



Frequently Asked Questions (FAQ)

Program Implementation & Timelines:

Q: I have heard that we are working towards moving all services to be compliant with EVV minimum standards. If so, what would be the timeline on the implementation?

A: The Division does not have current plans to mandate EVV use for all waiver services, so no implementation timeline exists. If this changes in the future, we will communicate and ensure providers are aware of any changes as decisions are made.

Q: When assessing compliance, will there be a virtual visit that the HCBS Waiver Services team sets up with each provider? Or will a documentation review be conducted in order to ensure compliance?

A: The Division will review CareBridge reports to assess provider EVV compliance. Leading up to the minimum compliance enforcement period, the Division will provide targeted technical assistance to providers below the initial 70% minimum compliance standard. This technical assistance outreach will occur via email, although virtual visits may be requested by providers for additional assistance, if needed. Once the compliance enforcement period has begun, the Division will continue with technical assistance, in addition to any enforcement efforts when appropriate. In addition to ongoing monitoring of EVV compliance, quality reviews of EVV-qualifying visits may occur during certification renewal, in response to a complaint, or at other times. A provider can request support from the HCBS team at any point for further information.

Q: Will the new EMWS be integrated with CareBridge?

A: Yes, the new care and case management system, WYSERVES, will have CareBridge integration. However, this integration will not eliminate the need to log EVV-qualifying visits through the CareBridge app.

Q: Could you clarify the implementation timeline for EVV compliance and explain what support will be available to providers before the July 1st timeline?

A: Between now and July 1, 2026, the Division is focusing on training and technical assistance, as well as ensuring that the Division has appropriate internal controls and processes established for accurate monitoring of provider compliance. In June 2026, the Division will evaluate provider compliance for the month of May 2026, and reach out to providers below the 70% compliance threshold with targeted technical assistance. This assistance is a support tool for providers to make any adjustments needed to meet compliance standards, and ensure compliance with 70% or more of EVV-qualifying visits before the July 1st compliance period goes into effect.

Outside of the Division's targeted outreach efforts, providers are encouraged to monitor their EVV compliance, provide training to internal staff, evaluate internal processes and policies, and reach out to the Provider Support Unit or CareBridge technical support team with questions or concerns.

Beginning July 1, 2026, the Division will implement the 70% Minimum Compliance Standard, gradually increasing this to 85% by January 1, 2027.

Case Management Roles & Responsibilities:

Q: How will case managers be able to monitor provider EVV compliance if they are not able to log into CareBridge? Where should case managers document EVV compliance? Is there going to be a specific section or will we have to document it in our notes?

A: We are currently evaluating the most effective way for case managers to access, monitor, and report EVV compliance. Additional information regarding the monitoring of and reporting on EVV compliance will be forthcoming.

Q: What is the expectation for case managers to report non-compliance and follow up?

A: Monitoring EVV compliance is a responsibility of the case manager per the CCW and DD Service indexes, so there is an expectation that if case managers see a significant level of EVV noncompliance by a provider, they report it to the Division. This is similar to the role case managers have in reporting service documentation noncompliance to the Division. The purpose of EVV is to verify that service delivery occurred. Significant noncompliance is a risk factor that the participant is not receiving the required service, and should be a concern the case manager pursues as a part of their role in monitoring service provision. The Division will issue additional guidance for case managers prior to July 1, 2026.

Q: Just to clarify, case managers are not required to follow the upcoming EVV minimum standard compliance, but case managers must monitor EVV compliance of providers?

A: That is correct. Currently, case management is not one of the services that requires visits to be verified electronically through EVV. However, both the CCW and DD Service Indexes include monitoring of provider EVV compliance as a responsibility of case managers. EVV compliance is an important tool that case managers can utilize in their core responsibility of monitoring the implementation of the plan of care.

Q: For the case management utilization review task, what exactly are we supposed to report? Billed units or EVV compliance?

A: Case Managers should continue to report billed units.

Q: How much time does it take for a case manager to monitor the provider(s) EVV?

A: The Division cannot provide a definitive answer for this question, as the length of time will be dependent on numerous factors, such as the number of EVV visits recorded by a provider, the thoroughness of the case manager's review, and the total case load of the case manager.

Q: For CCW case managers, do we have to monitor the direct service worker's EVV compliance for participant directed PSS?

A: Yes. Monitoring EVV Compliance for both traditional and participant directed services is included in the Service Index as a responsibility of case managers. We will provide further guidance to case managers on how best to monitor EVV compliance for participant-directed service providers in the coming months.

Technical Issues & App Functionality:

Q: The CareBridge system records visits to the second, yet doesn't provide a clock display including seconds. Combined with the DD Waiver rules requiring visits to be rounded down, and the shift from 15-minute units to daily units for Respite, this leads to rejected visits and manual entries. Can the system be updated to correct this issue to reduce the need for manual entry and billing inconsistencies?

