



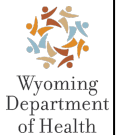
HOME AND
COMMUNITY-
BASED
SERVICES

WYOMING DEPARTMENT OF
DIVISION OF HEALTHCARE FINANCING

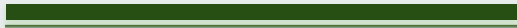
Comprehensive and Supports Waiver Providers Reminders and Updates

Wyoming Department of Health
Division of Healthcare Financing
Home and Community-Based Services Section
February 26, 2024

.....



Good afternoon. My name is Jaime Cureton and I am a Credentialing Specialist with the Provider Support Unit. Welcome to today's training



HOME AND
COMMUNITY-
BASED
SERVICES



Helpful Updates & Reminders Ahead!!



It has been some time since we've met, so we would like to provide some updates, as well as some important reminders about program rules and expectation.

Acronyms and Abbreviations

- DD Waivers - Comprehensive and Supports Waivers
- HCBS- Home and Community Based Services
- IPC- Individual Plan of Care
- EMWS- Electronic Medicaid Waiver System
- WHP - Wyoming Health Provider Portal
- CAP- Corrective Action Plan
- MAT - Medication Assistance Training



Every professional field has its own set of acronyms, and if you don't know what they mean, it can feel like you are swimming in a bowl of alphabet soup. Most of you know these terms, but for new folks, we'd like to go over some of the basics before we begin.

- Comprehensive and Supports Waiver providers deliver services to participants who have an intellectual and developmental disabilities, as well as participants who have an acquired brain injury. We refer to these waivers collectively as the **DD Waivers**.
- **HCBS** stands for home and community-based services. The HCBS Section is under the Division of Healthcare Financing, which is part of the Wyoming Department of Health. We refer to these agencies respectively as the Division or Department.
- Each participant receiving services on a DD Waiver has a person-centered individualized plan of care, which is the provider's roadmap for what each participant wants, their specific support needs, and how to work with them successfully. These plans are commonly referred to as **IPCs**.
- The Electronic Medicaid Waiver System is the web portal designed for case managers to seamlessly navigate and oversee the IPC process. We refer to this system as **EMWS**.
- The Wyoming Health Provider Portal is the electronic system that providers use to renew their waiver certification, submit incidents, and request changes to their demographics or services. This system is usually referred to as the **WHP** Portal
- We will discuss corrective action plans and medication assistance training later, but just know that when we say **CAP** or **MAT**, that is what we are referring to.

Training Agenda

- Provider certification renewals
- Adding CCW services
- Provider Service Observations
- PHE flexibilities that ended
- Incident reporting
- Reporting changes in ownership
- Corrective Action
- Medication Assistance Training



Our agenda includes a review of the timeframes and processes related to the renewal of provider certifications.

Several providers have shown interest in becoming providers of Community Choices Waiver services. We will discuss that process.

We will discuss the importance of cooperating with case managers during required service observations, and will briefly review the conclusion of PHE flexibilities

Incident Reporting, which is a critical aspect of a provider's responsibilities, will be addressed with a focus on clarifying required timelines. We will also provide a comprehensive refresher of change in ownership requirements.

Corrective action procedures and the subsequent development of action plans will be thoroughly reviewed. Finally, we will conclude with a brief but essential reminder and overview of Medication Assistance Training protocols.

Please be sure to use the chat box for any questions, and we will address them at the end of the training.

Choice



Choice empowers participants to shape their own paths and make decisions that align with their unique needs and aspirations.



Choice is the bedrock of HCBS. Participants should be the captains of their own ship, and must have the freedom to:

- Select the services that suit them best;
- Choose who they want to provide those services;
- Make decisions about where they call home;
- Pick their social connections, and spend time with those people when they choose; and
- Shape their future, and work toward their desired goals.

Having choice is absolutely paramount, and everyone needs to keep that front and center as we help participants navigate through life. Providers, case managers, and the HCBS Section are all working toward the same goal - to ensure participants have access to the services they need and live full and meaningful lives.



