

Provider Training Series

Chapter 45, Section 28, Provider Certification Renewals (Module #13)

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) requires waiver providers to complete training in specific areas prior to delivering services. Individuals who complete all of the Series training modules and associated training summaries will be in compliance with this specific requirement. Please note that providers are responsible for ensuring they meet **all** training requirements, which are established throughout Chapter 45, prior to delivering waiver services.

This module covers Section 28, which addresses the process for provider certification renewals.

Purpose of This Training



Outline the provider certification renewal process, including notification requirements and timelines, required documentation, and potential outcomes.

The purpose of this training is to clearly outline the provider certification renewal process, including notification requirements and timelines, required documentation, and potential outcomes.

Training Agenda

- ▶ Notification requirements and timelines
- ▶ Provider Portal
- ▶ Required documentation and site inspections
- ▶ Potential outcomes

By the end of this module, the following topics will have been introduced and explained.

- We will review the notification requirements that the Division must meet, provider timelines, and the consequences of not meeting the timelines.
- We will explain the expectation that providers use the Provider Portal to complete and submit certification renewals.
- We will describe documentation that providers can expect to submit, when a site inspection is required, and what will be expected during a site inspection.
- Finally, we will outline the potential outcomes of the certification renewal process.

Choice



Freedom to make choices is a human right. Participants have the right to choose their providers, and should expect that the providers they choose meet established standards and comply with program rules.

A theme throughout all of the Division's provider training modules is the fact that home and community-based waiver services are based on the tenet that people have the freedom to make choices that impact their lives. 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 (CMS), to assure that the providers from which participants can choose have the qualifications and training necessary to deliver quality waiver services. During the renewal of a provider's certification, the Division reviews documentation and may observe practices in order to ensure that the providers the participant chooses meet the established standards and comply with program rules that govern the DD Waiver program.

What is a Provider Certification Renewal?

- ▶ Formal review at least once every three years.
- ▶ Holds providers accountable to rules and requirements.
- ▶ Allows for follow-up of identified concerns.
- ▶ Assures participants that providers meet regulatory requirements.



So what is a provider certification renewal, and why does the Division spend so much time emphasizing its importance?

In the DD Waiver agreements approved by CMS, the Division provides several assurances related to providers of waiver services. These assurances are as follows:

- The state has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers;
- The state verifies that providers initially and continually meet required licensure and certification standards and adhere to other standards prior to delivering waiver services; and
- The state verifies that provider training is conducted in accordance with state requirements and the approved waiver.

One way that the Division is able to meet these assurances is through the provider certification renewal process. This formal review, which is conducted at least once every three years by members of the HCBS Section Provider Credentialing Team, holds providers accountable by requiring them to demonstrate that they continue to meet the standards established in Medicaid Rule and federal regulation. It also provides an opportunity for the Division to conduct additional formal follow-up activities on identified provider concerns related to incidents or complaints. Most importantly, it assures participants and other stakeholders that all certified providers continue to meet all regulatory requirements for furnishing waiver

services.

The provider certification renewal process, which is required by the HCBS Section as part of providing services, should not be confused with Medicaid provider re-enrollment, which is required of every Medicaid provider every five years.

Notification and Timelines



The Division and providers are required to meet specific notification and timeline requirements.

Chapter 45, Section 28 establishes specific notification and response timelines that the Division and providers must meet.

Notification

- ▶ Division must notify provider at least 90 calendar days prior to certification expiration.
- ▶ Notification will be emailed to the provider.
 - ▶ Providers must check email on a regular basis.
 - ▶ Providers must keep email address updated in IMPROV.

The Division is required to notify a provider that their certification is up for renewal at least 90 calendar days before their current certification expires. This notification, which is sent through email, will detail the requirements that the provider must meet in order to renew their certification. Providers should ensure that their email information within the Information Management for Providers (IMPROV) system is up-to-date. If a provider updates their email address, they must notify the Division by completing the Name and Address Change Form, which can be found on the [HCBS Document Library](#) page of the Division website, under the *DD Forms* tab.

