



AGENDA

Program Updates

- Calculating Budgets with Agency Rates
- HCBS Section Communication Strategy
- Developmental Disabilities Advisory Council
- Inspections and Selecting Service Locations During Certification Renewals
- Purpose of Plan for Provider Incapacity
- Wyoming Health Provider (WHP) Portal Naming Convention

Training - Reminders and Updates

TOPICS

Calculating Budgets with Agency Rates

When the Home and Community-Based Services (HCBS) Section implemented agency rates for many of the Comprehensive and Supports Waiver (DD Waiver) services in October 2023, we received several questions about how these rates would affect participant individual budget amounts (IBAs). As a reminder, each participant's IBA continues to be based on the rates for independent providers. When a participant, case manager, and plan of care team is determining services for the plan year, they should use the independent provider rates to determine how the participant's budget will be expended.

Consider the budgeting process as completely separate from provider payments. For the purpose of budgeting, plan of care teams should focus on independent rates as a budgeting tool, and not worry about what providers will be paid. If a service is provided by an agency, this additional payment will be paid as an "add-on" payment that occurs at the time the claim is submitted.

Agency Rates are included in the Comprehensive and Supports Waiver Service Index for informational purposes so agencies know what payment to expect for the services they provide; however, these rates are an enhancement, do not directly affect the participant's IBA, and should not be considered when determining a participant's services.

HCBS Section Communication Strategy

In response to provider feedback and to help foster communications with providers, HCBS staff have recently implemented a few changes.

First, similar to how Incident Management Specialists are assigned to specific geographical regions across the state, Credentialing Specialists have now been assigned by county to help field provider questions. This change is reflected in the recently updated maps posted on the Contacts & Important Links page of our website. Please refer to these maps for the assigned Credentialing Specialist and Incident Management Specialist in your area.

Note that this change will not affect the certification renewal process. Credentialing Specialists will remain randomly assigned to review all provider renewals.

In addition, we recognize that the large number of emails providers receive can be overwhelming at times. Critical communications can get lost in the shuffle, resulting in desensitization, inaction, unresponsiveness, and misunderstandings. This can be extremely detrimental to our stakeholders. In order to promote efficiency and help providers quickly identify the purpose and priority level of emails from the HCBS Section, we will be implementing a more visual, tiered system.

- Level one - read or reference as needed
- Level two - higher priority; be sure to open and read
- Level three - highest priority; response or action needed within 1-3 business days

Developmental Disabilities Advisory Council

The HCBS Section facilitates Developmental Disabilities Advisory Council meetings each quarter. The purpose of this Council, which holds public meetings every March, June, September, and December, is to advise the HCBS Section on formulating and amending rules, policies, and procedure relating to programs and activities, and to assist and advise the Section on implementing a statewide service delivery system for DD Waiver participants. The Council is composed of participants, legally authorized representatives, providers, case managers, and representatives from the Department of Education, Division of Vocational Rehabilitation, Governor's Council on Developmental Disabilities, Protection & Advocacy, Wyoming Institute for Disabilities, and the Wyoming Community Service Providers.

For more information on the Council and how to get involved, please visit the [Development Disabilities Advisory Council](#) page of the HCBS Section website. Meeting dates, agendas, and minutes of past meetings are posted, as well as the names of current Council members and their terms.

Inspections and Selecting Service Locations During Certification Renewals

In order to meet inspection requirements set forth in Chapter 45, Section 13(f), and 13(e)(i) of Wyoming Medicaid Rules, providers that offer services in a setting that they own, lease, operate, or control are required to complete an annual inspection of the setting, and obtain an inspection of the setting by an outside entity at least once every twenty-four months.

The HCBS Section continues to focus on streamlining and automating processes. In alignment with this priority, the HCBS Section has implemented WHP portal functionality that requires annual provider self-inspections to be completed within the portal, and requires a report from the biennial outside entity inspection to be uploaded every two years rather than at the time of a provider's certification renewal. This allows the HCBS Section to ensure that these inspections are occurring as required, and better identify trends, create systems for change, and demonstrate to the Centers for Medicare and Medicaid Services that we are utilizing processes that facilitate participant health and safety.

Approximately 60 days before a site self-inspection is due, and approximately 120 days before an outside entity inspection is due, providers will receive a task in the WHP portal. These tasks will populate for every site that is identified by the provider as a service location. If you receive tasks for locations that are not used to deliver services, such as an administrative office, you will need to submit a change request in the WHP portal to remove that site as a *service location* where services are provided.

The paper forms for these inspections are not on in the Document Library any longer. The self inspection is completed within the WHP portal, so the form is not necessary; however, the HCBS Section does have a [list of standards](#) that providers can use as they complete these inspections. Outside entities must

produce a written report that describes the items inspected and recommendations to address areas of deficiencies. Provider must upload this full report into the WHP portal by the due date of the task.

Purpose of Plan for Provider Incapacity

The HCBS Section requires providers to have a plan for the event of a provider's incapacity. There seems to be some misunderstanding about the purpose of this plan. Consider what would happen if tragedy struck, and an independent provider or provider staff member who works one on one with a participant was injured, unconscious, or died? A plan for provider incapacity should address how the provider will address the safety of participants in such an event. The plan should be developed keeping considerations such as the participant's ability to call for help, or the risk of the person being without supervision or support for any length of time, in mind. A plan might include a daily check in with another provider, case manager, or family member, or may include participant education on who and how to call for help if an emergency occurs.

Wyoming Health Provider Portal Naming Convention

On January 1, 2024, the HCBS Section implemented a new naming convention for documents that DD Waiver providers are required to upload into the WHP portal. This naming convention will help providers, HCBS Section staff members, and other state and federal agencies to locate important documents. Documents that are not named in accordance with the associated WHP portal naming convention will be returned to the provider to be renamed. The naming convention can be found on the [HCBS Document Library](#) page of the Division website, under the *DD Certification Forms* tab.

Next call is scheduled for April 29 , 2024.