Provider Certification Renewals

We'd like to start with provider certification renewals. These have caused many providers frustration over the last several months, and we'd like to remind you of some important expectations.

CCW Case Manager Forms

CCW Participant/EOR Required Documents

CCW Provider Forms

DD Forms

DD Certification Forms

DD Examples/Templates

DD Reference/Tools

Technical Guidance

Please use the linked [Naming Convention Guidelines](#) when uploading documents to the Wyoming Health Provider (WHP) portal. Failure to properly name documents will result in your provider application being rejected.

[TOOL57 - DD WHP Portal File Naming Convention Guidelines](#)

Before delving further into this topic, it's essential to remind everyone that, starting January 1st, providers must adhere to the naming convention for all documents uploaded in the WHP portal. Any documents that deviate from the prescribed naming convention will be returned to the provider. Your cooperation in following this requirement is greatly appreciated.

Provider Certification Renewals



- Be certified as a DD provider
 - ◆ 1-3 Years
- Be enrolled as a Medicaid Provider
 - ◆ Every 5 years

When are you due to renew?

Provider certification is actually a two pronged process. First, providers must be certified by the HCBS Section to provide the desired service. This application is completed through the WHP portal, and must be approved before the provider certification is active. This enrollment is renewed every 1-3 years. Every provider must also be enrolled as a Medicaid provider. This enrollment is completed through HHS Technologies, the contractor that Wyoming Medicaid has secured to manage this process. This enrollment must be renewed every five years.

We'd like to take a minute to talk about Medicaid enrollment, since this has been a point of confusion for providers over the past several months.

Enrollment Type:



→ **Individual**

→ **Group**

→ **Facility**

You must make sure you select the correct enrollment type when you start your Medicaid Enrollment:

- An individual enrollment is for an individual who enrolls with a social security number, although an Employment Identification number (EIN) can also be attached. Independent providers can use this option.
- Organizations that will submit claims for other providers should enroll as a group. A case management agency with an EIN and an organizational National Provider Identifier (NPI) that has enrolled case managers linked as treating providers must use this option.
- An organization that uses an EIN, employs others, and provides waiver services other than case management will enroll as a facility. Generally, providers other than case management agencies that hire and pay employees and qualify for agency status will use this option. Enrolled treating providers cannot be affiliated with a facility. Case management agencies with an organizational NPI should not register as a facility.

If, at any time, you change your enrollment type through Medicaid, your Wyoming provider number will change. You must contact Provider Credentialing so we can help you understand the steps you will need to take to ensure all systems, including the WHP portal, EMWS, and Electronic Visit Verification, align.

Don't forget! If you alter your enrollment type without prior notification, billing for services will be suspended until all necessary system corrections are completed.



- Recertification **must** be completed **prior** to the expiration date.
- The expiration date is not the same as the application due date.
- If your renewal is not completed within 20 calendar days of your expiration date – **YOU WILL BE DECERTIFIED!!**

10

Meeting deadlines is crucial in the certification renewal process!

A provider is initially certified for one year, and then every one to three years thereafter. 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 within 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.

We want to make this absolutely clear. If your renewal is not processed and approved at least 20 days before your expiration date, you will be decertified! Although you may have the right to request a reconsideration, there is no guarantee that reconsideration will be granted. Fair hearings are time consuming, expensive, and frustrating for everyone. Any gap in services will create inconvenience, uncertainty, and anxiety for the participants you serve. The best way to keep this from happening is to submit your certification renewal on time!

120 Days before:



- Review the demographic information
- Review services & location
- Upload documents
- Review disclosures in the WHP

11

At least 120 days prior to the provider's certification expiration date, the provider will receive a system generated email that notifies them of the upcoming expiration date. When the provider logs into the WHP portal, they will see the recertification application in their task list. The provider is responsible for:

- Reviewing the demographic information, and making updates as needed;
- Reviewing services and locations to ensure accuracy;
- Uploading documents, depending on the service provided; and
- Reviewing and acknowledging disclosures in the WHP.