If the email address on file is wrong, and the provider does not receive notification, the provider is still responsible for meeting all timelines established in rule.

Please remember that the Division's obligation begins and ends with the required notifications. It is up to the provider to follow the process and submit the required information to the Division.

Provider Timelines

- ▶ Provider must submit all renewal information within 45 calendar days of certification expiration.
- ▶ If information is not submitted within 20 calendar days of certification expiration, Division must initiate decertification process.

Providers are required to submit verification that they have met all applicable certification renewal requirements at least 45 calendar days before their current certification expires. If the provider fails to meet the 45 day deadline, the renewal is considered late and the Division will notify the provider, in writing, that their certification will end on the date of the certification expiration. If the provider does not submit the required documentation prior to 20 days of the current expiration date, the Division is required to begin the decertification process and the provider will be notified through certified mail that their certification has expired. If this occurs, the provider must work with each participant's plan of care team and case manager to ensure that participants can smoothly transition to other service providers as quickly as possible.

Don't Procrastinate!

- ▶ Engage in the process early.
- ▶ Don't get blindsided by last minute problems.
- ▶ Failure to meet timeline requirements is not subject to fair hearing.



Although the Division gives providers at least 90 days advance notice, providers often wait until the 11th hour to submit their certification renewal documentation.

Providers must not procrastinate. They should start the renewal process as soon as they receive the notification that their certification is going to expire in order to avoid last minute delays or problems that may arise.

For example, on July 3, 2021, ABC Provider received notice that their certification was going to expire on October 31, 2021. Since October 31 was still a few months away, ABC provider put the notification to the side of their desk, and it got buried under a pile of paperwork. When ABC Provider didn't submit their required documentation by September 16th, the Division sent ABC Provider notification that their certification was going to end. ABC Provider decided to start the process the following Monday. Then ABC Provider had a family emergency, and wasn't able to get the process started until two weeks later. ABC Provider collected all of the necessary documentation and planned to get everything uploaded into the Provider Portal the day before the 20 day deadline for decertification to be initiated. The day before ABC Provider's 20 day deadline, the Provider Portal had a critical error and was out of service for two days. ABC Provider missed their deadline and they were decertified. Participants who received services from ABC Provider had to transition to other services, and ABC Provider lost the income that supported their family. What a mess...a mess that could have been avoided if ABC Provider had simply started the renewal process when they received the notification.

It is important to note that decertification as a result of a provider's failure to meet the timeline requirements for certification renewal is not considered an adverse action, so the provider is not entitled to a fair hearing. Once the provider is decertified, they must start the process for becoming a certified provider all over, and are not eligible to provide services or receive payment in the interim.

Submitting Renewal Information



Providers are responsible for submitting required information in accordance with Division standards.

Providers are responsible for submitting required information in accordance with Division standards. So let's dive into what information is required and how the information should be submitted.

Division Provider Portal

- ▶ Renewal information must be submitted through the Division's Provider Portal.
- ▶ Provider is responsible for submitting required information and documentation.
- ▶ Guidance document is available.

Providers are required to submit information and upload documentation in the Division's Provider Portal. Provider Credentialing Specialists (PCS) will not accept email attachments or documents sent through the postal service. Chapter 45, Section 5 requires all providers to have internet access and the means to upload documentation into a Division designated portal, and providers will be expected to do so when submitting certification renewal information and documentation.

Section 28 specifically states that providers are responsible for submitting their own information and documentation. Providers cannot use outside entities, such as case managers or family members, to submit this information. Division staff members will not upload documents for providers. The certification renewal process includes attestations, which are legally binding and can only be submitted by the provider.

All providers are business entities...even the grandmother or neighbor who is providing a few services to help their family or friend. As businesses, all providers must be able to conduct the tasks necessary to be in business, and must meet all provider requirements outlined in Rule.

The Division has developed a Guidance document to help providers navigate the Provider Portal and provider certification process. It can be found on the [DD Providers and Case Managers](#) page of the Division website, under the *DD Case Manager and Provider Reference Materials* toggle.

