



AGENDA

- **Program Updates & Reminders**
 - Documentation Standards
 - Defining Natural Supports
 - Procrastination has Consequences
 - Manual Entries for Electronic Visit Verification
 - Remedial Medication Assistance Training
 - Invalid Billing Codes
 - Pepper Spray and Other Chemicals
 - Hands-on Component for CPR and First Aid
 - Site Inspection Tasks in the WHP Portal
 - 30-Day Termination Notification
 - Case Management Agency Renewals
 - Plan of Care Accuracy
- **Monthly Training Session - Comprehensive and Supports Waiver Renewals**

TOPICS

Documentation Standards

Every provider organization is required to acknowledge and adhere to specific documentation standards that are outlined in Chapters 3 and 45 of Wyoming Medicaid rule. The Home and Community-Based Services (HCBS) Section has noticed that providers have been less diligent with meeting required documentation standards. Providers, and staff members who work for provider organizations, will be held to the documentation standards to which each provider has agreed. Please remember that Electronic Visit Verification (EVV), which is federally required and discussed below, does not meet the Wyoming Medicaid requirement for a detailed description of the service provided, and therefore cannot be used to meet these standards.

For more information on these standards, please refer to the [Documentation Standards](#) form that providers must sign as part of their initial and ongoing provider certifications. The HCBS Section also has a [template schedule](#) that providers can use to ensure required documentation is captured.

Defining Natural Supports

Natural supports are resources and supports, such as relatives, friends, neighbors, significant others, roommates, or the community, who are willing to voluntarily provide services to a participant without the expectation of compensation. Natural supports are determined by the participant in collaboration with the individual who intends to serve as the natural support. Providers must not dictate who will serve as a natural support in a participant's life, especially when that determination is made for the convenience of the provider.

The HCBS Section expects that qualified staff are delivering services in accordance with the participant's individualized plan of care (IPC) if a provider is billing for services. Natural supports are not a substitute for qualified staff.

Procrastination has Consequences

Providers of Comprehensive and Supports Waiver (DD Waiver) services are required to renew their certification before their current certification expiration date. Chapter 45, Section 28(h)(i) of Wyoming Medicaid rules establishes that if a provider does not meet the certification renewal requirements within twenty calendar days of the certification expiration, the Division shall begin the decertification process.

Providers will receive notification that their certification is going to expire approximately 120 days prior to their expiration date, and again 45 days prior to their expiration date. The HCBS Section believes the four-month heads up is plenty of time for providers to complete and submit their application.

Our Credentialing Specialists are working on many applications for the CCW and DD programs at any given time. Each time a provider's application is rolled back to them, and they resubmit it, it goes to the bottom of the Specialist's task list, and may not be reviewed again for several days. This matters, because if the provider's recertification is not completed within the established time frames, the HCBS Section will start the decertification process.

We cannot express to providers how important it is for them to start the renewal process as soon as they receive the first notification. Over the past several months we have had numerous providers fail to renew their certification within the established timeframes, be decertified, and have to request reconsideration. Many of these same providers have continued to procrastinate, and have failed to meet the established timelines a second time. We have worked diligently to provide ongoing reminders and nudges in order to get these providers recertified, and have expedited the review of these applications, but this practice isn't sustainable.

If you, as a provider, haven't kept your contact information up to date, or procrastinate in getting your recertification application complete, this could lead to unfortunate circumstances. We, as a Provider Support Unit, take our name, and our responsibility to support providers, very seriously. However, we are unable to work in crisis mode just because providers don't follow through with their responsibilities until the last minute. Providers must take responsibility for meeting their deadlines and submitting required information.

Manual Entries for Electronic Visit Verification

Many providers are still using manual entries when entering visits for services that require electronic visit verification (EVV). EVV is a technology solution federally required by the 21st Century Cures Act. The solution validates services billed for home and community-based personal care and home health services, and provides accountability and safeguards to ensure that participants actually get the services they expected. In addition to mitigating fraud, waste, and abuse, EVV verifies the date, location, duration, and type of service, as well as the individuals providing and receiving services, on a real-time basis.

Although manual entry is available for providers to use in exceptional circumstances, manual entries should not be used on a routine basis. The occasional forgetful moment or participant eligibility issue are exceptions, but will no longer be accepted as the rule. It is imperative that providers and staff members use the EVV application, in real time, as intended in the federal requirement.

Remedial Medication Assistance Training

Several providers have required their employees to retake various modules of the Medication Assistance Training. It is certainly the right of the provider to require additional training outside of the initial trainings required by the HCBS Section, and we appreciate that providers take retraining seriously when an employee is making medication errors.

The Medication Assistance Training Certification is just that...a certification. Learners can review presentations, but quizzes within the certification cannot be retaken, or it will disturb the dates of the original certification. If a provider is requiring an employee to retake a quiz, please contact Dawn Walsh (dawn.walsh@wyo.gov) or Shirley Pratt (shirley.pratt@wyo.gov). We can enroll learners into a single module, or a full remedial training, that will allow the learner to retake a quiz.

