

Provider Training Series Introduction to Rules and Resources (Module #1)

Wyoming Department of Health
Division of Healthcare Financing
DD Waiver Provider Training Series



Welcome to the Wyoming Department of Health, Division of Healthcare Financing (Division), Home and Community Based Services (HCBS) Section Provider Training Series for Chapter 45 of the Department of Health's Medicaid Rules (Rules). These rules govern the home and community based Comprehensive and Supports Waivers, hereinafter referred to as the DD Waivers.

Chapter 45, Section 15(d) states that all persons qualified to provide waiver services shall complete training in specific areas prior to delivering services. Although some provider organizations may choose to develop their own training modules, individuals who complete all of the Series training modules and associated training summaries will be in compliance with this specific requirement.

There are several modules associated with this training, which we will detail the content of the Rules and the provider's role in complying with the Rules. Module #1 addresses the introduction to rules and Division resources.

Purpose of This Training



To inform providers about the rules that govern the Comprehensive and Supports Waiver programs, establish provider obligations related to these rules, and offer an overview of resources that providers will use in the day-to-day work of delivering waiver services.

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Training Agenda

- ▶ Why rules are important
- ▶ Provider responsibilities related to rules
- ▶ How Department of Health Medicaid Rules are developed
- ▶ Specific chapters that affect the Comprehensive and Supports Waiver programs
- ▶ Finding Department of Health Medicaid Rules
- ▶ Division roles
- ▶ Resources available to providers

At the end of the Introduction to Rules and Resources module, the following topics will have been introduced and explained.

- Why rules are important;
- Each provider's responsibility for complying with rules;
- How rules are developed;
- The specific chapters that affect the DD Waiver programs;
- How to find rules;
- The different roles within the HCBS Section, and how they can help you; and
- Some of the resources that are available to waiver providers.

Please note that, for the purpose of these trainings, providers include provider staff and case managers, unless there is a specific need to make a distinction.

If you have questions after you have completed this module, please contact a Provider Credentialing Specialist at wdh-hcbs-credentialing@wyo.gov.

Rules



One of a set of explicit or understood regulations or principles governing conduct within a particular activity or sphere.

A common definition of the word “rule” is ***One of a set of explicit or understood regulations or principles governing conduct within a particular activity or sphere.***

Almost every activity, be it a game, a meeting, or providing a Medicaid funded service, has rules.

Types of Rules and Authorities

- ▶ Federal law and regulation
 - ▶ Social Security Act
 - ▶ 42 CFR § 441
- ▶ Federal authorities
 - ▶ Comprehensive and Supports Waiver Agreements
- ▶ State laws - [Click here for a list of all State Statutes](#)
 - ▶ Title 35 - Public Health and Safety
 - ▶ Title 42 - Welfare
- ▶ State rules

Let's start by talking about the types of rules and authorities that exist.

- Federal laws apply to everyone in the United States. The DD Waivers are governed by Title XIX (19) of the Social Security Act, which establishes the laws for Medicaid assistance programs.
 - The federal regulations that are specific to Home and Community Based Waivers, such as the DD waivers, are found under the code of federal regulations (CFR) 42 - which addresses public health.
- CFR 42 establishes the rules for waiver programs like the Wyoming DD Waivers.
 - In order to implement waiver programs throughout Wyoming, the Division must have an agreement with the Centers for Medicare and Medicaid Services (CMS), the federal department with oversight authority for all state waiver programs.
 - These agreements are the Division's contract with the federal government, and establish details such as the services that will be offered, provider qualifications, costs limits, and health and welfare assurances.
 - The Division must maintain compliance with these federal agreements in order to receive funding from the federal government - funding that accounts for 50% of the money budgeted for waiver services throughout the state.
- State law is an enactment passed by the Wyoming Legislature and is applicable to the entire state. As laws are enacted, they are incorporated into the State Statutes. Title 35, which addresses public health and safety, as well as Title 42, which addresses welfare,

- are two state statutes that specifically govern Medicaid programs such as the DD Waivers.
- State rules are a set of procedural guidelines that help States implement laws. The rules provide more specific guidance for programs that are ultimately governed by state law.

The Importance of Rules

- ▶ Rules set guidelines and boundaries for program participants and providers.
- ▶ Rules promote consistent Division compliance efforts.
- ▶ Rules promote participant safety and welfare, dignity and respect, and quality services.
- ▶ Rules align State of Wyoming requirements with federal Centers for Medicare and Medicaid Services (CMS) requirements.
- ▶ All parties are aware of program expectations.

