



Wyoming
Department
of Health

Provider Calls / Program Training 2023

Aging Division Community Living Section



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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
 - 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 Changes With In-Kind.

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

Federal				
State				
Program Income				
WSSB (used as Match)				
Local Cash - Match				
In-kind - Match:				
In-kind - Match:				
<i>In-kind - Match Total</i>				\$0.00
Other non-matching Income:				
Total Income Received by Provider		\$0.00	\$0.00	
Program Income must match from Income to Expenditure.				
WSSB & Local Cash (Must match, at minimum, the lower section local match expenditures):				\$0.00
Title III-B Program Expenditures:	Reimbursement Amount	Program Income	Local Match	Totals
Personnel/Employee Benefits & Taxes				\$0.00
Travel Expenses				\$0.00
Consumable Supplies				\$0.00
Other Expenses				\$0.00
Sub-Total Expenses	\$0.00	\$0.00	\$0.00	\$0.00
In-Kind Valuation				\$0.00
Total Expenses - Match to P&L Statement				\$0.00
Total Reimbursement Amount				\$0.00
The monthly reimbursement total is: Federal & State expenditures (Does not include Program Income or Local Cash)				
Provider Comments:				



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)



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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



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Title III-B Support Services Program



Lisa Engstrom
Program Manager
(307) 321-9842

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Title III-B Program

- **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.**



Title III-B Program

A&D Updates

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



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Title III-D



Lisa Engstrom
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Title III-D Program Update

FFY24 IID 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



Title III-D Program Update

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 IID files when he does your site review.
- ❖ You could be asked to help other entities get certified instructors if you carry the license

Title III-D Program Update

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

FFY2024 Title III-D Preventative Health Program Grant Application	
Provider Organization Name:	
Program Name:	



Title III-D Program Update

- ❖ **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 III-D 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.



Title III-D Program Update

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

<i>Organization Name</i>	
<i>Address</i>	
<i>Organization Director Name</i>	
<i>Phone Number</i>	
<i>Email</i>	
<i>Total Funding Requested</i>	
<i>Organization Director Signature & Date</i>	

Please provide a detailed budget of the expenses your program will have in FY24	
PERSONNEL EXPENSES	FEDERAL FUNDS
<i>Job Position/Title</i>	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<i>Total Personnel Expenses</i>	\$ -
TRAVEL & TRAINING EXPENSES	FEDERAL FUNDS
	\$ -
	\$ -
	\$ -
	\$ -
<i>Total Travel & Training Expenses</i>	\$ -
PROGRAM LICENSE FEES	FEDERAL FUNDS
	\$ -
	\$ -
<i>Total Program License Fees</i>	\$ -
MATERIAL & SUPPLIES EXPENSES	FEDERAL FUNDS
	\$ -
	\$ -
	\$ -
	\$ -
<i>Total Material & Supplies Expenses</i>	\$ -
OTHER EXPENSES	FEDERAL FUNDS
	\$ -
	\$ -
	\$ -
	\$ -



Title IID Program Update

❖ 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 IID
- No local match requirement for IID

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 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	\$0.00	
III-D Program Income must match from Income to Expenditure.				
Total of other program income (relating to III-D activities):			\$0.00	
Title III-D Program Expenditures:	Federal	Program	Other	Totals
****No Indirect Charges are allowed on Title III-D****				
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	\$0.00	\$0.00
Total Reimbursement Amount				\$0.00



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Title III-C Program

Title III-C



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Title III-C Program

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.



Title III-C Program

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](#)



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Title III-C Program

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 occasional 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.



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Title III-E & WyHS

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Title III-E & WyHS Program Updates

- ❑ 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.

Title III-E & WyHS Program Updates

- ❑ 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.



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Title III-E & WyHS Program Updates

- ❑ 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.



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Title III-E & WyHS Program Updates

Reminders from QA reviews

Competency forms: 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.



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Title III-E & WyHS Program Updates

Reminders from QA reviews

Nursing Assessment: Required if providing personal care.

Nursing Delegation: Required if providing personal care.

