



### AGENDA

- **Program Updates & Reminders**
  - Documentation Requirements
  - Vehicle Insurance
  - Video Monitoring
  - Provider Recertification Timeline
  - Participant Eligibility
  - Update on ARPA Rate Changes
  - Tax Season 1099 Forms and Verification of Address in PRESM
  - Demonstration of Agency Status and Span Billing Reminder
  - Changes to HCBS Personnel
- **Training: Wyoming Institute for Disabilities (WIND) Programs**

### TOPICS

#### Documentation Requirements

As established in Chapter 45, Section 8, Comprehensive and Support Waiver (DD Waiver) providers are required to make service documentation available to case managers each month by the 10th business day of the month following the date that the services were provided, and case managers are required to review that documentation and address any concerns that they may find.

Chapter 45 further establishes what information providers must include each time a service is documented. Service documentation must include:

- The location of services which should include the physical address where services are provided unless the service was provided in community;
- The date of service, including year, month, and day;
- The time services begin and end;
- An initial or signature of the person performing the service; and
- A detailed description of services provided.

If a provider's service documentation is not received by the case manager by the 10th business day, Chapter 45, Section 8 states that the case manager shall give written notification of noncompliance to the provider with a copy submitted to the Division. With that said, the Division encourages communication between providers and case managers. Prior to issuing a notification of noncompliance, case managers may want to reach out to providers regarding late documentation in situations that are not chronic. Chronic failure to meet these documentation standards may result in corrective action or sanctioning of the provider.

#### Vehicle Insurance

As established in Chapter 45, Section 13(l) of Wyoming Medicaid rule, any provider that is transporting participants must comply with all applicable federal, state, county, and city laws and requirements including, but not limited to, vehicle insurance. This means that providers must have adequate vehicle insurance to cover injuries and damages associated with accidents that are the fault of the provider or their employee, as well as adequate coverage for uninsured or underinsured drivers that are not party to the provider but may be at fault. Although the Home and Community-Based Services (HCBS) Section does not specify the insurance coverage required, we do expect providers to discuss coverages with their insurance carrier to ensure they have necessary policies in place.

Providers have the right to make decisions about how they run their businesses, and in some cases may require their employees to use personal vehicles to provide transportation to DD Waiver participants. However, the provider is then responsible for ensuring that their employees have the insurance necessary to cover the injuries and damages associated with accidents that are their fault, as well as adequate coverage for uninsured or underinsured drivers. Typically, insurance policies for personal vehicles do not cover work related accidents or injuries. This type of coverage is usually an add-on that must be requested and purchased separately from personal vehicle insurance.

The HCBS Section strongly encourages providers to review their insurance policies, and ensure that adequate insurance coverage is in place. If a provider requires employees to use their personal vehicles, we strongly encourage providers to update policies to include specific language on the type of insurance the employee must maintain, and require proof of that insurance at all times.

As the provider of record who is paid to deliver DD Waiver services, you may ultimately be responsible for the actions of your staff, as well as any damages or injuries that occur while participants are in your care.

### **Video Monitoring**

Use of video monitoring by providers, while permitted, must comply with Wyoming Medicaid rules outlined in Chapter 45, Section 13 (h) (xii). Providers shall not use video monitoring in a participant's bedroom or bathroom. Other forms of remote monitoring, remote support, or sensors may be used as appropriate.

In all cases, use of video monitoring or other forms of remote monitoring, must be documented in the participant's plan of care.

Providers should also familiarize themselves with the rules and regulations related to video monitoring set forth by other entities. Examples of this may include the requirement of posting notification when video monitoring is in use.

### **Provider Recertification Timeline**

Providers are required to complete their provider 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 will begin the decertification process. Meeting the certification renewal requirements means that the renewal application has been submitted by the provider, reviewed by the Provider Credentialing team, has been updated by the provider as requested, and has been marked approved and in place for the coming certification period.

Providers receive notice that their certification is going to expire approximately 120 days prior to their expiration date, and again 45 days prior to their expiration date. Providers who submit applications after 45 days will be subject to corrective action. The HCBS Section believes the four-month heads up is plenty of time for providers to complete the renewal process, in its entirety, before the twenty day deadline. Our Credentialing Specialists are working on many applications for both the CCW and DD programs at any given time. Each time an application is rolled back to a provider, they must resubmit it. The application then goes to the bottom of the Specialist's task list, and may not be reviewed again for several days. Please make sure your applications are complete when you submit them the first time.

We cannot express to providers how important it is for them to start the renewal process as soon as they receive the first notification. Even after several reminders, we have had numerous providers fail to renew their certification within the established time frames. If you, as a provider, haven't kept your contact information up to date, or procrastinate in getting your recertification application completed, 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 will not work in crisis mode just because providers do not follow through with their responsibilities until the last minute.

### **Participant Eligibility**

Over the past few months the Medicaid Long Term Care Eligibility Unit has found several participants ineligible for Medicaid and DD Waiver services. These determinations are due in large part to two main issues: 1.) late submission of paperwork, and 2.) the participant being over-resourced. When these situations arise, the HCBS Section regularly hears some version of the "blame game"; the provider blames the case manager, the case manager blames the guardian, the guardian blames the Medicaid Long Term Care Unit all at the expense of the participant who is no longer eligible for services.

The HCBS Section views participant eligibility as a team effort, and expects teams to work together to ensure that participants have access to the funding necessary to purchase the services they need. The following key points should be considered by all providers and case managers.

- Case managers should check in with individual(s) that are responsible for completing paperwork and managing participant's funds to ensure that they are on track to meet

the necessary deadlines. This may include the participant's legally authorized representative (LAR), representative payee, or provider.