At times it can feel like rules are cumbersome. After all, shouldn't people know right from wrong? The reality is that most people want to do the right thing, but sometimes they don't have the knowledge or self-awareness to do so, until rules are established. Complying with rules creates an environment where people feel safe and comfortable.

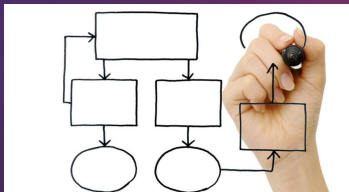
- Rules set guidelines and boundaries for participants and providers. They provide the framework for the program, and clearly state what is allowed and not allowed.
- Rules promote consistency. Everyone is expected to comply with the rules, regardless of who you work for or where you live. Rules also help Division staff members to apply expectations the same way for everyone.
- The Rules are written in a manner that promotes participant safety and welfare, dignity and respect, and quality services.
- The Rules are written to align with the DD Waiver agreements with CMS, so all of our governing documents say the same thing.
- Finally, because the Rules are published and accessible to everyone, everyone has the same opportunity to be knowledgeable of the programs expectations.

Provider Responsibilities Related to Rules

- ▶ Knowing the rules
- ▶ Complying with the rules
- ▶ Asking questions and seeking clarification on the rules
- ▶ Providing input into the rules

- As a provider, it is your responsibility to know the rules. You will be receiving Medicaid dollars for the services you provide, which is public funding. There is a high level of scrutiny placed on individuals and entities that receive public money.
- You have an obligation to know the rules, know how they affect you, and know what you need to do to comply with them.
- Then you need to comply with the rules. Failure to do so could result in corrective action, sanctions that include monetary penalties, and provider decertification, all of which will be discussed in later modules.
- Over time, there will be opportunities for you to provide input on the rules...the challenges they create, and potential solutions to make them better or more understandable. When given the opportunity to provide input, you should do so. The Division provides opportunities for your voice to be heard, but it is your responsibility to be part of the conversation.

The Rulemaking Process



The State of Wyoming must follow a strict process in order to create or change rules.

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Reasons for Rule Revisions

- ▶ Changes in federal legislation
- ▶ Changes in state legislation
- ▶ Changes to program elements or implementation
- ▶ Regular review to identify points of clarification or overall clean-up

There are several reasons why rules may need to be created or changed. If a federal or state law changes, rules will need to be amended in order to align with the legislation. If the Division makes a change to the program, or with the way the programs are implemented, rules may need to be changed. And of course, there is always room for improvement, so the Division conducts a regular review of its rules to identify areas that could cause confusion or could be further clarified, and may make changes as a result of this review. Administrative rules have the force and effect of law. Therefore, all state agencies must follow a clearly defined process in enacting changes to rule.

How Rules are Revised

- ▶ Needed revisions are identified by the Division.
- ▶ Proposed revisions are reviewed by the Attorney General (AG) and Wyoming Department of Health (WDH) Director.
- ▶ Proposed revisions are sent to the Secretary of State to publish for public comment.
 - ▶ Statement of Changes and Reasons
 - ▶ Strike and underscore version of the Rule
 - ▶ Clean version of the Rule

The process starts with the Division's determination that the rules need to be revised. This determination is often the result of stakeholder feedback.

- The Division drafts the changes and sends the proposed revisions to the offices of the AG and Director of the Department of Health.
 - The AG reviews the draft rules to ensure that the changes are legal, formatted correctly, and within the scope of the Department of Health.
 - The Director's office reviews the rules to ensure there is overall understanding of the changes, and to determine if there will be any controversy with the proposed changes.
- Once the AG and Director have given the green light, the rules packet is sent to the Secretary of State to publish the draft rules for public comment. The packet includes:
 - A Statement of Changes and Reasons, which gives a high level summary of the proposed changes;
 - A strike and underscore version of the draft rules, which shows all proposed deletions with a strike out and all proposed additions with an underline; and
 - A clean version of the draft rule.

Public Comment on Proposed Changes

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- ▶ Notice published to Wyoming newspapers and email lists.
- ▶ Notice published on Public Notices, Regulatory Document, and Reports page of the Division website.
- ▶ <https://health.wyo.gov/healthcarefin/hcbs/hcbs-public-notices/>

Public Notices, Regulatory Documents, and Reports



The public comment period is a critical part of the process, and is the time when participants, providers, stakeholders, and the general public can provide feedback on what they like, what they don't like, and how they would suggest changing the proposed rules.

The Division sends notice of the public comment period through several mechanisms including statewide newspapers, email blasts, and posting on the Division website.

