, but need little to no supervision when they are home watching TV in their room. Providers are obligated to meet the supervision requirements of each participant they serve, and must be able to demonstrate how they are meeting those needs. This may be evidenced through service documentation, staffing schedules, employee time cards, or other mechanisms identified by the provider.

The IPC is the roadmap for how, where, and when services are delivered. If there is something that is unclear or missing from the IPC, be sure to ask questions or request changes if necessary.

As established in Chapter 45, Section 6(h), people who need a license, certification, registration, or other credential in order to meet the qualifications for delivering DD Waiver services are required to maintain that credential in accordance with applicable state laws. If the required credential is revoked for any reason, the license holder is required to stop providing services immediately and notify the Division within ten business days.

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Contracting Services

- ▶ Providers that subcontract for services shall be responsible for assuring that the subcontractor meets all applicable requirements, qualifications, and standards for the services being provided.
- ▶ Failure to assure that the subcontractor meets all applicable requirements and standards may result in revocation of the provider's certification.

Chapter 45, Section 6(j)

As established in Chapter 45, Section 6(j), providers that subcontract for services shall be responsible for assuring that the subcontractor meets all applicable requirements, qualifications, and standards for the services being provided. If a provider fails to assure that the subcontractor meets all applicable requirements and standards, the provider may have their certification revoked or be subject to a recovery of payments.

During provider certification renewals, providers will be required to show evidence that contractors meet all standards and qualifications.

Provider Training Standards



Providers are responsible for ensuring that employees receive the training outlined in Section 15, as well as other training standards in Chapter 45.

Chapter 45, Section 15(a)

An educated workforce is a crucial component to assuring participants receive quality services. In accordance with Chapter 45, Section 15(a), providers are responsible for ensuring that employees receive the training outlined in Section 15, as well as other training standards in Chapter 45.

Provider Training Standards

- ▶ Standards in Section 15 are in addition to other training standards outlined in Chapter 45.
- ▶ Employees, including management staff responsible for providing supports and services to participants, are required to receive the training.
- ▶ Training must be received prior to working unsupervised with participants.

Although Section 15 establishes a list of required provider trainings, it is important to remember that there are training requirements established in other sections of this Chapter. It is the responsibility of each provider to ensure that they, and any staff members they employ, meet all of the training requirements set forth in Chapter 45.

Training standards include the people or positions to whom the training applies. The training standards for Section 15 apply to independent providers and provider employees, including management staff responsible for providing supports and services to participants.

Providers and employees working with participants must receive the training established in this section before they work unsupervised.

Required Trainings

- ▶ Participant choice;
- ▶ Rights of participants;
- ▶ Confidentiality;
- ▶ Dignity and respect;
- ▶ Preventing, recognizing, and reporting abuse, neglect, intimidation, and exploitation;
- ▶ Responding to injury, illness, and emergencies;
- ▶ Billing and documentation;
- ▶ Releases of information;
- ▶ Grievance and complaints; and
- ▶ Implementing and documenting participant objectives.

Chapter 45, Section 15(d)(i) - (x)

Chapter 45, Section 15(d) specifies training topics that must be included in provider training. These topics include:

- Participant choice;
- Rights of participants in accordance with state and federal laws, and any rights restrictions for each participant with whom a person works;
- Confidentiality;
- Dignity and respect;
- Preventing, recognizing, and reporting abuse, neglect, intimidation, and exploitation, and all other categories listed in Chapter 45, Section 20;
- Responding to injury, illness, and emergencies;
- Billing and documentation;
- Releases of information;
- Grievance and complaint procedures for participants, legally authorized representatives, provider employees, and community members; and
- Implementing and documenting participant objectives and progress on objectives.

The Division's Provider Training Series addresses these topic areas, so providers and employees who have taken the trainings, and can demonstrate evidence of such, will have met the standards for Section 15(d). Providers can choose to create their own trainings for employees, but the training must include the key elements of each topic area.

Documenting Training

- ▶ Evidence of completed trainings:
 - ▶ Date completed
 - ▶ Trainer
 - ▶ How employee demonstrated understanding
- ▶ Trainings must be conducted by people with expertise in the topic area.
- ▶ Evidence of a training summary or test shall be retained in the employer's files.

Most of us are familiar with the old adage “If it isn’t written down, it didn’t happen.” This applies to provider training as well. It is imperative that providers document training - whether it is training they have personally received or it is training that their employees have received.