You know them as:

Tawnya Mortensen

tawnya.mortenson@wyo.gov

307-237-3890

Glen Barrows

glen.barrows1@wyo.gov

307-684-5147

Jaime Cureton

jaime.cureton@wyo.gov

307-235-1182

Shirley Lueders

shirley.lueders@wyo.gov

307-684-4551

Andrea Highland

andrea.highland@wyo.gov

307-777-3322

Once the provider submits the certification renewal application in the WHP portal, the assigned Credentialing Specialist will review the application and contact the provider with any questions or concerns. The Credentialing Specialist is required to review additional staff documentation to verify that qualifications, background screening, and training requirements are met. The Credentialing Specialist will also review participant specific information to ensure that the provider is delivering services in accordance with the service definitions. Moreover, if the provider claims ownership, leasing, or operation of the service location, inspections may be solicited to ensure compliance before renewal procedures can be finalized. The Credentialing Specialist may ask for additional information, and providers must be responsive to these requests in order to complete the process on time.

Don't Forget!

Services

Below is the list of existing services. Select those services you would like to keep.

<input type="checkbox"/>	Provider	County	Service Name	Linked Address
<input type="checkbox"/>	ABI	ALBANY	97110-Physical Therapy	800 156th CHEYENNE, WY 82001
<input type="checkbox"/>	ABI	ALBANY	97150-PT/OT GROUP	800 156th CHEYENNE, WY 82001
<input type="checkbox"/>	Comp	ALBANY	97110-Physical Therapy	800 156th CHEYENNE, WY 82001
<input type="checkbox"/>	Comp	ALBANY	97150-PT/OT GROUP	800 156th CHEYENNE, WY 82001
<input type="checkbox"/>	Support	ALBANY	97110-Physical Therapy	800 156th CHEYENNE, WY 82001
<input type="checkbox"/>	Support	ALBANY	97150-PT/OT GROUP	800 156th CHEYENNE, WY 82001

[Add Checked Services to Application](#)

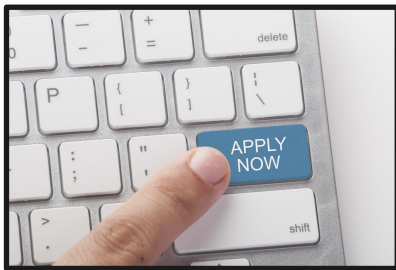
Below is the list of services currently assigned to Case Managers and cannot be edited here

	Provider	Service Name	Case Managers
Show	ABI	T1016 - Case Management 15 min	
Show	ABI	T1016 UB - CM Certificate Test - 15 Min	
Show	ABI	T2022-Case Management	
Show	ABI	T2022 UB - CM Certificate Test- Monthly	
Show	Comp	T1016 - Case Management 15 min	

Case Management Services are now entered for each case manager rather than as an agency service.

Case Management Services are no longer entered as provider services. Instead, Case Management Services must now be entered or changed at the individual case manager level. For questions regarding this change, please contact your assigned Credentialing Specialist.

Adding Community Choices Waiver Services



As a DD Waiver provider, you can submit a new application to incorporate CCW services.

14

The HCBS Section has experienced an influx of DD providers that are interested in expanding into the Community Choices Waiver, or CCW, realm.

Unfortunately, you can't just add these services to your existing provider profile. Instead, you will need to submit an entirely new application through the WHP Portal, including new background screenings. Remember, background screenings cannot be transferred to another provider, and this application is a new provider application that will result in a new provider number. The good news is that the background screening process for CCW providers is much easier to navigate. More information can be found on the [CCW Providers and Case Managers](#) webpage, under the *Background Screening Resources* toggle.