A: This is a known limitation within the system, and it is something that our team is actively evaluating. We do not have the expectation that a staff member is able to perfectly time their clock-out to the second. The Division will have a solution to this issue prior to implementation of the compliance period on July 1, 2026. Please continue to report system issues to CareBridge and to the Division so that we can address these topics.

Q: If we remember to clock in but the EVV system does not allow us to log in or clock in and we have to do a manual entry, does that affect compliance since it is not in our control?

A: A manual entry would be deemed a noncompliant visit. Please reach out to the CareBridge technical assistance line to address any technical issues (email: wyevv@carebridgehealth.com or phone: 855-912-3301). The Division has established a minimum compliance standard of 70%, gradually increasing to 85%, which allows for occasional instances of human or technical error. If there is a system issue that occurs repeatedly or impacts a significant portion of your visits, please reach out to CareBridge for support and notify the Division of the issue.

Q: Sometimes we go to reschedule the visit, per the participant request, and CareBridge shows the visit as missed. Can you add this to areas of improvement to discuss with CareBridge?

A: The Division is working with CareBridge on modifying the compliance calculation so that late, missed, and early visits will not be marked as noncompliant. This change will be effective prior to the start of the compliance period (July 1, 2026). The Division will communicate to providers when this change to the compliance calculation takes effect.

Q: Are there other EVV systems we could use besides CareBridge that would allow us to be in more compliance due to less technical issues?

A: The Wyoming Department of Health has partnered with CareBridge to offer an EVV solution, free of charge for providers. If a provider would like to purchase their own third-party EVV-compliant solution, that is allowable. The EVV solution must be compliant with federal and state standards, and must integrate with the CareBridge EVV aggregator to support processing of EVV required service claims. CareBridge has a third-party integration team for providers who choose this path. If you choose to utilize a third-party EVV vendor, the vendor must initiate the integration process by completing a CareBridge EVV Vendor Intake Form, which can be found here: <http://evvintegrationform.carebridgehealth.com>.

The Division would also like to emphasize that if a provider is experiencing technical issues that occur repeatedly or impact a significant portion of their visits to reach out to CareBridge and the Division prior to the July 1, 2026 deadline for additional assistance.

Q: Is there any way to get personalized training sooner than June? I am using CareBridge for only companion, which is much more fluid than the other strictly-scheduled services.

A: Yes. Please reach out to the Division's HCBS Provider Support Unit. You are welcome to reach out to one of your county specialists to assist with review of current compliance, evaluate any areas for improvement, and receive support and resources as needed.

Additionally, CareBridge has Wyoming-specific training resources located at: <https://support.carebridgehealth.com/hc/en-us/categories/360005829893-WYOMING>.

Q: Should we be using the scheduler in CareBridge? We currently have not been using the scheduler because it was always checking us in late. Also on those same lines, would we be noncompliant if the participant chooses to change their time at the last moment?

A: Use of the CareBridge scheduler is not mandated by Medicaid, as federal and state compliance relies solely on the accurate capture of the six required EVV data components during the visit itself. Providers can decide if and how they would like to utilize the scheduler. Additionally, because participants have the right to choose when and where they receive services, any changes, cancellations, or rescheduled visits will not be factored into your provider noncompliance percentage. While the CareBridge dashboard may currently flag these as noncompliant, we are updating the system to ensure that late, missed or early visits do not negatively impact your rating before the formal compliance effort begins.

Q: Can you provide the timeframe in which CareBridge implemented being able to clock in and out of service, and then record once the provider has gotten into service?

A: This functionality was established as part of the original contract with the EVV vendor in 2020 and was available when the system originally went live. The application includes offline encrypted "store and forward" functionality that supports capture of EVV data in areas with poor reception or limited internet access, allowing caregivers to clock in/clock out using the application in these locations to ensure EVV compliance. When the device moves into an area with connectivity and is back online, the data is uploaded and synced within the EVV solution.

Location, GPS & Travel:

Q: How do case managers check compliance with GPS location, if services are provided in the community, and they switch staff or providers in the middle of the day? Also, is the GPS location strictly for the participant's home or are there other addresses that can be added as official locations? I see sometimes that the address will come up nearby but not the exact home address.

A: The purpose of EVV is to verify that services were delivered; not determine whether the services were delivered in compliance with the Service Index. Appropriate EVV use

by providers results in the collection of information that allows the Division to determine Service Index compliance. Case managers are expected to review whether providers have appropriate compliance with EVV, and report any concerns or significant noncompliance to the Division.

CareBridge associates one address per participant, their home address. The geofencing function within CareBridge is built to allow a buffer zone within a prescribed distance from the home address. Many services are permitted to be delivered in the home or community, but for services that are strictly limited to the participant's home (e.g., Personal Care on the Comprehensive and Supports Waiver), EVV allows the Division to determine if the service is not being delivered as outlined in the service definition.

