

HCBS Provider Documentation Non-Compliance Report



All Wyoming HCBS waiver programs require case managers to evaluate and monitor participant service plans, which includes reviewing service delivery documentation as outlined in the Wyoming Department of Health’s Medicaid Rules. Rules governing the Community Choices Waiver, including documentation standards, can be found in Chapter 34. Rules governing the Comprehensive and Supports Waivers, including documentation standards, can be found in Chapter 45.

All waiver providers have a responsibility to make service documentation available to case managers. When documentation is not received, case managers must send the Division and the provider or employer of record written notification of noncompliance. Please note, Comprehensive and Supports Waiver providers must also submit billing documentation within the timelines established in Chapter 45.

Specifically, if the provider does not make the required documentation available to the case manager by the 10th business day of the month following the date of service, the case manager should contact the provider/employer of record to get the necessary documentation. If the provider/employer of record does not submit the required documentation by the end of the month, the case manager must submit this form to the area Incident Management Specialist (IMS) at the end of the month in which the documentation was to be submitted. If the provider/employer of record is chronically late with submitting documentation, the case manager should submit a complaint through the [WHP Portal](#).

The following required documentation submission has not been received by the Case Manager:

Documentation Month(s): _____

Provider: _____

Participant Name(s): _____

(Please attach additional pages if necessary.)

- The documentation listed below was late, but received on: _____.
- The documentation listed below was not received as of the date this form was submitted to the Division.
- Late documentation submission is a recurring concern.

Service Provided <i>(Billing Code and Name of Service)</i>	If Applicable, Description of Missing Documentation

Case Manager: _____

Case Manager Signature: _____ Date: _____