

Provider Calls / Program Training 2023

Aging Division Community Living Section



2300 Capitol Avenue, 4th Floor Cheyenne, WY 82002

Main Office: (307) 777-7995

Toll Free: (800) 442-2766

Fax: (307) 777-5340

Website: health.wyo.gov/aging

Social Media: facebook.com/agingdivision



Objectives

- Monthly Invoices & Reporting for FFY2024
 - Updates to accounting practices for in-kind
 - Updates to the invoice template
 - Year end reporting for FFY2023
- New VISTA Member
- WellSky Aging and Disability (A&D) updates:
 - A&D Caregiver Demographic Reports
 - Data Review FFY 2023
 - Title Change in A&D for GRG
- WSSB Updates:
 - Quarterly Documentation
 - Match Attestations
- Quality Assurance updates
 - o Affirmation of Audit
 - SAM.gov Registration

- Review and updates for III B/III D/ARPA
 - Fiscal Year End
 - A&D Data entry
 - FY24 IIID Programs
 - FY24 IIID Funding Agreements
- Review and updates for III C1/C2/ARPA
 - End of year invoices & NSIP
 - Tools to reduce invoice revisions for 2024
 - A&D Data entry & RD evaluation of breakfast meals
- Review and updates for III E/WyHS/ARPA
 - Clarifications of the IIIE and WyHS policy
 - Caregiver and WyHS Waiting List



Notes from Jeff

Monthly Invoices & Reporting for FFY2024

• In-Kind - New GAAP Requirement for Not-for-Profit Entities

- GAAP requires the organization to report the donated items or services meeting the criteria for in-kind donations as revenue in the operating section of the organization's "statement of activities" on the date the contribution is made known to the organization, regardless of the date on which the item or service is received.
- The donated nonfinancial assets must be reported at fair market value, defined as "the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date."
- As well, GAAP requires an offsetting expense in the proper natural expense category on the organization's "statement of functional expenses," also reported at the determined fair market value.



Notes from Jeff

Updates to the Invoice Template

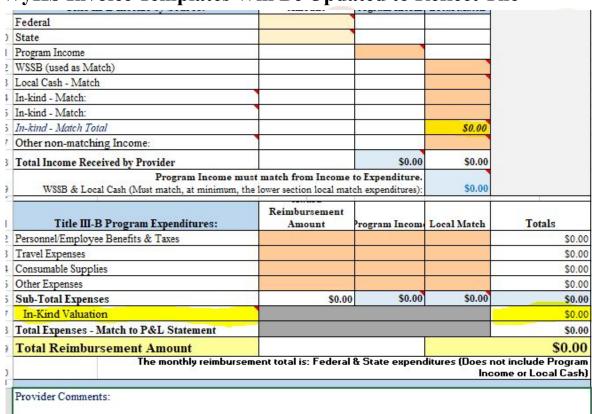
• The FFY2024 (Title III) & WyHS Invoice Templates Will Be Updated to Reflect The

Updates and Reminders

 In the upper section of the invoice be sure to add the type of in-kind behind the colon. i.e.(Volunteer hours, rent, utilities, goods).

Changes With In-Kind.

 In-kind amount from the upper section will automatically copy to the lower portion of document, but will not affect the reimbursement amount.





Notes from Jeff

Year-end Reporting for FFY2023

Year-end Reporting Reminders:

- A&D data, September Invoice, 4th Quarter P&L, & YTD P&L due by 10/15/23.
 - 4th quarter fiscal report Completed by CLS program manager, but will require subrecipient signature.

Important to CLS because:

- HealthStat reporting This report goes to the State Legislature and illustrates the program expenses and the number of individual in Wyoming served. (Due for CLS on Dec 8th)
- OAAPS Report This report goes to the Administration for Community Living (ACL) and is compiled and compared to other states and ultimately reported to Congress.
 (Due for CLS on Jan 31st)



AmeriCorps VISTA Member

Introduction

General outreach goals

- Increase capacity for the Aging Division to provide outreach
- Ensure efforts have measurable impact
- Promote inclusion of disparate populations as identified by the OAA

Outreach events for providers

Joy for All games

Contact information

- anna.bedal@wyo.gov
- **–** (307) 777**-**5260



Title III-B Support Services Program



Lisa Engstrom
Program Manager
(307) 321-9842

<u>lisa.engstrom@wyo.gov</u>

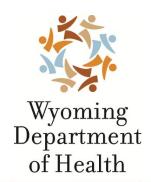


- 4th Quarter and Year End Financial Reports Due
- In addition to the monthly P&L you have been submitting each month, please provide a Quarterly and Year-to-Date P&L with your September Invoice.