Q: Personal care is provided in the home of the participant. If the participant wants to take a walk around the block or in their neighborhood is that allowed? How far away can the visit occur from the primary household location and still be in compliance?

A: EVV only records GPS location at the time of clock-in and clock-out. There is no live tracking of location for the duration of a visit. However, it is important to note the allowable activities per the appropriate Service Index. Please review the Service Index for the definition, limitations, and exclusions of any service you provide to determine what activities can occur, and where, for that particular service.

Q: What do we do if the GPS location comes up wrong and then I have to go back and fix it?

A: An incorrect GPS location would be a technical error that should be discussed with CareBridge. When you encounter technical issues, bring them to the attention of the technical support team. If you manually change the location of the service, this is considered a manual edit and would deem the visit noncompliant. The Division acknowledges that neither systems nor individuals operate perfectly 100% of the time; this is why the minimum compliance standard is not set at 100%. A 70 to 85% minimum compliance standard allows for occasional human or system errors to occur, without penalizing the provider. If an error with GPS is occurring repeatedly or impacting a significant percentage of visits, please contact CareBridge and the Division immediately.

Q: I have a participant and his direct service worker who will be traveling this summer. Will the location be out of EVV compliance?

A: EVV compliance is based solely on whether the visit contains all six required EVV elements and was properly captured through the EVV system.

The location where a service is delivered does not affect EVV compliance. However, it may impact compliance with the Service Index. For example, personal care services are limited to the participant's home or property. If personal care is provided while traveling away from the participant's home but is properly recorded in EVV, the issue would be Service Index noncompliance - not EVV noncompliance

The Division supports participants traveling and engaging in recreational and community activities with appropriate support. Providers should ensure that services delivered during travel align with the definitions and requirements outlined in the Service Index.

Q: Is there an easier process available if a participant moves? I have had two participants who have moved, and it has taken several weeks before the address changes on

Medicaid's end. This results in visits outside the location and manual entries during that transition period in CareBridge.

A: Please communicate with participant case managers if a participant's information requires updating. If you identify significant delays in updates on the CareBridge end once participant information has been updated within Medicaid systems, please communicate that to the Provider Support Unit and we can follow up with CareBridge to evaluate further any delays. Additionally, as long as a caregiver's GPS location is recorded electronically during clock-in and clock-out, a mismatch with the participant's address on file and the resulting input of a reason code is not considered a manual edit and does not result in the EVV visit being marked noncompliant.

Q: I clocked out last night in the location of my home. It said I was out of the service area and asked why. The options listed did not apply to my situation, so I chose technical error. Does that solution work or is that out of compliance?

A: An incorrect GPS location would be a technical error that should be discussed with CareBridge. When you encounter technical issues, bring them to the attention of the technical support team. If you manually change the location of the service, this is considered a manual edit and would deem the visit noncompliant. The Division acknowledges that neither systems nor individuals operate perfectly 100% of the time; this is why the minimum compliance standard is not set at 100%. A 70 to 85% minimum compliance standard allows for occasional human or system errors to occur, without penalizing the provider. If an error with GPS is occurring repeatedly or impacting a significant percentage of visits, please contact CareBridge and the Division immediately.

Billing, Authorizations & Manual Entries:

Q: Will the homemaker service code be added into CareBridge? I have several participants that have homemaker services that I have to bill for directly through the portal.

A: The only services billed through CareBridge are those that require EVV. Because EVV is not currently required for homemaker services, it is not billed through CareBridge.

Q: For the participants who currently have the paper timesheet exemptions, will they be able to continue that process or will they need to change to EVV as well?

A: Participant-directed individuals who have gone through the process to be granted an EVV exemption by the Agency will be able to continue utilizing the EVV exemption process, as long as documentation demonstrating a continued justifiable need is submitted annually to the FMS (ACES\$) for Agency review and determination.

Q: If it is identified that there is an error on either CareBridge or the state's side and providers have to do manual entries, will that be identified in the CareBridge portal to give accurate compliance rates?

A: When you encounter technical issues, bring them to the attention of the technical support team. All manual entries are deemed noncompliant. However, the Division acknowledges that neither systems nor individuals operate perfectly 100% of the time; this is why the minimum compliance standard is not set at 100%. A 70 to 85% minimum compliance standard allows for occasional human or system errors to occur, without

penalizing the provider. If a technical error is occurring repeatedly or impacting a significant percentage of visits, please contact CareBridge and the Division immediately.

Q: If we have to provide a reason for the location difference - in the community, etc. - is that considered a manual edit? We're not changing the location, time, etc. just providing the reason why the location is different.

A: Selecting a reason for a location difference would not be considered a manual edit. As long as the location is recorded electronically by the EVV app and the location is not changed by the provider, it would not be a manual edit.