Task Sheets: 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
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WellSky Aging & Disability

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



WellSky Aging & Disability

Title IIIE Caregiver Demographic Reports

1234 Rainbow Road - Laramie, WY
P: (912) 876-6742
Notes: (consumer does not have any notes)

Details /

Save | Save and Close | Close | Reject Changes | Print ▾ | Open Audits | Format Panels | Status Wizard

Open Basic Information	
Name	Maraia B Rubin
Date Registered	10/11/2022
Consumer Details Last Reviewed	10/11/2022
Marital Status	Single
Gender	Female
DOB	11/29/1970
Information Release Authorized	No
Default Agency	Wyoming State Division on Aging
Active	Yes
Status Date	10/11/2022
Age	52

NAPIS	
Ethnicity	Not Hispanic or Latino
Ethnic Race/Nationality	Black/African American
In Poverty?	No
Lives Alone?	No
High Nutritional Risk?	Yes
FIPS Is Rural?	Don't Know
Number of ADLs	3
Number of IADLs	2
NSIP Meal Eligible	No
Is Ethnic Race specified	Yes

Care Enrollments	
Family Caregiver Supp	Active State of Wyoming, Ag
NAPIS C2	Active State of Wyoming, Ag
NAPIS III C1	Active State of Wyoming, Ag
NAPIS - Title III B no	Active State of Wyoming, Ag
WyHS	Active State of Wyoming, Ag
Take Out Meals	Active State of Wyoming, Ag

Care Managers	
Shanna Kaiser	

Caregivers

Locations

- Mailing: 123 ABC Street Cheyenne, WY 82009
Laramie County
- Residence: 123 ABC Street Cheyenne, WY
Laramie County



WellSky Aging & Disability

Details | Activities & Referrals | Assessments | Billing | Care Plans | Journals | Routes | Service Deliveries | Service Orders

Format Panels | Status Wizard | Merge | Copy Client ID | Add New

Care Recipients

Add New | Open | Delete | Open Care Recipient

Rubin, Maraia B (1304226067)
(912) 876-6742
2/1/2023 - (Unspecified) [Federal]

Wyoming State Division on Aging

Daughter/Daughter-In-Law

Care Recipient - Rubin, Maraia B

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



WellSky Aging & Disability

Standard
Delivery Type to Caregiver
 to Care Recipient

Care Program Family Caregiver Support Program - Title III(e)... ▾

Agency Wyoming State Division on Aging ▾

Provider Buffalo Senior Center ▾

Site ▾

Care Recipient Rubin, Maraia B (1304226067) Federal :... ▾

Service Category NFCP Counseling/Education ▾

Service ▾

Service Month/Year 10/2023 📅

Units 1.00

Unit Price \$0.00

Type ▾

Total Cost \$0.00

Diagnosis Code 📄 ✖

Service Order No: Order No : (None)

[Format Property List](#)

WellSky Aging & Disability

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



WellSky Aging & Disability

**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

Units: 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

Units: 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

Unit: 1 unit and enter the number of Test Meals within the "Consumers Served" field

required to be entered monthly



WellSky Aging & Disability

**Please
make sure
that your
aggregate
data is also
entered!**

Title III E-

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

Unit: 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)



WellSky Aging & Disability

Select Language ▼ Powered by Translate

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Community Living

- Older Americans Act Programs ▼
- Community Living Section Programs ▼
- WyoPOLST - Portable Medical Orders
- Aging Advisory Council
- Wyoming State Plan on Aging
- Wyoming State Plan on Alzheimer's
- Provider Resources ▼
 - AGNES
 - Deadline Checklists
 - Elder Abuse Prevention

Policies & Procedures

- Policies & Procedures +
- Proposed Policy Changes +
- Aging and Disability Database** -
 - [Aging and Disability Reports SFY24 & FFY2024-Revised 10/3/2023](#)
 - [Aging and Disability Database User Manual Revised-03202023](#)
 - [Aggregate Counts for all Care Programs FFY23](#)

- New Reports List
- A&D User Manual
- Aggregate Counts Cheat Sheet



WellSky Aging & Disability

- 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)



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WSSB

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Quality Assurance Specialist
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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



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Quality Assurance



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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.



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Contact Us

health.wyo.gov/aging/communityliving/providerresources/trainings/

**Wyoming Department of Health
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