Although training is a first step in assuring safe and accurate medication assistance, this is not the only way to address ongoing medication errors. Supervisory observation and feedback, reminder alarms, and double verification are all mechanisms that a provider can use to decrease instances of medication errors.

Invalid Billing Codes

When the DD Waiver renewals went into effect on April 1, 2024, we removed daily services for Adult Day and Community Support Services. Please be advised that these codes have been retired in our electronic systems, and all provider certifications for these billing codes have been terminated.

Pepper Spray and Other Chemicals

Chapter 45, Section 13(h)(viii) of Wyoming Medicaid rules states that all medications, chemicals, poisons, and household cleaners shall be secured in a manner that minimizes the risk of improper use or harm to individuals in the setting. This includes chemicals that direct support professionals bring on the job with them, such as pepper spray or other personal safety devices. If you have a direct support professional who carries chemical personal safety devices, please ensure that they secure it in a locked area or other location where participants do not have access.

Chapter 45, Section 18(d) states that providers shall not use aversive techniques to modify a participant's behavior. Aversive techniques include any intervention that causes pain, harm, discomfort, or social humiliation for the purpose of modifying or reducing a behavior. Under no circumstances should a provider use chemicals such as pepper spray to modify a participant's behavior. No circumstances. Ever.

Hands-On Component of CPR and First Aid

Chapter 45, Section 5(a)(iii) states that all providers, subcontractors, and provider employees who deliver 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 the training standards set forth by the American Heart Association or the American Red Cross. Over the past several months, we have had many providers submit First Aid and CPR certificates that were obtained through online courses. While we understand that many courses have an online component, the HCBS Section will not accept certifications that do not include hands-on skills training and testing.

Site Inspection Tasks in the WHP Portal

As part of each initial certification and certification renewal, providers are asked to identify all of the locations that are associated with the provider's application. This includes a physical and mailing address, as well as any locations at which they provide services. When the provider enters an address, a series of statements with checkboxes will populate. The provider must select the appropriate boxes that apply to that address. One of the statements that can be selected states "This is a location at which participants receive services and is owned, leased, operated, or controlled by this provider." The provider must select this box if they provide direct services in the location. However, if they select this box and do not provide services, they must be aware that a safety self-inspection will populate for this location.

Please be sure that you read all information in your renewal application, and respond accurately. This will alleviate extra work that comes with getting unnecessary tasks, or not getting tasks that you should be completing.

30-Day Termination Notification

Chapter 45, Section 22(b) states that a provider that is terminating services with a participant shall notify the participant and the Division in writing at least thirty (30) calendar days prior to ending services. Please email this written notification to your area Incident Management Specialist. Although not specifically mentioned in rule, providers should also notify case managers of this decision so they can begin the process of supporting the participant to find a new provider. As a reminder, failure to provide services during this thirty (30) calendar day period is considered abandonment of services and may result in decertification of the provider.

Case Management Agency Renewals

Although we have added warnings when individual case manager profiles are deleted from a case management agency application, several case management agencies have deleted older profiles of current case managers and created newer updated profiles. Please pay attention to the warnings, and refrain from deleting profiles of current case managers. Warnings explicitly state that records should only be removed if the case manager is no longer employed by the organization, and that removing the record while the case manager is still employed will cause disruptions with service plans. If you ignore the warning and delete the case manager profile, we will not be able to backdate individual plans of care (IPCs) or plan modifications when the deletion results in a gap in the service authorization.

Plan of Care Accuracy

When a provider agrees to provide services to a participant, they are agreeing to follow what is written in the participant's IPC. If you find a discrepancy, such as the participant's living situation being incorrectly identified or residential support not accurately reflecting the services that you are delivering, you must reach out to the case manager and work with them to update the IPC to reflect accurate information. The IPC is a living document and all information should be up to date and reflect the participant's current support needs and living situation.

WRAP UP

Next call is scheduled for August 26, 2024.

Questions:

Is there a process for case managers to be able to provide special equipment?

Information on the Specialized Equipment process, as well as links to required forms, can be found in the [IPC Guide](#). Case managers can also contact the assigned Benefits and Eligibility Specialist (BES) for each participant to work through specific specialized equipment requests.

I am confused on which background screening options to go with. There are many, and some say national and some state, and the costs are very different. I don't know which to choose from links on the website.

As previously mentioned, the HCBS Section does not have a specific contract or agreement with any one background screening company, and therefore we cannot recommend one company over another. We suggest that you research the different options; there are many outside of what we have listed on the website. Based on your organization's needs and budget, you can determine what company makes the most sense for you. As indicated in the DD Waiver agreements, the screenings must be **national**, name and social security-based criminal history database screenings.