Home Visit and Service Observation Form



HOME AND
COMMUNITY-
BASED
SERVICES

Form Instructions

This form shall be completed and signed for each home visit and service observation visit. Record notes in the section provided during home visits and service observations, and provide detailed documentation of the home visit/service observation in the Electronic Medicaid Waiver System (EMWS). This form shall be uploaded in EMWS to provide verification that a home visit/service observation occurred.

Participant Name: _____
Case Manager Name: _____
Case Management Agency: _____ N/A
Case Manager Signature: _____ Date: _____



HOME AND
COMMUNITY-
BASED
SERVICES

Service Observations

15

Let's shift our focus to service observations:

The Comprehensive and Supports Waiver agreements, as well as the case management definition in the Comprehensive and Supports Waiver Service Index, establishes a case manager's obligation to conduct home visits and service observations at specific time intervals. Home visits and service observations allow the case manager to monitor each service to ensure that providers are delivering services in accordance with the participant's IPC and the applicable service definition. For each provider or participant-directed employee, the case manager must conduct service observations quarterly for each habilitation service, and every six months for non-habilitation services.

As a provider, you are required to cooperate with the case manager so they can conduct the required service observations. You may need to provide timeframes during which the participant is receiving services so the case manager can visit at a time that active service delivery is occurring. Staff members should be available to answer questions or provide any additional information the case manager may need.

Case managers and providers should work together to ensure that participants have the services that they want and need. Please collaborate with case managers to ensure these necessary service observations are occurring with minimal interruption to the participant's schedule.

.....

Public Health Emergency Flexibilities ended November 11, 2023



Although the COVID public health emergency expired on May 11, 2023, the federal government allowed states until November 11, 2023 to roll back the flexibilities that were allowed during this time. The HCBS Section rolled back most DD Waiver flexibilities during the spring and summer of 2023. This was decided because day to day work had resumed without these flexibilities being necessary. The Division presumed that most of the original standards outlined in the DD Waiver agreements and governing rules were being met, simply because the need for the flexibilities no longer existed. The two exceptions were Medication Assistance Training, which we will discuss shortly, and signature requirements.

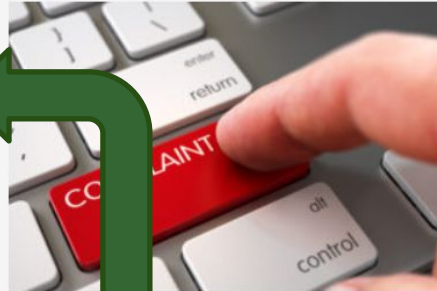
During the public health emergency, the HCBS Section accepted forms and program materials without required signatures. As of December 1, 2023, the HCBS Section does not accept any document that requires a signature without that signature.

Incident Reporting

Reporting Critical Incidents and Complaints

****HCBS Incident Submission Guidance Manual****

Important Reminder: Wyoming state law (statutes 14-3-205 & 35-20-103) mandates any person who suspects the abuse, neglect or exploitation of a child or vulnerable adult is required to report. For more information, click [here](#).



Incident reporting has gotten a little lax, and the Incident Management Specialists are reviewing more incidents that have been submitted late or don't have the information necessary to understand the situation that occurred. We'd like to remind providers of their obligation to report incidents within established time frames.



Everyone must **report** the suspected abuse, neglect, or exploitation of children or vulnerable adults if they have **reasonable cause** to believe that it may be occurring.

According to Wyoming law, everyone must report the suspected abuse, neglect, or exploitation of children or vulnerable adults if they have reasonable cause to believe that it may be occurring.

The reporting of abuse, neglect, or exploitation of children and vulnerable adults is a 24-hour obligation. More information can be found on the Wyoming Department of Family Services website at <https://dfs.wyo.gov/i-need-to-report/abuse-neglect-exploitation/>.



First and foremost!!

Providers are responsible for ensuring the safety and well-being of the participants they support.

In many cases, incidents must be reported to entities outside of the HCBS Section, such as Protection and Advocacy Systems, Inc., the Department of Family Services, and law enforcement. The HCBS Section is responsible for ensuring that Wyoming Medicaid Rules have been followed, but some incidents may require an investigation that would fall within the scope of one of the other identified agencies in order to ensure the safety of participants.

