

AGENDA

- **Program Updates**
 - Respite Billing Reminder
 - Background Screenings
 - Appropriate Staff and Support Levels
 - Provider Obligations when Hiring Staff Members
 - Comprehensive and Supports Waiver Public Comment Period
- **Monthly Training Session** - Provider Training Series Module #14 - Sections 17 and 18, Positive Behavior Support and Restraint Standards - [Slide deck](#)

TOPICS

Respite Billing Reminder

Electronic visit verification (EVV) has been required for providers of identified services since April 1, 2022. During the testing phase of the EVV system, the Home and Community-Based Services (HCBS) Section and Carebridge identified provider billing practices that were not in compliance with the Comprehensive and Supports Waiver agreements or Comprehensive and Supports Waiver Service Index (Service Index). Specifically, providers have been submitting claims for the daily Respite unit when less than nine hours of service is provided during a calendar day, which is defined as the 24-hour period from midnight to midnight. In following up with these providers, the Division is being told that participants do not have Respite 15 minute units available on their individualized plans of care (IPC).

As a reminder, the Respite daily rate is based on nine hours of services. If a participant receives less than nine hours of respite services in a calendar day, the provider must bill using 15 minute units. If the participant receives nine or more hours of respite in a calendar day, the provider must bill the daily rate.

If you have participants with daily Respite units on their IPC, please work with the participant and their plan of care team to ensure that they have enough 15 minute units to cover days in which they do not receive nine hours of service.

Background Screenings

Please note that if you have individuals on staff that cannot pass a background screening, those individuals may not provide waiver services to participants. If you are notified by the Department of Health or by another party that a staff member has or may have a barrier crime or is on the Central Registry, please take immediate action to ensure participants are not served by the individual until you receive official notification that the individual has passed a background screening. If HCBS staff members receive notice that an individual may not pass a background screening, HCBS staff may request that the individual undergo a new background screening. Expenses related to the background screening will be paid by the HCBS Section.

Appropriate Staff and Support Levels

When a provider agrees to deliver services for a participant, they are agreeing to meet the participant's support and supervision needs identified in the participant's IPC. If a provider experiences a change in their situation, such as budgetary concerns or difficulty in hiring staff members, the provider must

evaluate if they can still serve the participant as required in their IPC and in accordance with the Service Index. If they are not able to serve the participant, they must work with the participant and the participant's plan of care team to troubleshoot possible solutions. Ultimately, if the provider cannot meet the participant's needs, they must provide at least 30 days notice that they will be unable to continue to provide services, and work with the plan of care team as the participant transitions to another provider.

Provider Obligations when Hiring Staff Members

In accordance with Chapter 45, Section 30(d), a provider who has had their certification revoked due to a sanction shall not provide waiver services. The HCBS Section has seen an increase in decertified providers attempting to be employed by other provider organizations, or to become self-directed employees. Providers are obligated to ask any individual they intend to hire if they have been decertified and, if so, not to employ that individual.

Comprehensive and Supports Waiver Public Comment Period

On April 13, 2022 the HCBS Section published draft amendments to the Comprehensive and Supports Waivers for public comment. The proposed amendments reflect an increase in specific service reimbursement rates for agency providers as identified in Senate Enrolled Act 12, which was adopted during the 2022 Wyoming State Legislative Session. The proposed amendments also add an individual and agency provider type definition for any affected services, and establish virtual support service delivery options for identified services. The amendments have a proposed effective date of September 1, 2022.

Written comments will be accepted through May 13, 2022. The complete draft waiver application, as well as a detailed summary of the proposed changes, are posted on the [Public Notices, Regulatory Documents, and Reports](#) page of the HCBS Section website during the 30 day public comment period.

WRAP UP

Next call is scheduled for June 27, 2022