Public Comment on Proposed Changes

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- ▶ Public comment period is open for 45 calendar days.
- ▶ Division is required to consider all comments, but is not required to make changes based on comments.
 - ▶ Division issues a summary of comments received, any action taken due to the comments, and an explanation of any suggestions that were not implemented.

The public comment period is open for 45 days. The Division will send a reminder that we are accepting public comment about halfway through the public comment period.

The Division is required to consider all comments that are submitted, but will not make changes to the proposed rules just because a comment was made. Once the rules are put into effect, or promulgated, the Division will post a summary of the comments, which includes any changes that are made as a result of the comments or an explanation of any suggestions that were not implemented. Revisions that are made to the rule after the public comment period can only be made as a natural outgrowth of a comment that is received.

Provider Responsibility to Provide Public Comment

- ▶ Changes to rules may affect providers of waiver services.
- ▶ Providers have a responsibility to review proposed changes and let the Division know if they have specific concerns.
- ▶ Changes to rules are made for a reason.
 - ▶ If a provider does not agree with a proposed change, they should provide an alternate solution that will address the purpose of the change.

The Division strongly encourages people to participate in the public comment process. This is a great opportunity to have your input considered, and it is your responsibility to let the Division know if you have concerns. Understand that rule changes are not arbitrary...they are made for a reason. If you don't like the proposed change, be willing to offer an alternate solution that will address the reason the change was made.

I've Commented - Now What?

- ▶ Division considers comments, makes final revisions, and adopts the rules.
- ▶ Packet is sent to the AGs office, the WDH Director, and the Governor's Office for final review and approval.
 - ▶ The AG and WDH Director make recommendations to the Governor.
 - ▶ Governor approves the rules.
- ▶ Rules are filed with the Secretary of State
 - ▶ Rules are effective the date they are signed by the Governor

Once the public comment period ends, the Division will consider all comments and make any final revisions. If 25 or more individuals or an organization that has 25 or more members requests a public meeting, then the Division is required to hold the public meeting before moving forward in the process.

- The packet, which now includes the summary of public comment, is sent back to the AG and Director of the Department of Health for final review and approval.
- Once the AG and Director give their approval, the packet is sent to the Governor's office. The Governor has 75 days to sign the rules into law.
- If the Governor approves and signs off on the rules, they are filed with the Secretary of State's office. The rules are effective on the date that the Governor signs them.
- The Secretary of State posts the rules on the website.

Rules Governing the DD Waivers



Department of Health Medicaid Rules:

- Chapter 44
- Chapter 45
- Chapter 46

The DD Waiver programs are indirectly impacted to some degree by several of the Department of Health's Medicaid chapters of rule, which include things such as definitions, processes, and timelines that are applicable to all Medicaid programs. However, these programs are directly impacted by the rules that specifically govern these Waivers.

- Chapter 44 - Environmental Modifications and Specialized Equipment for Home and Community-Based Waiver Services;
- Chapter 45 - DD Waiver Provider Standards, Certification, and Sanctions; and
- Chapter 46 - Medicaid Supports and Comprehensive Waivers

Chapter 44

Environmental Modifications and Specialized Equipment for Home and Community-Based Waiver Services

- ▶ Establishes the scope and limitation of the environmental modification and specialized equipment services.
 - ▶ Includes examples of the items that are allowable, and not allowed, under these services.
- ▶ Outlines the approval process for these services.

Chapter 44, as its name implies, establishes the scope and limitations of the environmental modification and specialized equipment services. This Rule outlines when these services are allowed, specific items that are allowed, as well as examples of what is not allowed. The list of items that are not allowed is not all inclusive. If an item isn't specifically listed, it does not mean that the items will be approved under one of these services.

Chapter 44 explains the approval process for these services, including the specific elements that the case manager must include in the request. Monetary limitations in these services are also addressed in this Chapter.

Chapter 46

Medicaid Supports and Comprehensive Waivers

- ▶ Establishes rules related to participant eligibility.
 - ▶ Institutional level of care requirements
 - ▶ Clinical eligibility requirements
- ▶ Establishes rules related to wait lists, emergency services, and self directed services.
- ▶ Establishes rules related to the extraordinary care committee.
- ▶ Establishes uses of waiver funds that are prohibited, and when waiver funding can be denied.

Chapter 46 contains important regulations for all providers, but will be of significant importance to case managers and participants.

This Chapter establishes the rules for participant eligibility, including the requirements for institutional level of care, which is a federal mandate as well. Information on clinical eligibility, the ICAP assessment, and situations in which a participant could lose eligibility are also included in this Chapter.