Required Documentation



- ▶ Forms and checklists
- ▶ Policies and procedures
- ▶ Inspections
- ▶ Emergency plans

The Division has developed guidance that explains the various documents and information that will be required as part of the provider's certification renewal. The Certification Renewal Required Documents can be found on the [HCBS Document Library](#) page of the Division website, under the *DD References/Tools* toggle. Providers can use this guidance as they prepare to enter information and upload documents into the Provider Portal.

Providers should be prepared to submit administrative forms and checklists, including an acknowledgement of documentation standards, vehicle information, information on medication assistance, and information on staff members.

Providers are required to submit copies of their policies, including information on how the policies are shared with participants, legally authorized representatives, and staff members.

Providers that offer services in provider operated settings are required to conduct at least one self-inspection each year. They should be prepared to provide evidence of that self-inspection for each year since their last certification period, including evidence that deficiencies were addressed. If the provider delivers services in a provider owned or operated setting, they must submit evidence that an inspection by an outside entity was performed within the last two years.

Providers are required to have plans for identified emergencies. These plans, including

demonstration that the plans are reviewed with participants and staff on routine shifts, and demonstration that concerns were identified and addressed, will be required as part of the certification renewal.

All documentation must be legible, and must be submitted in a way that is easy to read and review. This includes assuring that all items are oriented top to bottom. If policies are contained within a larger policy manual, providers must submit only the pages that contain the requested policies. Entire manuals should not be submitted.

It is the responsibility of the provider to review all documentation after it is uploaded and before it is submitted. If submitted documentation does not meet these minimum standards, the Division will consider the documentation unacceptable and the provider will be required to resubmit within the required timeframes.

Site Inspections

- ▶ Required for provider owned or operated settings.
 - ▶ May be conducted virtually or on-site.
- ▶ Expected activities include:
 - ▶ Entrance and exit meetings;
 - ▶ Staff and participant file reviews;
 - ▶ Building and vehicle safety inspections; and
 - ▶ Interviews with staff members and participants.

Site inspections may be required if the provider is delivering services in a setting that is owned or operated by the provider. Provider owned and operated settings are not considered bad or undesirable...these settings just need to adhere to some additional standards, some of which will be reviewed or observed during a site inspection.

Provider owned and operated settings can take many forms. Settings that are owned or co-owned by the provider are pretty easily identified. However, there are other situations that are a little more difficult to classify. For example, if a participant has a roommate who is paid to provide waiver services to them, this would be a provider operated setting, even if the property is leased or owned by the participant. If the property in which services are being provided is owned by a person who has a direct or indirect financial relationship with the provider, the property would also be considered provider operated.

Site inspections can be conducted virtually or on-site, at the discretion of the Division. If a site inspection is required, the provider can expect, at a minimum, the following activities to occur:

- An entrance meeting, to which the provider may invite staff members, board members, or other stakeholders at their discretion.
- A quality check on Provider Staff File Checklists that were submitted by the provider, as well as a review of randomly selected staff files.
- A review of participant files, if this hasn't already been conducted as a desk review.
- If the provider provides transportation as part of their services, a safety inspection of at

- least one provider owned vehicle, or at least one staff member's vehicle, if staff members use personal vehicles.
- A safety inspection of selected settings.
- Interviews with staff members and, if they are willing, participants.
- An exit meeting, during which the Division will outline a summary of the findings, including issues of concern, a tentative list of recommendations, and areas in which the provider excelled.

Written Report and Potential Outcomes



The Division will generate a written report that informs the provider of the certification outcome.

Once the provider completes the certification renewal process, the Division will review all information, including that obtained during a site visit, and generate a written report. The report will list the areas in which the provider was in compliance with Medicaid Rules and Division standards, will identify deficiencies that were found, and will inform the provider of the certification outcome and new certification expiration date.

Potential Outcomes



- ▶ Up to three years
- ▶ Up to three years with corrective action
- ▶ Denial of certification

The Division will issue a certification outcome and new certification date. This outcome is based on the information submitted by the provider, and any deficiencies or concerns found related to health and safety, participant rights, and policies. The provider's recent history of incidents and complaints, as well as historical non-compliance with rules and standards, is also considered. This information is weighted and results in a score that ultimately determines a certification outcome of up to three years.