A&D Updates

- Missing Data
 - Emails have been sent out
 - Please update By Oct 15th
- Services & Sub-Services
 - Sub-services in A&D Optional



Title III-D



Lisa Engstrom
Program Manager
(307) 321-9842
<u>lisa.engstrom@wyo.gov</u>



FFY24 IIID Programs

- Current Programs
 - Current programs available are Tai Chi and Bingocize
 - Jeff Grant still has approximately 15 Bingocize licenses available
- New Programs
 - You can choose to offer additional or different programs this year
 - You can go to https://www.ncoa.org/evidence-based-programs
 to see the list of all approved Evidence Based Programs
 offered



Choosing a new program—What does this look like?

- If you decided to implement a new program, you will be responsible for purchasing the license. You will figure this expense into your proposed budget.
- You will be responsible for following the fidelity of the program and keeping track of necessary documents at your location.
 - Pre & Post surveys
 - Waivers if necessary
 - > TUG Tests
 - > Attendance
 - and whatever else might be required by the program
- Scott could ask to see all IIID files when he does your site review.
- You could be asked to help other entities get certified instructors if you carry the license



FFY24 Title IIID Funding Agreement

- Agreement must be completed and approved before any expenses are incurred and/or before any classes take place
- Cover page
 - Provider Name and Program Name

FFV2024 Title III_D Preventati	ive Health Program Grant Application
TI 12024 Thic III-D I Icventus	re Heath Frogram Orant Application
Provider Organization Name:	
Program Name:	



- Application
 - ➤ Page 1–Tell us the story of your program and provide justification for use of the funds

Please provide an explanation of the III-D Evidence Program to be offered. Describe the program elements and requirements in detail to include number of sessions/classes along with number of required instructors. Refer to the Title IIID Policy document for program fidelity

Sufficient justification for use of the funds is required for the agreement to be approved. Please include all direct costs you expect to have during the year for your program. Also include how many sessions you intend to offer in FY24. Any non-approved items described in this justification will need to be amended prior to CLS approval and reimbursement.



PERSONNEL EXPENSES

Application Page 2

- Provide detailed budget of expenses for the program you will be offering
- Don't forget to complete the bottom of the application along with your signature and date

Job Position/Title	\$		
	\$		
	\$		
	\$		
	\$		
Total Personnel Expenses	\$		
TRAVEL & TRAINING EXPENSES	FEDERAL FUNDS		
	\$		
	\$		
	\$		
	\$		
Total Travel & Training Expenses	\$		
PROGRAM LICENSE FEES	FEDERAL FUNDS		
\$1675,000 VI 100,000 - 304 000 V 300 VI	\$		
	\$		
Total Program License Fees	\$		
MATERIAL & SUPPLIES EXPENSES	FEDERAL FUNDS		
	\$		
	\$		
	\$.		
	\$.		
Total Material & Supplies Expenses	\$		
OTHER EXPENSES	FEDERAL FUNDS		
	\$		
	\$		
	\$		
	\$		

Please provide a detailed budget of the expenses your program will have in FY24

Organization Name	
Address	
Organization Director Name	
Phone Number	
Email	
Total Funding Requested	
Organization Director Signature & Date	

FEDERAL FUNDS



♦ Invoice

- The new invoice is similar to the other Title III invoices.
- You can submit monthly invoices now instead of waiting until sessions are finished
- P&L's must be submitted with invoice
- No Indirect charges are allowed in IIID
- No local match requirement for IIID

Title	III-D Preventative	Health FFY	2024	
Legal Name:			Month:	Year:
Program Name:	Received in Previous Month DO NOT try to match previous month reimbursement to current month expenditure	Current	t Month Income	
Title III-D Income by Source:	Federal	Program Income	Other	
Federal III-D Fund				
Program Income				
Other Fund (related to III-D activities)				
Other Fund (related to III-D activities)		, ,		
Total Income Received by Provider	\$0.00	\$0.00	\$0.0	0
	n Income must match from Inc other program income (relatin		\$0.0	0
Title III-D Program Expenditures:	Federal	Program	Other	Totals
	Indirect Charges are a		II-D****	100
Personnel/Employee Benefits & Taxes				\$0.00
Travel & Training				\$0.00
Program License Fees				\$0.00
Material & Supplies				\$0.00
Other Expenses				\$0.00
Total Expenses	\$0.00	\$0.00	\$0.0	0 \$0.00
Total Reimbursement Amount				\$0.00



Title III-C



Lori Ruess Program Manager (307) 777-5048 Ioralee.ruess@wyo.gov



End of Year Invoices & NSIP

Final NSIP must be expended on SEP invoices.