Other rules that directly affect participant eligibility and funding are established in this Chapter. These topics include the rules for the DD Waiver waitlist, emergency services, and participant individual budget amounts (IBA). Rules for the Extraordinary Care Committee, which is the committee that approves additional funding over and above the participant's IBA, are outlined in this Chapter. Finally, this Chapter includes sections that specifically outline when the use of waiver funding is prohibited and when funding may be denied.

Chapter 45

DD Waiver Provider Standards, Certification, and Sanctions

- ▶ Establishes rules related to provider standards, qualifications, and processes.
- ▶ Establishes the rights of participants receiving waiver services, and the steps that must be taken in order to restrict a participant's rights.
- ▶ Establishes requirements for incident reporting.
- ▶ Outlines the requirements for provider complaints, corrective action, and sanctions.

Chapter 45 establishes rules related to provider standards, certifications, and sanctions. Providers of all DD Waiver services will be required to maintain compliance with this Chapter. The training modules that follow this introduction are specifically designed to help new providers learn and understand the requirements in this Chapter because all providers will be expected to comply with the provisions of these rules.

Included in this Chapter are the rights of participants who receive waiver services, as well as the steps that must be taken in order for a participant's rights to be restricted.

The incident reporting process, which includes what incidents must be reported, when they must be reported, and to whom they should be reported, are outlined in this Chapter.

Additionally, requirements that providers must meet if there is a complaint against the provider, or if a corrective action or sanction is imposed on the provider, are addressed in this Chapter.

Chapter 45 Training

- ▶ Chapter 45, Section 15(d) establishes training topics that are required to be reviewed prior to a provider or provider employee delivering services.
- ▶ Training modules offered by the Division address the required topic areas.
- ▶ Not all sections of Chapter 45 will be included in the training:
 - ▶ Sections 1-3
 - ▶ Section 11
 - ▶ Section 26
 - ▶ Sections 32-35

Chapter 45 contains training requirements that each provider must fulfill. The Chapter 45 Training Series, which includes this introduction module, covers specific topics that are required in accordance to this Chapter, as well as additional information that the Division has identified as important for all providers to know. Chapter 45, Section 15 establishes the trainings that must be conducted before a provider or provider employee can deliver services. These areas include:

- Participant choice;
- The rights of participants in accordance with state and federal laws, and any rights restrictions for each participant with whom a person works;
- Confidentiality;
- Dignity and respect;
- Preventing, recognizing, and reporting abuse, neglect, intimidation, exploitation, and all other categories listed on the Division's Notification of Incident form;
- Responding to injury, illness, and emergencies;
- Billing and documentation of services;
- Releases of information;
- Grievance and complaint procedures for participants, legally authorized representatives, provider employees, and community members; and
- Implementing and documenting participant objectives and progress on objectives.

The modules included in the Chapter 45 Training Series cover all of these topic areas, but do not

fully capture all of the sections of Chapter 45. It is important for providers to become familiar with the other sections of rule, which are listed on the slide, since they are not specifically included in these trainings.

Chapter 45, Section 15(e) states that, to verify each provider and provider staff meets the qualification standards, evidence of a completed training summary or test of each training topic shall be retained in the employer's files. These modules do not include a test, so if a provider chooses to use the Division modules in lieu of their own training, it will be up to the provider to determine how they will meet this provision of rule.

Other Rules of Interest

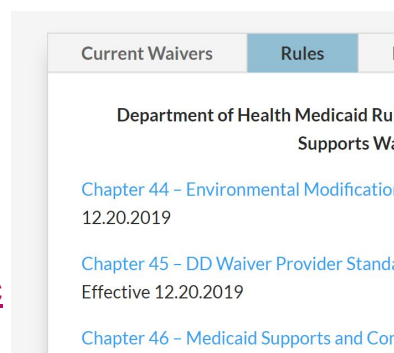
- ▶ Chapter 1 - Definitions
- ▶ Chapter 3 - Provider Participation
 - ▶ Addresses rules related to all Medicaid program providers
- ▶ Chapter 4 - Medicaid Administrative Hearings
 - ▶ Addresses the rights of participants and providers to request an administrative hearing for adverse actions
- ▶ Chapter 16 - Program Integrity
 - ▶ Governs processes and procedures related to fraud, waste, abuse, recovery of funds, and provider sanctions.
- ▶ Chapter 18 - Medicaid Eligibility
 - ▶ Establishes participant eligibility rules for Wyoming Medicaid

In addition to Chapter 44, 45, and 46 of the Department of Health's Medicaid Rules, there are other chapters of Rule to which the Division will frequently refer. The Chapters listed in the slide contain important information that, although not used on a daily basis, are still relevant to the providers of DD Waiver services.

