



AGENDA

Program Updates

- Wyoming Health Provider (WHP) Portal Naming Convention Guidelines
- Incident Reporting Requirements
- CPR In Person Skills Requirement
- Annual and Outside Entity Inspection Tasks
- New Electronic Visit Verification (EVV) Help Desk
- Updates to the Comprehensive and Supports Waiver Service Index

Training: Provider Agreement & Chapter 3

TOPICS

Wyoming Health Provider Portal Naming Conventions

Effective January 1, 2024, the Home and Community-Based Services (HCBS) Section began enforcing a requirement that all documents uploaded on the Wyoming Health Provider (WHP) portal must follow the WHP Portal Naming Convention Guidelines, which can be found on the [HCBS Document Library](#) page of the HCBS Section website, under the *DD Certification Forms* tab. As you know, the HCBS Section requires a number of documents to be uploaded as part of a provider certification renewal, and up until January, each provider named documents a little differently, and sometimes didn't name documents at all. The naming convention helps providers, HCBS Section staff members, and other state and federal agencies to locate important documents.

The HCBS Section has been returning new provider applications and provider recertification applications when documents are not named correctly. This isn't intended to be punitive, but is necessary in order for us to ensure that documents are easily accessible in the future. We appreciate your conformance to this requirement, as well as your understanding if something is returned.

Incident Reporting Requirements

As mentioned in previous Provider Support Calls and trainings, each provider is required to use the Wyoming Health Provider (WHP) portal to submit incident reports in accordance with the requirements established in Wyoming Medicaid Chapter 45.

The HCBS Section would like to remind all providers that all participant deaths must be reported. Unexpected death must be reported immediately as a critical incident. Unexpected death includes death as a result of an unexpected natural cause, illness, or disease; death as a result of neglect or trauma inflicted by another person; death as a result of a medication error; or death as a result of an accident, suicide or unknown cause. Other deaths that are not considered unexpected, and are a result of an expected medical prognosis, must be reported within one business day.

Please remember that, if you serve a participant who dies, you may receive a records request from the Department of Health contractor Telligen. You are required to release the records they request as part of their mortality review.

CPR In Person Skills Requirement

As established in Chapter 45, Section 5(a)(iii) of Wyoming Medicaid Rule, which covers provider qualifications, all individual waiver providers, subcontractors, and provider employees offering direct services to waiver participants must maintain current CPR and First Aid certification, which includes hands-on training from a trainer certified with a curriculum consistent with training standards set forth by the American Heart Association or the American Red Cross. During several certification renewals, providers have submitted certificates for online courses. Although many of these certifications are provided on line, they do not meet the minimum qualifications for waiver providers unless they include the hands on component as well.

Annual and Outside Entity Inspection Tasks

In accordance with Chapter 45, Section 13(f) of Wyoming Medicaid Rule, a provider offering services in a setting they own or operate must complete an annual self-inspection of the setting to verify that they meet the health and safety standards set forth throughout Section 13. In order to ensure that annual inspections are occurring as required, the WHP portal now includes site inspection tasks for all service settings identified as provider owned or operated. Although this functionality has been in place since December 2023, we have received several questions regarding the functionality, and want to spend a minute discussing these changes.

The first time a provider will receive an annual inspection task in the WHP portal is sixty days prior to the month of their certification expiration. When the provider opens the task, the inspection will open and display a series of yes/no questions. Please keep in mind that, when answering yes, you are indicating that the area inspected meets the health and safety standards; no means the area did not meet health and safety standards. If the question does not apply, select N/A.

You will need to inspect each site, answer the questions, and provide an explanation for any question that is answered no. If deficiencies are noted, the provider will need to include a description of how the deficiency has been addressed. Once the inspection is submitted, the provider will receive a new task annually, approximately 60 days prior to the one year anniversary of the task being submitted. This will allow enough time for the provider to complete the task within the one year required time frame.

In addition to the annual inspection requirement, Section 13(e)(i) requires providers to obtain an inspection by an outside entity at least once every twenty-four months. This task is also automated in the WHP portal. Again, the first time a provider will receive this task is approximately 120 days prior to the month of their certification expiration in order to allow the provider plenty of time to coordinate the inspection with the outside agency. The HCBS Section will not provide a form for the outside inspector to complete. The inspector must provide a signed written report, on letterhead or some other format that demonstrates the reporter's qualifications. The report must include the items and areas inspected, as well as any deficiencies found. The inspection report provided by the outside inspector must be uploaded, in its entirety, into the WHP portal. The provider must document how they have addressed the recommendations and needed improvements that were identified by the outside inspector.

This task will recur every two years, approximately 120 days prior to the second anniversary of the date the last report was submitted.