First and foremost, providers are responsible for ensuring the safety and well-being of the participants they support. Incident reports should be filed only after immediate medical, health, or law enforcement interventions have been addressed. For more information on how to file an incident, please refer to the [HCBS Incident Submission Process Guidance Manual](#).

Critical Incidents:



- Abuse
- Neglect
- Abandonment
- Exploitation
- Intimidation
- Sexual Abuse
- Death

Critical incidents are identified in Section 20(a) and must be reported immediately after assuring the health and safety of participants and others who may be involved in the incident.

These situations include:

- Suspected abuse and self-abuse;
- Suspected neglect and self neglect;
- Suspected abandonment and exploitation;
- Suspected intimidation;
- Suspected sexual abuse; and
- Death.

These incidents must be reported to the Department of Family Services (DFS), Protection and Advocacy (P&A), the participant's case manager and legally authorized representative, and law enforcement, as well as the Division. In some instances, you will need to contact the other entities, such as DFS or law enforcement, before you notify the Division in order to assure the health or safety of the participant.

Abuse, neglect, and exploitation have very specific definitions. More information on the legal definitions of these terms can be found on the [Preventing, Recognizing, and Reporting Abuse, Neglect, and Exploitation](#) training available on the HCBS Section website.

We strongly encourage you to review the definitions and reach out to the IMS Team with any questions you may have!

Incidents that
must be
reported within
1 business day:



- Involvement with law enforcement
- Any use of restraint
- Seclusion
- Injuries caused by a restraint
- Serious Injury
- Elopement
- Medication errors resulting in emergency medical attention
- Medical or behavioral admissions and emergency room visits

21

Section 20(b) identifies incident categories that must be reported within one business day. These categories include:

- A participant's involvement with law enforcement;
- Any use of restraint, even if it is written into the participant's IPC;
- Seclusion;
- Injuries caused by a restraint;
- A serious injury to participant, which is defined in Wyoming statute as any harm, including disfigurement, impairment of any bodily organ, skin bruising, laceration, bleeding, burn, fracture or dislocation of any bone, subdural hematoma, malnutrition, dehydration or pressure sores.
- Elopement, which is defined in Chapter 45, Section 3;
- Medication errors resulting in emergency medical attention; and
- Medical or behavioral admissions and emergency room visits.

These incidents must be reported the HCBS Section, P&A, and the participant's case manager and legally authorized representative.

Medication Errors
that need to be
reported within 3
business days:



- Wrong medication
- Wrong dose
- Wrong participant
- Wrong route
- Wrong time

Section 20(c) identifies specific medication errors that must be reported to the Division, and the participant's case manager and legally authorized representative within three business days. These errors include:

- The provider assisting with the wrong medication or dosage;
- The participant missing a medication as a result of provider error;
- The provider assisting the wrong participant with a medication;
- The provider delivering the medication through the wrong route, such as eye drops being administered as ear drops; and
- The provider delivering a medication at the wrong time.

Occasionally a participant may refuse to take a medication. This situation does not need to be reported to the Division, but the provider should track these refusals internally and address them with the prescribing professional and the participant's plan of care team if they become a regular occurrence.

You know them as:



Barbara Strasser
(307) 335-6925
barbara.strasser@wyo.gov
**Counties: Big Horn,
Campbell, Crook, Johnson,
Park, Sheridan, Washakie &
Weston**

Eric Cralley
307-777-7684
eric.cralley@wyo.gov
**Counties: Albany, Carbon,
Converse, Goshen,
Natrona, Niobrara, &
Platte**

Leigh Holm
(307) 789-0615
leigh.holm@wyo.gov
**Counties: Fremont, Hot
Springs, Lincoln, Sublette,
Sweetwater, Teton, & Uinta**

Andrew Horam
(307) 777-3407
andrew.horam@wyo.gov
County: Laramie

The provider must report incidents through the WHP portal. Incidents must be submitted within the required timeframes and as accurately as possible. The provider must ensure they have the information necessary to provide a clear, detailed, and accurate account of the incident. This information can include the names of individuals working with the participant; events that occurred before, during, and after the incident, and the staff response to the incident.