Finding Chapters 44, 45, and 46

The most current version of these Chapters can be found on the Public Notices, Regulatory Documents, and Reports page of the Division website, under the *Rules* tab.

<https://health.wyo.gov/healthcarefin/hcbs/hcbs-public-notice/>

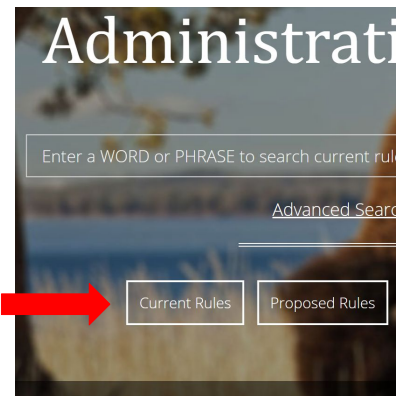


Some providers may prefer to print a copy of these Chapters, or may have an electronic version on their desktop. Other providers choose not to have a copy on hand. However you choose to refer to these Chapters, it is important to know that the most current versions can be found on the Public Notices, Regulatory Documents, and Reports page of the Division website. If you scroll to the bottom of that web page, you will find a section with tabs for current waivers, rules, policies, and the statewide transition plan. These chapters can be found by clicking on the Rules tab.

Finding Additional Medicaid Rules

To review other Medicaid Chapters, visit <https://rules.wyo.gov/>.

- ▶ Select Current Rules
- ▶ Select Health, Department of (048)
- ▶ Select Medicaid (0037)
- ▶ Select the Chapter you wish to review



If you wish to find additional Chapters, such as Chapter 4 on Medicaid Administrative Hearings or Chapter 16 on Program Integrity, simply follow the instructions listed on the slide. These instructions can also be found on the Rules tab, where you will find the current versions of Chapters 44, 45, and 46.

Division Roles



The Division of Healthcare Financing is the State Agency entrusted with administering the DD Waiver programs.

The Division of Healthcare Financing is the State Agency entrusted with administering the DD Waiver programs. In this role, the Division has several responsibilities.

The Division's Role in Compliance

- ▶ The Division is responsible for enforcing the statutes enacted by the Wyoming Legislature.
- ▶ The Division is responsible for enforcing administrative rules, which have the full force and effect of law.
- ▶ The Division is responsible for enforcing federal regulations and statutes that govern the programs over which it has authority.

It is the Division's responsibility to enforce state statute, enforce administrative rules, and enforce the federal regulations and statutes that govern the DD Waivers.

Provider Support Unit

The Provider Support Unit is made up of the Provider Support Unit Manager, a Provider Credentialing Assistant Manager and Specialists, and a Incident Management Assistant Manager and Specialists. Responsibilities include:

- ▶ Certification and certification renewal of all providers, and providing technical assistance, as needed.
- ▶ Assuring rules established in Chapter 45 are followed by all providers, and imposing corrective action when rule violations are identified.
- ▶ Reviewing and conducting follow up on all incident reports and complaints against providers.

The Provider Support Unit offers ongoing support and technical assistance to DD Waiver providers around the state, and is tasked with assuring provider compliance with Medicaid Rules. The Provider Support Unit is led by a Provider Support Unit Manager. This Unit is divided into a Provider Credentialing team and an Incident Management team. Each team includes a Unit Assistant Manager and several specialists. Satellite offices are currently located in Buffalo, Evanston, Casper, and Lander.

The Provider Support Unit provides guidance on initial provider certification and provider certification renewal topics, including:

- Online provider portal support and technical assistance;
- Necessary components of the certification renewal process, including staff qualifications; and
- Documentation that must be submitted to verify continued compliance with Division guidelines and associated rules.

This Unit is also responsible for conducting on-site visits of provider owned and operated settings, and complete safety inspections, vehicle inspections, and interviews with participants and provider staff as needed.

Incident Management Specialists review all critical incidents and complaints reported to the Division. They provide follow up as needed to ensure the participant's health, safety, and

well-being are addressed by the provider, and identify any rule violations that may have contributed to the incident or complaint.

Provider Credentialing Specialists issue corrective action when rule violations are identified as part of the certification renewal process, or through critical incident or complaint review. They monitor and evaluate the implementation of provider corrective action plans (CAPs), which are required of providers in order to address the rule violations.

As necessary, the Provider Support Unit will impose sanctions on providers that are not able to come into compliance with Medicaid Rules.