If the Division identifies areas of deficiency and non-compliance with Rules, then the Division may issue corrective action and require the provider to submit and implement an approved corrective action plan through the Provider Portal. In these situations, the Division will work closely with the provider to ensure that progress is being made toward remediating identified concerns.

Unfortunately, there are situations in which a provider is grossly out of compliance with Rule, and there are serious questions as to the health, welfare, or safety of the participants being served. In these situations, the Division may deny the provider's certification.

Technical Assistance and Corrective Action

16

- ▶ Identified deficiencies must be addressed within 30 calendar days.
- ▶ Technical assistance may be offered.
- ▶ Corrective action will be imposed as a result of deficiencies or chronic non-compliance.
- ▶ Failure to address deficiencies will result in adverse action.

The written report issued by the Division will include areas of deficiencies. The provider must address these deficiencies within 30 calendar days of receiving the report. The Division will offer technical assistance to bring the provider into compliance, when possible. However, if the provider fails to address the deficiencies, or if the identified concerns are chronic or relate to a participant's health, safety, or rights, corrective action may be imposed. If this occurs, the provider will be required to submit and implement an approved corrective action plan through the Provider Portal. More information on corrective action plans can be found in Provider Training Series Module #9, which can be found on the [Training](#) page of the Division website, under the *DD Initial Provider Trainings* toggle.

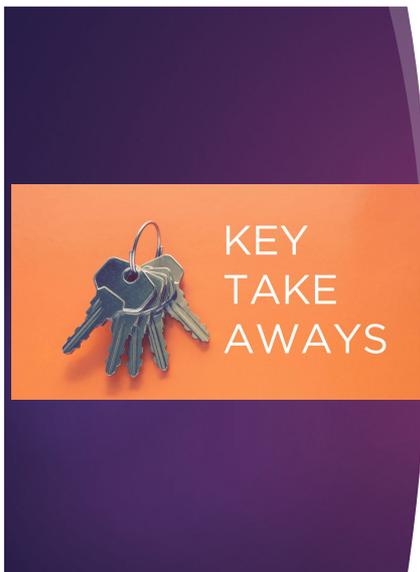
Failure to address deficiencies or implement a corrective action plan will result in adverse action against the provider.

Fair Hearings

A provider may dispute an adverse action related to the renewal of a provider's certification in accordance with Chapter 4 of the Department of Health's Medicaid Rules.



As established in Section 28, a provider may dispute an adverse action related to their certification renewal in accordance with Chapter 4 of the Department of Health's Medicaid Rules. As a reminder, decertification as a result of a provider's failure to follow or complete the certification process within the established timelines is not an adverse action, and is not eligible for fair hearing.



1. Notifications of certification renewals are sent via email. Check your email regularly and ensure your email address is listed correctly in IMPROV.
2. Upload the necessary documentation in the Provider Portal, and ensure the information is legible and accurate.
3. Do not procrastinate! Failure to engage in the process or meet established timelines will result in the provider's decertification.

As we end this training, we'd like to review some of the key takeaways:

1. The Division notifies providers that their certification is up for renewal through email. Providers are responsible for checking their email on a regular basis, and for ensuring that their email is listed correctly in IMPROV. If a provider updates their email address, they must notify the Division immediately.
2. Providers must ensure that the documentation they upload into the Provider Portal is legible and accurate. Providers must review all documentation after it is uploaded and before it is submitted. If submitted documentation does not meet the minimum standards, the Division will consider the documentation unacceptable and the provider will be required to resubmit within the required timeframes.
3. Do not procrastinate! If a provider fails to engage in the process, or doesn't meet the established timelines, the provider will be decertified.

Questions???

Contact the Provider Credentialing Team

wdh-hcbs-credentialing@wyo.gov

Thank you for participating in today's training. If you have questions related to the information in this training, please contact the Provider Credentialing Team at the email address listed on the slide.

Don't read this section as part of the live presentation

Please be sure to complete a summary of this training so that you can demonstrate that you received training on provider certification renewals.