Once the provider submits the report, they will be redirected to a confirmation page that allows the provider to print the report. Even if a provider does not print the report, they should save a copy of the incident to give to the case manager and keep for their files.

When the provider submits an incident report, it is assigned to the county Incident Management Specialist for their review. The IMS evaluates the actions taken by the provider to ensure that the provider responded in an adequate and timely manner. If the IMS determines that a provider's actions were insufficient, they may require the provider to conduct immediate follow-up actions. The provider must monitor the progress of the incident until the incident has been closed by the IMS.



Report Changes in Ownership!

24

Over the past few months we have had several issues related to providers that merge, sell their business, or start something new. There is a process that providers must follow in these situations.

Section 4, Paragraph O of the Medicaid Provider Agreement, which is signed by every provider, states that providers are obligated to give the Medicaid program advance notice of any change or proposed change in:

- the provider's name;
- licensure, certification, or registration status;
- type of service or area of specialty;
- additions, deletions or replacement in group membership;
- mailing addresses; and
- ownership.

Wyoming Medicaid

- Patient Centered Medical Home
- What is Medicaid?
- Programs and Eligibility
- Care Management Entity
- Presumptive Eligibility
- Medicaid Provider Enrollment & Billing**
- Well Child Checkups!
- Clubhouse Services

Medicaid Provider Enrollment & Billing

Enroll as a Wyoming Medicaid Provider

Steps to Enroll



Chapter 3 Section 6 of Wyoming Medicaid Rule addresses the steps that must be taken if an organization changes ownership. This section of rule clearly states that a provider’s Medicaid enrollment, as well as any associated billing privileges, cannot be transferred, and the provider cannot transfer their rights established in that agreement. For example, if the owner of a provider organization retires, and sells the organization to a long time employee, the new owner is required to re-enroll with Medicaid as a new owner, sign a new Medicaid Provider Agreement, and complete a new provider certification. A new owner cannot simply take over the current owner’s Medicaid number and agreement.

Chapter 3 also establishes that a new owner cannot bill for claims until the effective date of the sale has passed and the owner has been enrolled as a Medicaid provider.. The old provider cannot be reimbursed for claims under the old provider agreement after the date of sale, and Wyoming Medicaid is not responsible for reimbursing either provider during gaps in provider eligibility.



The participant gets to choose



It is essential to remember that people are not assets, and cannot be purchased as part of a business. If the participant's current provider has a change in ownership, the participant must be notified at least 30 days prior to the change and given a choice between the new ownership and other providers that can deliver the service. If the participant chooses a different provider, the current provider must work with the participant and their plan of care team to ensure that the participant's transition to a new provider is smooth, and their services continue without interruption.



Collaborate with:

- Carebridge
- Acentra
- HHS Technologies

Notify the HCBS Section at least sixty (60) days in advance to avoid an interruption of provider certification or provider payments.

If there are changes to the provider's executive leadership, these changes must be submitted as a change request in the WHP portal. If provider organization owners are planning to sell their organization, or buy a new one, they must make sure to notify the Provider Credentialing Team in advance of the ownership change. Ownership changes take time, and require collaboration between entities such as Carebridge, Acentra, and HHS Technologies. Failure to notify the HCBS Section of ownership changes at least sixty (60) days in advance could result in an interruption of provider certification or provider payments. Failure to re-enroll with Medicaid and complete a new DD provider certification may result in adverse action against the new owner, including recovery of payments that have been made to the new provider.

Chapter 3, requires you to provide written notice to the Division 60 days before any ownership changes. But, seriously!! Let's not roll the dice on that timeline. Please let us know at least 90 or 120 days before. Your planning ahead will be a game-changer for a smoother ride through the transition.