Benefits and Eligibility Unit

The Benefits and Eligibility (BE) Unit is made up of the BE Unit Manager, two (2) BE Unit Assistant Managers, and Benefits and Eligibility Specialists (BES). Responsibilities include:

- ▶ Review of individualized plans of care (IPCs) and IPC modifications.
- ▶ Responsible for the Quality improvement review of randomly selected IPCs.
- ▶ Technical assistance to the case manager regarding case specific issues identified on IPCs.

The Benefits and Eligibility Unit is comprised of a Benefits and Eligibility Unit Manager, two Benefits and Eligibility Unit Assistant Managers, and seven Benefits and Eligibility Specialists, often referred to as BES.

BES are responsible for reviewing individualized plans of care (IPCs) submitted by case managers who support participants. BES conduct manual reviews of IPCs and modifications to IPCs to identify areas of improvement and compliance with rule.

BES complete quality improvement reviews of randomly selected IPCs as assigned. The results of these quality improvement reviews are shared with the individual case manager to help the case manager address their own quality improvement efforts.

BES provide specific technical assistance via phone calls, emails, letters, etc. They provide necessary input for clarification of rules, technical resources, and other regulatory requirements. BES review eligibility requirements to ensure participants are eligible for the waiver program.

Case Manager Training Consultant

Available to assist case managers with:

- ▶ Questions related to IPCs, supplemental request processes, and case navigation.
- ▶ One-on-one assistance due to challenges with case management tasks.
- ▶ Concerns the case manager may have with current trainings and processes, as well as suggestions for new trainings.

Call (307) 777-3321 or email cm.consultant@wyo.gov, Monday - Friday from 8:00am - 11:30am.

The Case Manager Training Consultant is available to answer questions about rules, processes, technical resources, and other regulatory requirements that are not related to a specific case. The Case Manager Training Consultant provides one on one assistance to case managers who are experiencing challenges with case managers tasks, as well as concerns they have with trainings and processes. The Case Manager Training Consultant is responsible for the monthly trainings that are presented during the Case Manager Support Call.

The Case Manager Training Consultant can be reached by sending an email to cm.consultant@wyo.gov. The Case Manager Training Consultant will respond within two business days.

EMWS Helpdesk

Available to assist case managers with:

- ▶ Rollbacks of monthly case manager reviews
- ▶ Error screens
- ▶ Other EMWS technical issues

Email emws-helpdesk@wyo.gov - you should receive a response within two business days.

Case Managers should contact the EMWS Helpdesk if they receive error screens while they are in EMWS, need to alter a Monthly Case Manager Review after it has been submitted, or have other technical issues related to EMWS.

Division Technology Systems



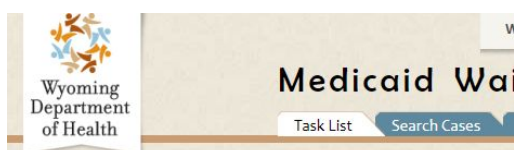
The Division uses several computer systems to conduct the day to day work involved in administering the DD Waiver programs.

The Division uses several computer systems to conduct the day to day work involved in administering the DD Waiver programs. These systems are also used by the providers of these services. Chapter 45, Section 5(a)(iv) requires providers to have access to a valid email address, internet access, and the means to upload documentation into a Division designated portal, and it is important that providers maintain this access so they can communicate, update their information as needed, and submit information and documents that are required by the Division.

If you bookmark the login pages on your computer, please be sure to clear your cache on a regular basis to make sure that you are not getting stuck in the system.

Electronic Medicaid Waiver System

<https://wyowaivers.com>



The Electronic Medicaid Waiver System (EMWS) is the web-based portal that case managers use to develop the IPC, store important documents, and generate plan modifications and supplemental requests for each participant.

The Electronic Medicaid Waiver System (EMWS) is the web-based portal that case managers use to develop the IPC, store important documents, and generate plan modifications and supplemental requests for each participant. This system cannot be accessed by providers of other waiver services.

In addition to developing and modifying IPCs, the case manager will use this system to complete monthly documentation, which includes service observations and visits the participant's home.

Throughout the IPC process, EMWS will assign tasks to specific users. After a task is completed by an assigned user, EMWS automatically sends the case to the next user in the working queue. This role-based processing is referred to as workflow. Users are notified via email and on the EMWS task bar when a task needs to be completed.

To log into EMWS, use the address listed in the slide.

Division Provider Portal

<https://wyoproviderportal.com/>



The Provider Portal hosted by the Division is the online certification and application portal for Supports and Comprehensive Waiver providers. Providers maintain their contact information in the Portal.

