



**HOME AND
COMMUNITY-
BASED
SERVICES**

WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

Implementation of Electronic Visit Verification Minimum Compliance Standards

Wyoming Department of Health
Division of Healthcare Financing
Home and Community-Based Services Section
March 24th, 2026



Wyoming
Department
of Health

Objectives

By the end of this forum, providers will be able to:

1. Explain the purpose of electronic visit verification
2. Define the required components of a compliant EVV visit
3. Describe how overall provider compliance is calculated
4. Identify the EVV minimum compliance standard
5. Understand how enforcement will be applied
6. Access available support resources
7. Identify immediate next steps



Why and When is EVV Required?

- Federally mandated under the 21st Century Cures Act
- Designed to:
 - ◆ Verify service delivery
 - ◆ Improve program integrity
 - ◆ Reduce fraud, waste and abuse
 - ◆ Ensure appropriate use of Medicaid funds

EVV-Required Services

- Child Habilitation (DD)
- Companion (DD)
- Home Health Aid (CCW)
- Personal Care (CCW/DD)
- Personal Support Services (CCW)
- Respite (CCW/DD)
- Skilled Nursing (CCW/DD)



Why a Compliance Standard?

- Currently, there is wide variation in provider compliance
- Need for:
 - ◆ Clear expectations
 - ◆ Consistency
 - ◆ Federal alignment
 - ◆ Program integrity safeguards
- Federal focus on eliminating waste, fraud, and abuse



What Makes a Visit Compliant?

An EVV visit is compliant when it **contains all required EVV elements** and was **properly captured through the EVV system**.

Required EVV Elements

1. Type of Service Performed
2. Member Receiving the Service
3. Caregiver Providing the Service
4. Date of the Service
5. Location of Service Delivery
6. Time the Service Begins and Ends



What Makes a Visit Compliant?

An EVV visit is compliant when it **contains all required EVV elements** and was **properly captured through the EVV system**.

Proper Capture in EVV System

- Recorded in real time
 - Clock in electronically at start of visit
 - Clock out electronically at end of visit
- GPS enabled on mobile app
- Contains member attestation
- Requires no manual correction or override



How is a Provider's EVV Compliance Rate Calculated?

$$\text{EVV Compliance Rate} = \frac{\text{\# of Properly Captured Visits with All Required Elements}}{\text{Total \# of Visits}} \times 100$$

Compliance is calculated monthly, based on prior month's data.



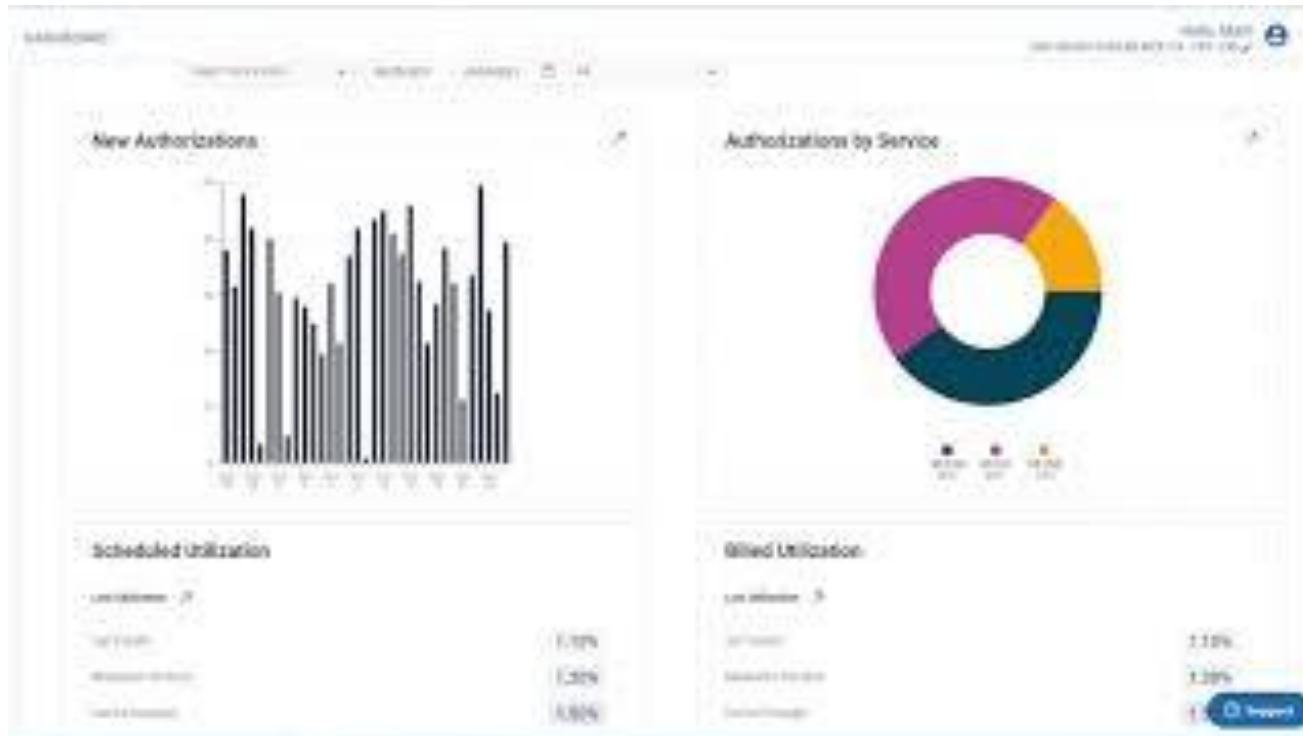
Accessing Compliance Data

- Providers can view compliance reports in CareBridge
- Reports allow providers to:
 - ◆ Monitor trends
 - ◆ Identify staff-level issues
 - ◆ Correct errors quickly

CareBridge training and resource links can be found on the HCBS webpage.