Corrective Action



The role of the HCBS Section is to help providers understand, apply, and remain in compliance with state and federal laws and program standards. To the extent possible, we will use technical assistance to support providers in these areas. However, if the provider is getting technical assistance on multiple occasions for the same or similar situations, or if there is an immediate health and safety issue, the HCBS Section may need to provide a higher level of support.



A corrective action plan alone is not an adverse action

Corrective action is a formal action that the HCBS Section may impose in order to correct an identified deficiency or violation, especially if a provider does not make changes after technical assistance is given, or if the issue is considered serious enough to warrant immediate action. Please note that a corrective action plan alone is not an adverse action according to Chapter 16 of Wyoming Medicaid rules, so a provider does not have the right to a fair hearing if they receive corrective action.

A Corrective Action Plan Should Always:



- Address the area of non-compliance
- Detail action steps
- Designate a responsible person
- Include a date by which the correction will be made

When the HCBS Section imposes corrective action on a provider, the provider must develop and submit a plan that explains the steps they will take to make the necessary corrections. This corrective action plan must be submitted within fifteen (15) business days, and must adequately address the area of non-compliance, and include detailed action steps the provider will take to ensure the correction is made now and in the future, the person responsible for ensuring the correction is made, and the anticipated date by which the correction will be made.. If the provider's CAP is not deemed adequate, the HCBS Section can reject the CAP and require the provider to revise and resubmit. If the plan is not accepted by the third submission, the provider may be subject to adverse action.

The HCBS Section may review the provider's compliance with the CAP at any time to assure the provider has fully implemented and evaluated the CAP, and that participants remain safe during its implementation. The provider must ensure that the CAP is completed and can be closed within the time frame identified in the approved CAP.

Corrective action
to develop,
submit, and
implement a CAP



Improve their
systems & avoid
ongoing issues.



Corrective action and the provider's obligation to develop, submit, and implement a CAP is intended to help the provider improve their systems and avoid ongoing issues that may result in an incident. Once the CAP is implemented and closed, the provider is obligated to ensure that the deficiency addressed in the CAP is not repeated. However, the provider should also be able to move on, continue to provide services, and know that the CAP experience improved their services and systems.



Medication Assistance Training



HOME AND
COMMUNITY-
BASED
SERVICES

Medication Assistance Training is mandated by Chapter 45 of Wyoming Medicaid Rule, which governs the DD Waivers. According to this regulation, anyone offering medication assistance during waiver services must attain certification in MAT provided by the Division. The purpose of this training is to equip individuals with the essential knowledge to safely assist participants with their medication needs.

About the MAT training:

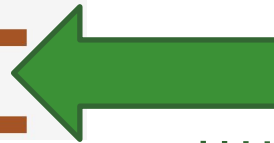
DD Waiver Medication Assistance Training



Chapter 45 of Wyoming Medicaid Rule, which governs the Comprehensive and Supports Waivers (DD Waivers), requires that any person providing medication assistance during waiver services must be certified in Medication Assistance Training (MAT) offered through the Division. This training is intended to provide the information necessary to safely support participants with their medication.

To find this training go to the Wyoming Department of Health Website:

[CLICK HERE TO BEGIN MEDICATION ASSISTANCE TRAINING](#)



Providers and staff can register for the training via a provided link on the DD Waiver Medication Assistance Training webpage, using the Adobe Learning Management System (LMS) platform.

Keep in mind:



Multi-Tasking may result in ,
program glitches & a
decrease in information
retention.

Not designed to
take with your
mobile device



Closed Captions
are not
available

34

MAT is comprised of 9 modules, each requiring completion and a quiz score of 80% or higher.
Online certifications are valid for three years.

Keep in mind while taking this training:

- Multi-tasking while viewing the training may cause functionality issues;
- MAT is not designed for mobile devices;
- Closed captions are not currently available; and
- Provider organizations need a process for collecting training certificates.