- ★ I've been in touch with those who had larger balances to expend and AUG has been successful in getting those funds on the invoices thank you!
- ★ Last payment for FFY23 was made in Sept, if you do not know your C1 and C2 amounts: Please go to WyOpen.gov or I can let you know if you reachout to me.



Revisions to Invoices

In the past year there has been more to track with the budget categories being an essential part to ensuring your grant funds. It's been a learning year for all of us. This was the primary reason for why many invoices required revisions. Revisions take up valuable time.

- ★ We will never be perfect, however let's work on reducing the number of revisions
- ★ You are responsible, we can assist. Please use your own tracking tools or the tool we have provided. Provider Budget Tracking Worksheet is available on our website: Here



A&D Data Entry: Please remember to enter the Test Meal in C2. The expectation and policy is in place to ensure safe temperatures (hot & cold) are being met for home delivered meals. One test meal is entered as an aggregate into the system monthly.

RD Evaluation of Breakfast Meals: If you are providing an <u>occasional</u> breakfast meal in addition to lunch, please ensure you have an approval form to show the RD qualifies the breakfast meal as meeting one-third recommended daily intake as an OAA meal.

This can be done on a separate form and have the menus attached highlighting the breakfasts for the month.

If you consistently provide 2 meals per day the form must be completed for the 2 meal per day column.





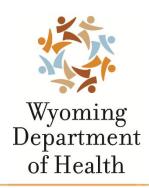
Title III-E & WyHS

Edwina Huebner
Program Manager
(307) 777-2964
edwina.huebner1@wyo.gov



- □ Caregiver and WyHS: Nursing assessment form (required with Personal Care)—you may use our form or you may use a nursing assessment form of your choice.
- Caregiver and WyHS: CNAs—if you have questions regarding CNAs scope of practice, please review scope of practice found at: https://wyoleg.gov/ARULES/2009/AR09-035NURSING.pdf.

This document is searchable, CNA information starts at page 28, Chapter 7. If you have any questions regarding nursing rules, regulations or licensure shall be directed to the Board of Nursing.



- ☐ Caregiver, ORC: you may have the care receiver/loved one sign for the service (ex: respite) rather than have the Caregiver sign for this/track them down for the signature. It was brought to our attention that a lot of time was spent in hours and travel trying to obtain these signatures. Hopefully this will alleviate this issue.
- Caregiver and WyHS: ACC's that are certified/trained by CLS will be able to take that certification with them to one of our existing providers if they were to move. If the ACC leaves their position from one of our providers and is not going to another provider, then the process would be the same, notify the Program Manager and return their card.
- □ Caregiver and WyHS: Waitlist reports are due the 5th of each month. Please ensure that all fields are completed prior to submission. Also if you have no one on the waiting list, a report is to be submitted. Waitlist reports are for the prior month, submitting a report in October is for September.



- □ Caregiver and WyHS: If you have a participant that has a Change of Service (COS) (ex: admit/discharge from the hospital) then no new AGNES should be required. The current AGNES would be in effect, changes in service plans/ADL or IADLs could be made at the quarterly.
- This change does not change the way that information is entered into A&D, just the process of completing a new AGNES at each COS.



Reminders from QA reviews

<u>Competency forms</u>: If your organization provides homemaking services, the ACC will evaluate Homemakers at least every 180 days, by completing a competency form. The RN will evaluate the CNA competency.

Service Plans: Ensure that the Service Plan is completed, check sub-service, enter days per week service will be provided and hours per day that service will be provided.

Personal Emergency Response System (PERS): The ACC must verify the PERS unit has been tested monthly and the file must reflect this testing. Policy notes the ways testing can be completed.



Reminders from QA reviews

Nursing Assessment: Required if providing personal care.

Nursing Delegation: Required if providing personal care.

<u>Task Sheets</u>: Must be completed, mark off services that were completed on the front page.