The Provider Portal hosted by the Division is the online certification and application portal for DD Waiver providers. This portal is used to maintain provider contact information, to manage corrective action that is issued by the Division, and to complete the provider certification renewal process, which is required by the Division at least once every three years. **This portal is not used to submit claims for payment.**

Wyoming Medicaid Provider Portal

https://wymedicaid.portal.conduent.com/provider_home.html



The Wyoming Medicaid Provider Portal, which is hosted by Conduent, is the portal that providers use to submit claims for payment, review prior authorization of services, and get information on remittance dates.

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Division Resources and Website

<https://health.wyo.gov/healthcarefin/hcbs/>

Home and Community Based Services (HCBS) Section



Click here for current COVID-19 information and guidance that directly affects participants and providers of the Supports and Comprehensive Waivers.

Reporting Critical Incidents and Complaints

Click [here](#) to review the New Home and Community-Based Services Incident Submission Guidance Manual for more guidance on the incident reporting process.

Important Reminder: Wyoming state law (statutes 14-3-205 & 35-20-103) mandates that any person who suspects the abuse, neglect or exploitation of a child or vulnerable adult is required to report. For more information, click [here](#).



CCW Critical Incidents and Complaints

To report a Community Choices Waiver critical incident, click [here](#) for the Provider Portal.

To report a critical incident involving a participant who is receiving participant-directed Community Choices Waiver services, click [here](#).

To report a Community Choices Waiver complaint, click [here](#).

DD Critical Incidents and Complaints

To report a Developmental Disabilities Waiver critical incident, click [here](#) for the Provider Portal.

To report a critical incident involving a participant who is receiving participant-directed Developmental Disabilities Waiver services, click [here](#).

To report a Developmental Disabilities Waiver complaint, click [here](#).

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Several resources for are available for DD Waiver providers. We have support calls, a help desk for EMWS and the provider portal, and a comprehensive and informative website. We strongly encourage all providers to become familiar with and use these resources.

Support Calls

- ▶ **Case Manager Support Call**
 - ▶ 2nd Monday of every other month - 2:00PM
 - ▶ <https://uwyo.zoom.us/j/634742940>
 - ▶ Meeting ID: 634 742 940
 - ▶ (669) 900 6833
- ▶ **Provider Support Call**
 - ▶ Last Monday of every other month - 2:00PM
 - ▶ <https://uwyo.zoom.us/j/488802503>
 - ▶ Meeting ID: 488 802 503
 - ▶ (669) 900-6833

The Division offers a monthly Case Manager and Provider Support Call. Each call includes a Division update, which addresses hot topics and reminders, as well as a training session. Notes of the calls are available on the Division website after the call is completed.

The Case Manager Support Call is held on the second Monday of every other month, and the Provider Support Call is held on the last Monday of every other month. Both calls are held at 2:00 PM.

The Division uses Zoom technology to conduct the calls. Providers can call in, use their computer to log in, or log in on their computer while using their phone for audio. We encourage providers to log in on the computer, at least to view the screen, so they can benefit from the visual presentation available during the training session. Providers are muted during the calls, so questions must be submitted through a chat box feature.

Home Page

▶ Important Links

- ▶ <https://health.wyo.gov/healthcarefin/hcbs/>
- ▶ Searchable provider list
- ▶ File a complaint
- ▶ Report an incident

DD Critical Incidents and Complaints

To report a Developmental Disabilities Waiver critical incident, click [here](#) for the Provider Portal.

To report a critical incident involving a participant who is receiving participant-directed Developmental Disabilities Waiver services, click [here](#).

To report a Developmental Disabilities Waiver complaint, click [here](#).



CCW Provider and Case Manager Search



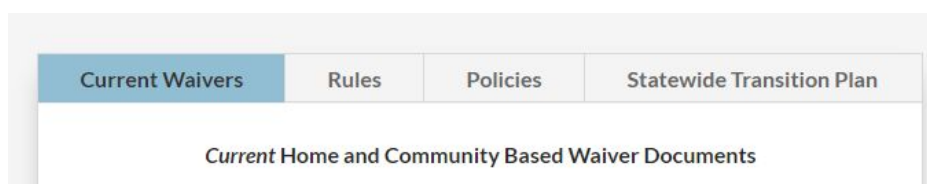
DD Provider and Case Manager Search

The Division has developed a website that provides access to most of the information, documents, and links that providers will need in order to perform the administrative part of their work. Providers are encouraged to bookmark the site, and refer to it often.