- Providers that also serve as representative payee should be responsible for the following:
  - In collaboration with the participant or their LAR , complete the necessary renewal paperwork and submit it within the appropriate timeframes.
  - Providers that serve as representative payees should directly submit the application to the LTC unit to allow for tracking of the paperwork. If the case manager submits the paperwork, the case manager and provider should develop and follow a communication plan to ensure the paperwork has been submitted and is progressing as needed.
  - Monitor participant resources and ensure that participants do not exceed the financial limitations applied by Wyoming Medicaid.
  - Be knowledgeable of options such as special needs trust and WYABLE accounts in order to support participants in maintaining financial eligibility.

Participant eligibility is an area in which providers should be especially concerned given the fact that should the participant be found ineligible, they will most likely have provided services for which they will not be reimbursed. More importantly, all members of the participant's team should be invested in ensuring that the participants remain eligible for the services that they need.

#### **Update on ARPA Rate Changes**

As mentioned in several communications that have been sent by the Wyoming Department of Health, Division of Healthcare Financing (Division) since late 2021, the Division used funding made available through the American Rescue Plan Act (ARPA) to pay for a temporary increase to DD Waiver reimbursement rates. These rates went into effect on February 1, 2022, and were originally scheduled to sunset on March 31, 2024. However, the Department of Health was able to extend these rates through June 30, 2025.

The Wyoming Legislature has convened the 2025 General Session, and as of the date of this communication, the Joint Appropriations Committee has proposed that the one-time funding to extend current provider rates through June 30, 2026 be included in the supplemental budget. However, the budget bill has not been passed, and as such there is no guarantee that this funding will be approved by the full legislature or that the current provider rates will be extended beyond June 30, 2025.

Providers need to be aware that provider rates may decrease beginning July 1, 2025. If the proposed funding is not approved, providers will need to be prepared to adjust their budgets accordingly, based on the linked [Rate Table](#).

#### **Tax Season 1099 Forms and Verification of Addresses in PRESM**

In January, 1099 forms were mailed to affected providers, using the mailing addresses as listed on their Form W-9 on file with our Medicaid Provider Enrollment Vendor, HHS Tech Group.

When a 1099 form is returned to the State Auditor's Office (SAO) as undeliverable, the provider's Wyoming Medicaid payments will be placed "on hold" until a new W-9 form with the correct mailing address is completed and returned to HHS Tech Group for processing.

All providers that had a change of address in 2024 should submit a new W-9. A new W-9 form should also be completed whenever a change to a provider's tax ID, banking information, tax classification or name occurs. W-9 Forms can be downloaded from IRS.gov and can be emailed to [wyenrollmentsvcs@hhstechgroup.com](mailto:wyenrollmentsvcs@hhstechgroup.com).

Separately from W-9s and 1099s, providers should also verify their contact information in the Wyoming Medicaid Provider Enrollment portal (PRESM), <https://wyoming.dyp.cloud/>. Providers must ensure that, at a minimum, one (1) email address for an employee or group account within the provider's office is on file and accurate.

Please note that updating your address with HHS Tech Group in PRESM will not generate an updated W-9. Likewise, submitting a new Form W-9 will not update the address in the Wyoming Medicaid Provider Enrollment portal. Wyoming Medicaid and Acentra Health (our fiscal agent) must be able to reach providers at any time via mail, email or phone! Please be sure your information is current in all of the necessary locations!

### **Demonstration of Agency Status and Span Billing**

Over the past several months we have sent information on requirements for span billing and demonstration of agency status. We encourage you to refer to the emails sent on 12/4/2024 and 12/13/2024, and contact your Credentialing Specialist if you have further questions.

### **Changes to HCBS Personnel**

After almost 40 years working in the disabilities field, and 34 years working with Wyoming waiver programs, Shirley Pratt, Provider Support Unit Manager, will be hanging up her hat and heading into the world of retirement. Her last day in the office will be March 28, 2025. The HCBS Section is working through the process of filling the Provider Support Unit Manager position. After March 28th, and until the position is filled, please contact Alice Esquibel ([alice.esquibel@wyo.gov](mailto:alice.esquibel@wyo.gov)), Provider Credentialing Assistant Manager, Wendy Hoover ([wendy.hoover@wyo.gov](mailto:wendy.hoover@wyo.gov)), Incident Management Assistant Manager, or Elizabeth Forslund ([elizabeth.forslund1@wyo.gov](mailto:elizabeth.forslund1@wyo.gov)), HCBS Section Administrator, with any questions you would normally send to Shirley. Please continue to contact our knowledgeable Incident Management team and Provider Credentialing team with any questions specific to these areas.

## **WRAP UP**

*The next call is scheduled for April 28, 2025*

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## **QUESTIONS & ANSWERS**

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**Does anyone know if they passed the rule about kids with brain cancer getting services. I know it is with the legislature now.**

**Response:** The HCBS Section is not tracking any bills related to participant eligibility. For more information on the specific bill to which you are referring, please visit <https://wyoleg.gov/>.

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## **Additional Links and Resources from WIND**

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- [WIND](#)
  - Resource for people to use when finding, signing up for, and accessing any of the free Training offered through WIND on the [WyoLearn Catalogue](#).
  - If you have an interest in improving healthcare outcomes through research - check out the [ESRN](#). You do not need to have current knowledge or background in this work to participate!
  - [Act Early](#): Free books and materials are available through our online order form.
  - Learn more about [telehealth](#) in Wyoming
- [UW ECHO](#)
- [WATR program](#)
- [Sign up](#) for the Community Living Newsletter
- For an extended version of this training watch [here](#).