Chapter 45, Section 15(c) states that providers shall maintain documentation that staff are qualified to provide waiver services through evidence of completed trainings, including the date training was completed, who conducted the training, and how the employee demonstrated understanding. The provider shall ensure that training is conducted by persons with expertise in the topic area who are qualified by education, training, and experience, and maintain complete verification of such.

If you are an independent provider, you are obligated to maintain your own training records, including a written summary of the Provider Training Modules you have taken, in order to demonstrate that you have received the required trainings. If you are a provider employee, your employer will be responsible for maintaining documentation, but you will still be required to complete any required summaries, tests, or other evidence of completion.

At the end of each Provider Training Series Module the Division has provided a quick reminder to complete a summary of the training in order to show evidence that the training was received. This is a requirement established in Chapter 45, Section 15(e), which states that, to verify each provider and provider staff meets the qualification standards, evidence of a

completed training summary or test of each training topic shall be retained in employer's file. Providers who use their own training are still required to have this evidence on file.

Participant Specific Training



Participant specific training is the key to successful service delivery and participant satisfaction with services.

All of the training requirements established in rule are important, and focus on key areas that are necessary for providers and provider employees to understand. While we can't rank the importance of one training topic over another, it is safe to say that participant specific training is one of the most essential trainings that providers and employees will receive. Participant specific training is the key to successful service delivery and participant satisfaction with services. Participants should be part of the training, when possible. Who knows better what a participant wants and needs than the participant themselves? An employer of record may also conduct participant specific training. Chapter 45, Section 15(f) establishes the requirements for participant specific training.

Participant Specific Training is Critical

- ▶ Ensures that the provider or staff member is aware of the participant's preferences and support needs.
- ▶ Provides reasonable assurance that the provider will deliver services in a way that respects participant choice and assures participant safety.
- ▶ Participant is more likely to be satisfied with services, and experience a higher quality of life.

The purpose of participant specific training is to ensure that the people providing waiver services are aware of the participant's preferences and support needs, and to provide reasonable assurance that the provider will deliver services in a way that respects participant choice and assures participant safety.

As an example, Lou, a participant with whom you work, has a seizure disorder. Lou experiences a grand mal seizure while you are walking through the grocery store. You are responsible for supporting Lou, keeping him safe, and calling 911 if his seizure lasts more than 5 minutes. If you haven't received the necessary training on how to support Lou in this situation, and don't know that his protocol requires the 911 call after 5 minutes, Lou's health and safety could be at significant risk.

The example doesn't have to be life and death. Circumstances that are seemingly small can turn into a major incident. Ann's IPC states that she hates mashed potatoes, but you haven't received the training on her IPC. You have helped Lucy, Ann's roommate, cook dinner. Lucy made mashed potatoes, since this is one of her favorite foods. Ann and Lucy typically like to eat dinner together family style, so when everyone is seated, you offer Ann the bowl of mashed potatoes. Ann screams that she hates mashed potatoes and knocks the potatoes to the floor. Lucy, who worked hard to cook the potatoes and was looking forward to eating them, escalates quickly and runs over and hits Ann on the head. You now have a major incident on your hands that could have been avoided if you'd received the training on Ann's IPC and knew her

preferences and dislikes.

There is a great deal of information contained in a participant's IPC, protocols, and positive behavior support plan, and it is important that this information is shared with providers and employees. However, there is more to participant specific training than just reading some documents. New providers and employees will benefit from having someone who knows the participant model how to support the participant with activities of daily living such as showering, assistance in the restroom, and getting dressed. If the participant needs help while they are at the store, a new provider or employee would benefit from being able to see how the participant and provider work together to ensure that the participant is able to shop as independently and safely as possible.

A new provider or employee can read about treating participants with dignity and respect, but the most effective training is seeing how that respect is demonstrated on a daily basis. Most importantly, new providers and employees should talk to the participant about what they like and don't like, and how they want their support to be delivered.

A participant's satisfaction and a high quality of life is more likely to occur when their provider has extensive knowledge of what the participant wants and needs.

Participant Specific Training is Ongoing

- ▶ Prior to working unsupervised with a participant.

Chapter 45, Section 15(b)

- ▶ Prior to the IPC start date; and
- ▶ Prior to implementing changes in the IPC.

Chapter 45, Section 15(f)

Providers and employees cannot work alone with a participant until they have received participant specific training.

Participant specific training is not a one and done activity. A participant's IPC is reviewed at least every 6 months, and may change throughout the plan year, depending on changes in the participants preferences, needs, and circumstances. When an IPC is modified, the provider or employees that are affected must receive training on the changes before they are implemented so they understand the changes, the provider role in those changes, and how the changes will affect the participant.