Q: CareBridge doesn't import the new authorizations until the day they are authorized, which is why we are having to do manual visits until those authorizations are made available.

A: The Division appreciates you highlighting this issue, and will evaluate solutions with the CareBridge team. If additional challenges occur, please report these to the Division.

Q: Does home health Medicaid affect the EVV compliance rates? If so, will those visits be in CareBridge? Currently, most PT and OT visits are completed manually due to home health being contracted with us versus being employed. Also, should home health visits that are non CCW or DD waiver visits be billed through CareBridge?

A: At this point in time, our compliance initiative is focused only on Waiver services that require EVV. For guidance on non-waiver Medicaid services, please reach out to the appropriate program contact within Medicaid.

Q: Clocking out at 11:59pm for respite services then clocking in at 12:00am, can you tell me how this is supposed to work? Are providers expected to stay up all night to clock in and out?

A: Please refer to the 2023 HCBS EVV Respite Daily vs 15 Minute Guidance Document for questions related to respite services. As stated on page 7, "When a provider completes a single visit that spans midnight and includes two dates of service, the CareBridge system will automatically split/segment the visit at midnight for billing purposes. The visit details in the CareBridge EVV Provider Portal and within a provider's 3rd Party EVV System will reflect how the visit was actually completed, but billing will occur for each date of service separately. Visit data will never appear modified regardless of visits spanning multiple dates of service."

Further guidance on this specific topic can be found here:

https://support.carebridgehealth.com/hc/article_attachments/17525788838295

Q: If we have a visit that goes over the desired amount we wish to bill, can we keep the visit the same but just edit how much we wish to bill? Is there a way to do that without it being a manual entry? We sometimes stay longer until the job is completed even if we can't bill the full amount of the visit.

A: Adjustments to the clock in/clock out will show as a manual edit. Please ensure that direct service professionals are clocking in and out according to the time outlined in the participant's plan of care. If an individual wishes to use their personal time outside of their shift for this reason, the Wyoming HCBS EVV system should not be used to track this non-service time.

Q: What course of action do we take when there is an issue on the Wyoming Medicaid side showing the participant isn't eligible? When this happens, it is not possible to clock in or out of CareBridge and therefore it must be a manual entry.

A: Please ensure the case manager reaches out to the assigned Benefits and Eligibility Specialist if there are issues with participant eligibility. If there are errors regarding eligibility or authorization, the Division can work with the individual provider or case manager to assist with remediating the issue. If this is deemed to be a technical issue, reach out to the Provider Support Unit so that we can bring these to the attention of CareBridge and better troubleshoot and identify resolutions.

Compliance & Enforcement:

Q: What are the consequences if we are not compliant for whatever reason?

A: The enforcement of the EVV minimum compliance standard will be graduated. Our first step will include providing technical assistance. This will be a cooperative effort with the provider to identify the reasons for non-compliance and provide necessary tools, resources, and guidance to help bring them into compliance.

Next steps will follow the same enforcement efforts that the Division has available for its use for other noncompliance reasons. This may include a corrective action plan issued for the provider and/or an adverse action as appropriate for the situation. Additional information on what an adverse action could entail is included in [Chapter 34 for the CCW waiver](#), [Chapter 45 for the DD waiver](#).

Overall, the goal of enforcement is supporting the provider in being able to come into compliance so that the EVV system can be used appropriately to help prevent fraud, waste, and abuse.

Q: If you have a client that has limited service at their house how do you stay in compliance if it is often that it doesn't work?

A: The CareBridge EVV app is able to capture and hold EVV clock-in and clock-out information without Wi-Fi or cell service connectivity until the device moves into an area that does have service, at which time it is downloaded to CareBridge.

Alternatively, there are options for the use of a landline call-in to record services in an EVV-compliant manner. Please reach out to the HCBS Provider Support Unit if you have a documented instance of the CareBridge App not working, and wish to explore the use of a landline. While we don't currently have any documented exceptions for EVV use, we do want to hear when there are documented situations that pose difficulty to be able to address those on a case-by-case basis with providers.

Q: If you use a third-party vendor such as VORAP and cannot do anything directly in CareBridge, how will that affect compliance?

A: Providers who choose to use a third-party EVV vendor must ensure that vendor is able to interface with CareBridge. EVV compliance is calculated based on the data within CareBridge, so it is crucial that the data integration with any third-party vendor is functioning appropriately and accurately.

Resource Links:

CareBridge Training Manuals/Videos

Located on the HCBS Current Providers page under the “EVV” tab:

<https://health.wyo.gov/healthcarefin/hcbs/current-providers/>

CareBridge Technical Assistance

Email: wyevv@carebridgehealth.com

Phone: (855) 912-3301

Website:

<https://support.carebridgehealth.com/hc/en-us/categories/360005829893-WYOMING>