-
-
- **Due Date** → March 31, 2024
 - For MAT requirements, contact the Provider Credentialing Team at wdh-hcbs-credentialing@wyo.gov



35

If your certification lapsed during the PHE, or if you have an employee whose certification has lapsed, you have until March 31, 2024 to complete the online MAT. Avoid procrastination, as no extensions are available.

For MAT requirements, contact the Provider Credentialing Team at wdh-hcbs-credentialing@wyo.gov.

Please take note of the following two points:

1. You only need to take the online MAT if your certification has lapsed. If you have a current certification, you do not need to take the MAT until closer to the expiration date.
2. This training serves as the sole replacement for the "Train the Trainer" method. It is the only MAT training accepted by the Division.

Key Takeaways



HOME AND
COMMUNITY-
BASED
SERVICES
OHIO'S MEDICAID
DIVISION OF HEALTHCARE FINANCING

- Participants have choice
- Providers must maintain their waiver certification.
- DD providers can add CCW services by submitting another application
- Providers must cooperate with case managers to complete service observations.
- If corrective action is imposed, a CAP is required.



36

Before we end today's training, we'd like to recap the key takeaways related to essential processes and recent changes.

- Above all participants have choice in their providers and services.
- Providers must maintain their waiver certification. Providers must complete their recertification before their current certification expires. Don't procrastinate!
- Current DD Waiver providers can also provide services on the Community Choices Waiver by submitting a separate application.
- Providers must cooperate with case managers to ensure that service observations occur with minimal interruption to the participant's schedule.
- Providers are responsible for reporting incidents within the established timelines.
- If the HCBS Section imposes corrective action, the provider must submit a corrective action plan that explains how they will address the areas of non-compliance now and in the future.



Capture a screenshot of this page for future reference!

Mark your calendars!!

February 26, 2024– Today is the last day to take the Waiver Communication and Resource Survey — See this email → (wyohealth@public.govdelivery.com → Feb 5, 2024, 9:42 AM) for the link!

March 31, 2024– Medication Assistance Training (MAT)

If your certification lapsed during the PHE, you have until this date to renew it. Avoid procrastination, as no extensions are available.

You can find this training on the website: Home » Healthcare Financing » Home and Community Based Services (HCBS) Section » Training» DD Waiver Medication Assistance
<https://health.wyo.gov/healthcarefin/hcbs/hcbs-training/mat-training/>

April 1, 2024– Effective date of new Comprehensive and Supports Waivers

April 30, 2024– The next ARPA Technology Innovation Grant application due date. It's a good time to start thinking about your next technology project!

Find information about the Grant on the website: Home » Healthcare Financing » Home and Community Based Services (HCBS) Section » American Rescue Plan Act of 2021 – HCBS Programs
<https://health.wyo.gov/healthcarefin/hcbs/hcbsarpa/>

37

- Today is the final opportunity to participate in the **Waiver Communication and Resource Survey**. Your insights are crucial to us. If you haven't already, please locate the email sent from wyohealth@public.govdelivery.com on February 5th at 9:42am, containing the survey link. Thank you for your contribution!
- If your MAT certification lapsed during the PHE, you have until March 31, 2024 to renew it. Avoid procrastination, as no extensions are available. You can link to the MAT training from the Training page of the HCBS Section website.
- The new Comprehensive and Supports waivers will be in effect on April 1, 2024.
- The next ARPA Technology Innovation Grant is due by April 30, 2024. It's a good time to start thinking about your Grant Application! For more information on these grants, visit the ARPA page of the HCBS Section website.



Questions???

Contact your Credentialing or Incident Management Specialist

<https://health.wyo.gov/healthcarefin/hcbs/contacts-and-important-links/>

Thank you for participating in this training. If you have questions related to the information in this training, please contact your area Credentialing or Incident Management Specialist. Contact information can be found by visiting the web address provided in this slide.

This training and other Provider Support call trainings are available on the [HCBS Training page](#).