While many of our providers are sole proprietors who submit all of their own certification paperwork, we also have many large providers that have maintenance or safety staff who complete inspections. In order to accommodate the needs of the larger organizations, a new role is available in the WHP portal that gives access to only the inspection tasks. Providers can assign these roles to identified staff members. A Site Inspection Guidance document has been created to help providers and identified staff members with the site inspection tasks. It is available on the [HCBS Document Library](#) page of the HCBS Section website, under the *Technical Guidance* tab.

New Electronic Visit Verification (EVV) Help Desk

Although EVV has been in effect for over two years, we still have regular interactions with providers who experience billing issues or have questions regarding the Carebridge EVV system. In order to provide better customer service, we have created an internal EVV help desk to support providers with their EVV issues.

Please remember that questions, concerns, or issues with EVV must be first sent to Carebridge for resolution. They can be contacted at wyevv@carebridgehealth.com or (855) 912-3301.

Participant eligibility problems are typically related to issues in the Wyoming Eligibility System (WES). Problems related to prior authorization numbers (PAs) usually stem from issues in the Benefit Management System (BMS). If Carebridge refers the issue to BMS, providers must email BMS at wyprovideroutreach@cns-inc.com for resolution.

If Carebridge and BMS do not provide resolution for the provider, the provider can email the State's EVV help desk at wdh-hcf-evt-support@wyo.gov. When emailing the State's help desk, you must provide as much information as possible, including:

- Specifics on the issue that needs to be resolved;
- Ticket or reference numbers from CareBridge or BMS;
- Claim information, to include
 - Provider name
 - Provider Medicaid ID
 - Provider tax identification number
 - Participant Medicaid ID
 - Participant name
 - PA number and effective dates
 - Service dates
 - Procedure code
 - TCNs
 - Email, phone number, and name of individuals you have already contacted; and
- Any attachments, such as screen shots of the page or claims. The revisions made include:

Updates to the Comprehensive and Supports Waiver Service Index

On April 12, 2024, the HCBS Section published an update to the Comprehensive and Supports Waiver Service Index that went into effect on April 1st. The revised Index included the following updates:

- The Community Living Services definition was updated to state that Respite services cannot be used to relieve a paid caregiver, including an independent CLS provider. This was already included in the Respite definition, but we thought it important to mirror the language in the CLS definition as well

- A requirement has been added for independent CLS providers. They must demonstrate how 24-hour support, as outlined in the CLS definition, will be provided in the event of competing priorities, such as daytime employment. This update was intended to make it clear that independent CLS providers, including host home providers, can have employment outside of their provider duties, but must ensure that the participant(s) they serve are the priority when they agree to other obligations.
- The host home definition has been revised to more clearly define the sponsor's role and responsibilities when providing Host Home services.

WRAP UP

Next call is scheduled for June 24, 2024.

Questions & Answers

I was told that you don't need inspections if you are only providing services for your child in your home! Is this still true?

Chapter 45, Section 13(e)(i) states that for each location where services are provided to a participant, the provider shall obtain an inspection of the service setting by an outside entity at least once every twenty-four months. Additionally, Section 13(f) states that a provider offering services in a setting they own or lease shall complete an annual self-inspection of the service setting to verify that the provider is in compliance with the Section, and shall address any deficiencies found. There is nothing in rule that provides an exemption for parents who are providing services to their children in their home. Generally, the HCBS Section will not conduct a site inspection of these homes, but providers must still conduct an annual self inspection, as well as ensure that an inspection by an outside entity is conducted every two years.

Why are participant's no longer able to use their STABLE accounts in the income limit?

Financial eligibility is not determined by the HCBS Section. Please contact Long Term Care at (855) 294-2127. More information on the Wyoming Achieving a Better Life Experience (WYABLE) accounts can be found at <https://wyable.com/about-us> or by calling (800) 439-1653. You can also contact Shannon Buller at the Wyoming Governor's Council on Developmental Disabilities (shannon.buller@wyo.gov, (307) 777-7332).

What is your recommended timeline for records retention?

Chapter 45, Section 7(d) states that providers shall retain all records relating to the participant and the provision of services in accordance with Chapter 3. Chapter 3 requires records to be retained for at least six years after the end of the state fiscal year in which payment for services was rendered, but does allow for paper records to be converted to an electronic format after three years.

The one exception to this retention requirement is found in Chapter 45, Section (9)(e)(vi). This subsection states that the case manager must securely store and retain all confidential provider documentation received from other providers for a twelve month period from the month services were

rendered. For example, when a case manager receives provider documentation needed for the review of service utilization, they can destroy those records after that twelve month period.

Could I get the contact information for DFS record checks? I can not find the number on the web site?

The DD Providers and Case Managers Page of the HCBS Section website has a toggle that contains all background screening information, including the link to request a central registry screening. For questions and technical assistance, you can contact centralregistry@wyo.gov, or contact one of the following individuals:

Pamela DeTavernier
Central Registry Specialist
(307) 777-8538

Stephanie Knowles
Central Registry Specialist
(307) 777-5894