Shopping: Shopping documentation/forms for receipt of currency given to the homemaker for shopping purposes should be stapled to the task sheet.





WellSky Aging & Disability (A&D)



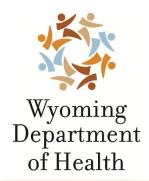
Maraia Rubin Program Manager (307) 777-7988 maraia.rubin@wyo.gov



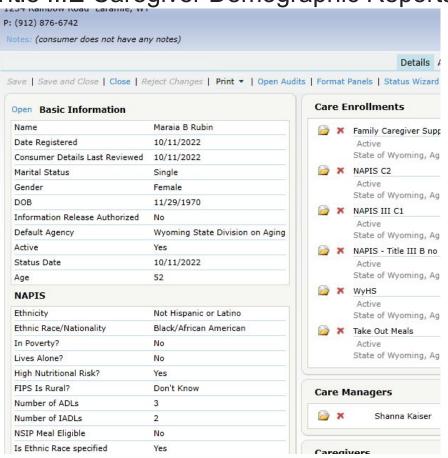
Title IIIE Caregiver Demographic Reports

Please enter the following information to each caregiver's detail page in Wellsky:

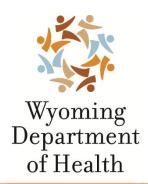
- Caregiver Name and Age
- Relationship of Caregiver to Care Receiver
- Care Recipient
- Age of Care Recipient
- Gender of Caregiver
- Poverty Status of Caregiver
- Ethnicity of Caregiver
- Race of Caregiver
- Minority Status of Caregiver



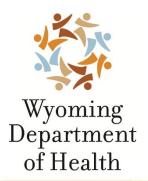
Title IIIE Caregiver Demographic Reports

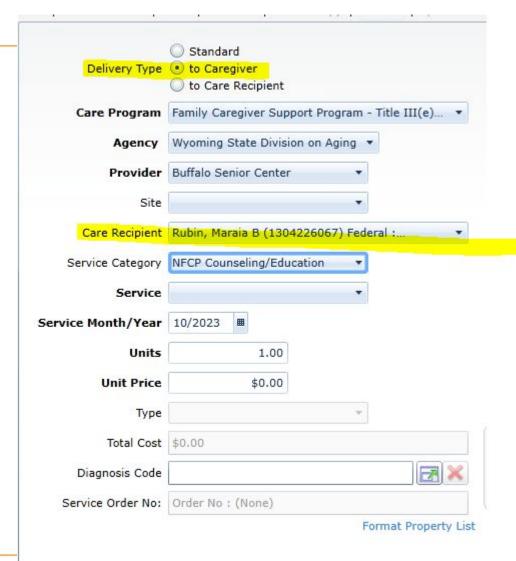






Format Panels Status Wizard N	Merge Copy Client ID Add New ▼		
Care Recipients		A	Add New Open Delete Open Care Recipient 🧾 👍
Rubin, Maraia B (1: (912) 876-6742	304226067)		Wyoming State Division on Aging
2/1/2023 - (Unspe	cified) [Federal]		Daughter/Daughter-In-Law
	Care Recipient - Rubin, Maraia B X		
	OK Cancel Reject Changes Open Audits	Open Care Recipient	
	Care Recipient	Rubin, Maraia B	
	Care Recipient Client ID	1304226067	
	Care Recipient Agency	Wyoming State Division on Aging	
	Caregiver Relationship to Care Recipient	Daughter/Daughter-In-Law ▼	
	Start Date	2/1/2023	
	End Date	Enter date	
	Primary?		
	Family Caregiver Program Type	Federal ▼	
		⊙ No	
	At Risk for Abuse or Neglect	○ Yes ○ Don't Know	
Community Living S	Sec	O Doll t Know	30







Data Review- prepping for our OAAPS submission

- program managers have been reaching out to A&D users on missing data
- please have your data fixed by October 15th, 2023

clinics only entered in oct and nov outreaches missing in oct and april public info article and social media missing oct Signed up for but not entered data for: health educations, chores, counselings, crisis interventions



Please make sure that your aggregate data is also entered!