Components of Participant Specific Training

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- ▶ Overall IPC;
- ▶ Mealtime plans or guidelines;
- ▶ Positioning, including skin integrity needs;
- ▶ Adaptive equipment use and maintenance;
- ▶ Behavioral needs, including PBSP;
- ▶ Rights and rights restrictions, including restoration plans;
- ▶ Medications, including side effects;
- ▶ All applicable protocols;
- ▶ Overarching goals and specific objectives; and
- ▶ Supervision requirements.

There are many topics that should be covered as part of the participant specific training. In reviewing the IPC, case managers and providers need to focus on areas such as:

- Mealtime plans or guidelines, including food allergies and food preferences.
- Positioning requirements, including skin integrity needs and how to identify related health concerns.
- Adaptive equipment use and maintenance.
- Behavioral needs, including the positive behavior support plan. If restraints are written into the individual's plan, contraindications, de-escalation techniques, and less restrictive interventions are a critical area of training focus.
- Rights and rights restrictions, including restoration plans and how the provider should support the participant in retaining as much control over their life as possible.
- Medications, including possible side effects.
- All applicable protocols.
- Overarching goals and specific objectives; and
- Supervision requirements for the different times and circumstances in the participant's life.

Documenting Participant Specific Training

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- ▶ Date of the training;
- ▶ Name, signature, and title of the trainer;
- ▶ Name and signature of the person receiving training;
- ▶ Detailed agenda of training, including the method of the training; and
- ▶ How the person receiving training demonstrated understanding.

Chapter 45, Section 15(g)

Whether a provider receives training directly from a case manager, or a provider employee receives training from a provider, it is important that providers document any participant specific training they receive. Chapter 45, Section 15(g) establishes that documentation should include:

- The date the training occurred;
- The name, title, and signature of the person who conducted the training;
- The name and signature of the person receiving the training;
- A detailed agenda of the training, which includes the specific items that were discussed and the method of the training, such as reading, discussion, or physical demonstration; and
- How the person receiving the training demonstrated understanding. This can be done through tests, physical demonstration, explanation, observations, or other methods.

The Division has a Participant Specific Training form that can be used to document training, or can be used as an example if a provider or case manager chooses to create their own form. This form is located on the [Forms and Documents Library](#) page of the Division website, under the *Examples/Templates* tab.

Participant Specific Training Responsibilities

- ▶ Case manager shall ensure at least one person from the provider organization is trained.
- ▶ Provider shall ensure all employees working with the participant are trained.
- ▶ The Division, case manager, or legally authorized representative can request verification of the training.

Case managers are responsible for writing the plan of care and submitting it to the Division for review. Chapter 45, Section 15(f)(ii) establishes that the case manager is then responsible for ensuring that at least one representative from each provider listed on the participant's IPC receives training on all of the information included in the plan of care, including protocols, objectives, and positive behavior support plans. If the provider is an organization that employs staff, the provider must ensure that everyone who works with the participant receives the necessary training prior to working with the participant unsupervised. It is important that the representative who receives the initial training from the case manager has the ability to train other employees who work with the participant.

The Division, case manager, or legally authorized representative can request verification of the training, so it is important that providers, including case managers, have evidence that the training occurred.

Hiring Employees



If a provider hires employees, it is the provider's responsibility to ensure that employees meet all necessary requirements before providing services.

We have made several references to provider employees throughout this module. So, if you are a provider and you choose to hire employees to help you, what are your responsibilities? What do employees have to know? It is the provider's responsibility to ensure that the employees who are hired meet all of necessary Rule requirements before they provide DD Waiver services.

Employee Requirements

- ▶ Meet all qualifications for service they are providing, including a successful background screening.
- ▶ Attain CPR and First Aid Certification, and complete all training requirements.
- ▶ Attain Medication Assistance and Restraint certifications, (if applicable).
- ▶ Provide services in accordance with the participant's IPC, service definitions, and Medicaid Rules.

It is the responsibility of the employer to understand the rules that govern DD Waiver Services, and be knowledgeable of the specific requirements that apply to employees.

- Employees are required to meet all of the qualifications that are required for the services. This includes licensing, education, and background screenings.
- Employees must attain and maintain CPR and First Aid certification, and must complete all of the other trainings that are required in Chapter 45.
- If the provider is going to assist with medications or perform restraints, employees must attain and maintain certification in medication assistance training and restraints training.
- It is ultimately the responsibility of the employer to ensure that the services their employees provide are delivered in accordance with each participant's IPC, meet the service definitions, and comply with Medicaid Rules.