CareBridge Compliance Reports



What is Changing?

Effective July 1, 2026

- EVV Minimum Compliance Standard Begins
 - ◆ **70%** minimum compliance per month

Ongoing

- Gradual increase in minimum compliance standard
- Monthly monitoring and enforcement



Implementation Timeline

March 2026

Preparation & Capacity Building

Division provides education, training, and technical assistance to providers.

April 2026

Preparation & Capacity Building

Division provides education, training, and technical assistance to providers.

May 2026

Preparation & Capacity Building

Division provides education, training, and technical assistance to providers.

June 2026

Performance Review & Adjustment Period

Division provides targeted TA to providers below the 70% compliance threshold.

July 2026

Minimum Compliance Standard Begins

Providers with EVV compliance below the minimum standard are subject to enforcement actions.



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Tiered Increase to 85%

July 2026	August 2026	September 2026	October 2026	November 2026	December 2026	January 2027 and beyond
Minimum Compliance Standard ≥70%	Minimum Compliance Standard ≥70%	Minimum Compliance Standard ≥75%	Minimum Compliance Standard ≥75%	Minimum Compliance Standard ≥80%	Minimum Compliance Standard ≥80%	Minimum Compliance Standard ≥85%



Enforcement Framework

- **Enforcement philosophy:** Graduated, collaborative, focused on improvement, consistent, and transparent
- Providers below the minimum compliance standard will receive technical assistance, corrective action plan, and/or adverse action
 - ◆ Failure to improve after technical assistance may result in a CAP
 - ◆ Failure to improve under a CAP may result in Adverse Action
 - ◆ Note: Individual staff <50% compliance may trigger enforcement action, even if agency meets the overall compliance standard



Technical Assistance and Resources

- HCBS Section will provide:
 - ◆ Answers to FAQs
 - ◆ Common compliance error guidance
 - ◆ Targeted outreach to providers below threshold
- CareBridge provides:
 - ◆ Training documents
 - ◆ Training videos
 - ◆ Technical assistance email & phone



Common Causes of Noncompliance

**Missed
Clock-in
or -out**

**GPS
Location
Disabled**

**Manual
Edits**

**No
Member
Attestation**

**Staff Not
Properly
Trained**

**Failure to
Monitor
Reports**

**Data
Integration
Issues**



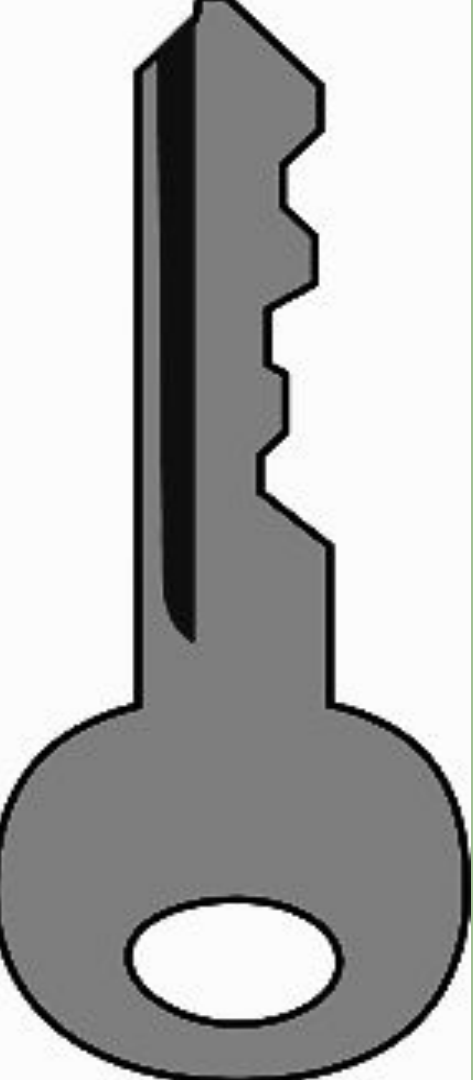
What Should You Do Now?

- Review internal policies and workflows
- Train caregivers on proper clock-in and clock-out
- Train schedulers on reviewing shifts
- Review compliance reports within CareBridge
- Identify low-compliance staff and implement corrective plans
- Test EVV integrations and resolve sync issues
- Reach out to the Provider Support Unit with questions



Key Takeaways

- EVV is a federal requirement
- Wyoming's minimum compliance standard begins on July 1, 2026
 - ◆ Initial minimum compliance rate of 70%
 - ◆ Gradual increase to 85% by January 2027
- Monthly monitoring and tiered enforcement
- Support and technical assistance available
- Start preparing now



QUESTIONS?