Aggregate Counts for all Care Programs FFY2023

NAPIS Title IIIB-no care plan required-

Service Category: Support Services

Service: Public Information

Subservice: Social Media and Article

<u>Units:</u> 1 Unit per social media post or type of newsletter and enter number of

consumers/viewers

NAPIS IIIC1-

Service Category: Nutrition Education

Service: Nutrition Education

Unit: 1 unit per session/handout (packet) provided and enter the number of consumers

that attended the session or received the handout

required to be entered quarterly

Service Category: Congregate Meals

Service: No AGNES C1 Meal

<u>Units:</u> 1 unit and enter the total number of meals served to No AGNES participants in the "Consumers Served" field

NAPIS IIIC2-

Service Category: Nutrition Education

Service: Nutrition Education

Unit: 1 unit per session/handout (packet) provided and enter the number of consumers

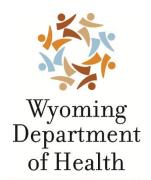
that attended the session or received the handout

required to be entered quarterly

Service Category: Home Delivered Meals

Service: C2 Test Meal

<u>Unit:</u> 1 unit and enter the number of Test Meals within the "Consumers Served" field *required to be entered monthly*



Please make sure that your aggregate data is also entered! Title IIIE-

Service: NFCP Information

Subservices: Group Education NFCP, Health Fairs NFCP, Newsletters NFCP, Public

Education to Families NFCP.

Units: 1 unit per subservice event/newsletter and Enter Number of Consumers/Viewers

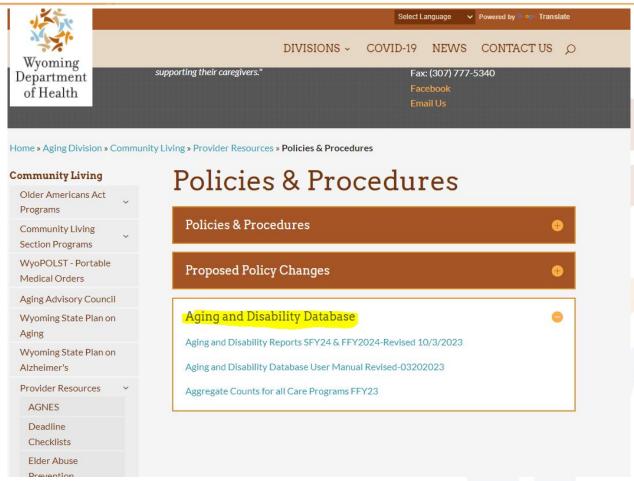
Service: NFCP Assistance

Subservice: Information on Services to the Caregiver NFCP

<u>Unit:</u> For registered participants (caregivers that have already filled out an AGNES and are registered for NFCP) - each caregiver that is provided this service is counted as 1 consumer and the units is the number of times that the caregiver called in/ assistance was provided to the caregiver

For unregistered participants (participant's that have not yet filled out an AGNES and are not yet registered with the NFCP)- each time the caregiver calls in/ receives assistance is counted as 1 unit and 1 consumer (1:1 ratio)





- NewReportsList
- A&D UserManual
- AggregateCountsCheatSheet



- GRG changed to ORC in the database
- I will be sending out meeting invites for data corrections
- Feel free to contact me if you or your A&D user would like to meet and correct final data together!
- My contact information is
- Maraia Rubin- 307-777-7988 (maraia.rubin@wyo.gov)



WSSB



Scott Hood Quality Assurance Specialist (307) 777-6102 gary.hood@wyo.gov



WSSB

Don't forget it's quarterly time for WSSB

The Attestations will be sent out in October for you to review. If you have any issue with what we have please let me know so we can adjust where needed.

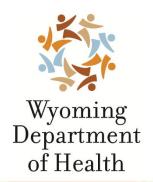
If you are good please sign and return to me



Quality Assurance



Scott Hood Quality Assurance Specialist (307) 777-6102 gary.hood@wyo.gov



QA-Update

- -Affirmation of Audit will be sent out October or November-ish, please complete and return once complete
- -SAM.gov-remember when you get the email about registering for SAM.gov, if you do not renew your payments will be held until you register again.



Contact Us

health.wyo.gov/aging/communityl iving/providerresources/trainings/ **Wyoming Department of Health Aging Division Community Living Section Hathaway Building** 2300 Capitol Avenue, 4th Floor Cheyenne, WY 82002 Main Office: (307) 777-7995

Toll Free: (800) 442-2766

Fax: (307) 777-5340

Website: health.wyo.gov/aging

Social Media: facebook.com/agingdivision