Provider/Employer Requirements

- ▶ Meet all state and federal labor standards and employment laws.
- ▶ Maintain required documentation for each employee
 - ▶ Qualifications
 - ▶ Evidence of training
 - ▶ Background screening results
- ▶ The Division will request information on employees as part of the regular provider certification renewal.

If a provider hires employees, the provider is responsible for ensuring that they are knowledgeable and comply with all state and federal labor standards and employment laws. This includes paying required payroll taxes, as well as paying for required workers compensation and unemployment insurance.

Providers must maintain evidence of their trainings, as well as the training of employees they hire. They must also maintain documentation of initial and subsequent background screening results and ensure these screenings are up-to-date.

The Division will request this information as part of the provider's regular certification renewal.

Relative Providers



“Relative” means a participant’s biological, step, or adoptive parent(s).

Chapter 45, Section 3(f)

The word “relative” may conjure pictures of big family gatherings with generations of people who are part of a family. While the word relative tends to encompass a whole host of folks, for the purposes of the DD Waivers, the word “relative” is defined as a participant’s biological, step, or adoptive parent(s). When we discuss relative providers, we are referring to this very limited definition. Other relatives, such as siblings, grandparents, or cousins, do not have to meet the requirements set forth for relative providers...except for case management services, which we have already explained.

Relative Providers Can Receive Reimbursement

To provide waiver services to a related participant, the relative providers shall:

- ▶ Form a Limited Liability Company or other corporation (claims must be submitted under the corporation); and
- ▶ Maintain provider certification in accordance with Chapter 45.
- ▶ OR...work for a certified provider.

Relatives can provide **some** DD Waiver Services. However, Chapter 45, Section 31(d) establishes that, before they can provide these services, they must meet specific criteria.

First, the relative must notify the Division if they are going to be providing services as a relative provider. This applies to new providers and existing providers. For example, Henry is the parent of Joan, who is on the waiting list for services. Henry already provides services for other participants, but when Joan receives a funding opportunity, he wants to provide services for her as well. Henry will need to notify the Division that he will be a relative provider and ensure that all other criteria outlined in Section 31(d) are met.

Relative providers must form a limited liability company or other corporation, and must be certified by the Division to provide the service. The relative is required to submit claims under the LLC or corporation name.

A relative can also be employed by a certified provider. If this is the case, the provider must have a written policy that describes how it will address potential conflicts that arise from these relationships, and how these conflicts will be mitigated. The policy must be shared with the participant and legally authorized representatives before the relative provides services.

The case manager is responsible for submitting a Relative Disclosure Form for all relative providers. The form can be downloaded from the Electronic Medicaid Waiver System (EMWS)

Verification page after the case manager indicates that a relative provider will be delivering services on the participant's plan. This form must be submitted to and approved by the Division before the relative can serve as a provider, any time there is a change in the services the relative provides, and at least annually with the annual IPC review.

	Relative of a participant age 18 or older	Relative of a participant under age 18	Legally Authorized Representative of participant under age 18
Adult Day Services	X		
Community Living Services ¹	X		
Community Support Services	X		
Environmental Modifications	X		
Personal Care ²	X	X	X
Specialized Equipment ³	X		

1. A relative who is the certified provider, or employee of a provider, may provide community living services but shall not live in the same residence as the participant.
2. For personal care provided to a participant living in the home with the relative provider, the maximum billable hours per day per participant is four (4). A relative will not be compensated for more than four hours per day for providing these services. Additional information can be found in Chapter 45, Section 31 of the Department of Health's Medicaid Rules.
3. A relative may provide specialized equipment if s/he is a certified Medicaid waiver specialized equipment provider, does not mark up the equipment, and obtains one other bid to ensure cost effectiveness. Mark-ups are permissible if the relative operates a non-profit corporation.

The Division has a Relative Provider Service Clarification Chart available. This chart lists the services that can be provided by a relative, as well as any caveats that apply to specific services. This information is also available in the Comprehensive and Support Waiver Service Index. The Relative Provider Service Clarification Chart can be found on the [Forms and Documents Library](#) page of the Division website, under the *References/Tools* tab.

Services Must Be in the Participant's Best Interest

If a relative provider is not providing services in the best interest of the participant, the case manager shall work with the participant, appropriate team members, and the Division as needed to choose other providers as appropriate and modify the individualized plan of care to better suit the needs of the participant.

Chapter 45, Section 31(h)

Relative providers are obligated to meet the same requirements as providers that do not have a family tie to the participant. This means that the relative provider must meet the standards established for protection and treatment, participant and choice, and overall service delivery. If a relative provider is not delivering services in the best interest of the participant, the case manager must work with the participant, appropriate team members, and the Division as needed to choose a different provider.

Circumstances in Which Reimbursement is Not Allowed

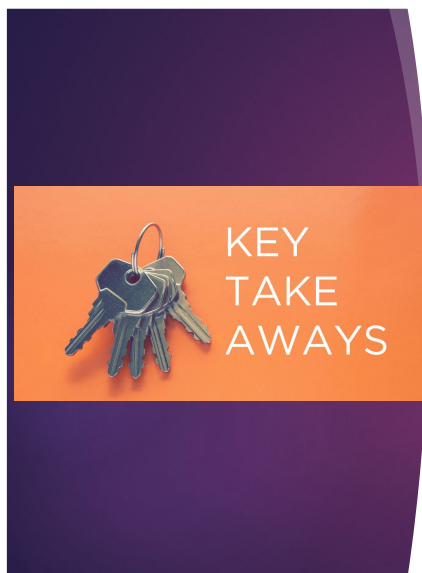
- ▶ Legally authorized representatives cannot receive reimbursement except, in limited circumstances, for the personal care of a minor.
- ▶ A participant's spouse cannot receive reimbursement, unless they are NOT the participant's legally authorized representative.
- ▶ A relative provider, spouse, or legally authorized representative shall not provide self-directed services.

There are circumstances in which a relative cannot be paid to provide DD Waiver services.

- The Division cannot pay a legally authorized representative to deliver waiver services. If the relative, defined as a biological, step, or adoptive parent, is also the participant's legally authorized representative, they cannot receive reimbursement. The one exception to this rule is personal care for a minor child. In certain circumstances, a legally authorized representative can provide personal care for a participant under the age of 18. These circumstances are outlined in the Comprehensive and Supports Waiver Service Index.
- If a participant's spouse is also the participant's legally authorized representative, they cannot receive reimbursement. This is established in Section 31(c).
- A relative, spouse, or legally authorized representative cannot provide self-directed services. This rule is outlined in Section 31(e).
- A relative cannot be reimbursed for services if they have not notified and been approved by the Division to provide services to a relative. If a relative provider is paid for services without meeting the established criteria, they may be subject to monetary paybacks. Additionally, if they do not meet the qualifications outlined in Section 31(d), their certification for those services will be revoked immediately.

Finally, payments to relatives can only be made if the service is not a function that the relative

would normally provide as part of the usual relationship among family members. The service being provided must be a service that would normally require a qualified provider.



1. Providers and employees must meet specific qualifications and receive training before working with participants.
2. Providers must maintain evidence or documentation of all required qualifications and trainings.
3. Participant specific training is critical to ensuring participants receive the support they need.
4. Relatives are only authorized to provide services under specific circumstances.

We have covered a lot of information in this training. We'd like to review some of the key takeaways:

1. There are many qualifications that a provider must meet before being certified as a provider or working with a participant. Qualifications differ from service to service, so it is the provider's responsibility to know the qualifications they must meet and maintain. Qualifications include participation in training on topics that are outlined in Section 15 and throughout Chapter 45.
2. You may have heard the adage "If it isn't written down, it didn't happen." Providers need to maintain evidence of all required qualifications and trainings, and meet the documentation standards outlined in this Section of Rule.
3. Participant specific training is critical to ensuring participants receive the support they need. Participant specific training is key to ensuring that participants of waiver services have their choices honored, are receiving services that promote their health and safety, and are living lives based on their needs and preferences. Participant specific training also increases the provider's ability to develop relationships with the people they serve and deliver services successfully.
4. Legally authorized representatives and relatives, defined as biological, step, or adoptive parents, are only authorized to provide certain services under specific circumstances, and must notify the Division of their intent to provide services in these situations. Individuals should be aware of the requirements and rules related to relative providers.

1. before they start the provider certification process.

Questions???

Contact your Provider or Participant Support Specialist

<https://health.wyo.gov/healthcarefin/dd/contacts-and-important-links/>

Thank you for participating in the training on provider qualifications, standards, and training that has been conducted by the Home and Community Based Services Section. If you have questions related to the information in this training, please contact your Division representative. Contact information can be found by clicking on the link provided in the slide.

Please be sure to complete a summary of this training so that you can demonstrate that you received training on provider qualifications, standards, and training requirements.