The home page of the website contains important links that take the user to the incident reporting and complaint portals. A link to the searchable provider list is also included on this page.

Public Notices, Regulatory Documents, and Reports

- ▶ Public notices
- ▶ Tabs for current waivers, rules, and Division policies
- ▶ Links to state and national reports



As we stated earlier in this training, providers have a responsibility to give public comment on rules. The Public Notices, Regulatory Documents, and Reports page of the website is where public notices are issued and comments are submitted. This page also contains the regulatory documents that govern the DD Waivers, including the current agreements with CMS and Chapters 44-46 of the Department of Health's Medicaid Rules.

State and national reports, including National Core Indicators and the DD Section's Annual Report, are also linked on this page.

DD Participant Services and Eligibility

- ▶ Steps for participant eligibility
- ▶ Information on participant rights
- ▶ State Respite program

First Steps

1. Review the [Application Guide for the Supports Waiver](#), which lists eligibility requirements ([Spanish Translation](#))
2. Contact the [Participant Support Specialist](#) in your area
3. Complete the [Application for Supports Waiver Services](#)
4. [Select a Case Manager](#) and complete the [Case Management Selection Form](#)
5. Once you receive a funding letter, review the [Initial Funding Letter Fact Sheet](#)

The DD Participant Services and Eligibility page is intended to provide all of the necessary information that a person who is interested in applying for DD Waiver services will need. Links to Benefits and Eligibility Specialist contact information, Provider Support Unit contact information, and the case manager list are included, as well as the application guide and the required forms that are needed to start the application process. This page has several links that provide information on the rights of participants and people with disabilities as well.

Providers and Case Managers

- ▶ Initial application information
- ▶ Reference materials
- ▶ Past notes for provider and case manager support calls
- ▶ Provider bulletins
- ▶ Helpful links

DD Case Manager and Provider Reference Materials

- [IPC Guide](#) – Updated 7/28/2020
- [Conflict Free Case Management Information](#) – Updated 9/15/2020
- [Criteria for DD Psychological Evaluations](#) – Updated 1/04/2021
- [Criteria for Neuropsychological Evaluations](#) – Updated 1/04/2021
- [WyHealth Clinical Health Management Program Overview](#)

Durable Medical Equipment (DME) Manual and Bulletins - [Click Here](#)

The Providers and Case Managers page is one of the most useful pages for a DD Waiver provider, and the Division strongly encourages providers to refer to it often.

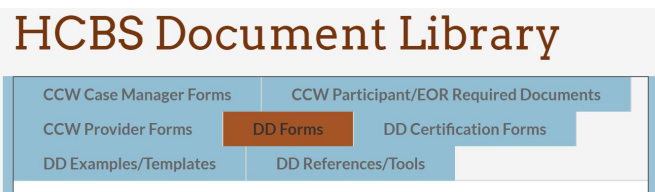
Entities that are interested in becoming a DD Waiver provider can find necessary contact information on this page. Reference materials, which include the IPC Guide, information on conflict free case management, and the criteria for psychological and neuropsychological information are also available. Links to the EMWS help desk and case manager training consultant are easily found on this page.

As mentioned earlier, the Division holds bi-monthly Provider Support and Case Manager Support calls. The notes from these call are posted on this page, and are available for a full year. Provider bulletins that have been issued throughout the year are posted to this page as well.

The Helpful Links box has links to the Department of Health background screening webpage and the Office of Inspector General (OIG) Exclusions Database. Providers are required to submit background screenings, and many providers are required to conduct monthly OIG checks, so these links are particularly important. Links to EMWS, the Division provider portal, and the Medicaid provider portal are also available in this box.

HCBS Document Library

- ▶ Forms
- ▶ Certification forms
- ▶ Examples and templates
- ▶ References and tools

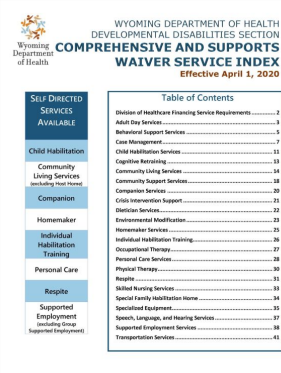


The HCBS Document Library is the place to go for the most recent version of any Division required form. The library is separated into tabs to help providers find the needed document. Simply click on the tab you need. Each form has a label to help you navigate your way around the library.

- The **DD Forms** tab, as the name indicates, contains most of the forms required by the Division. Forms with a label that begins CM or PV can be found under this tab.
- The **DD Certification Forms** tab contains the forms that are required as part of the provider certification renewal, as well as examples and templates for required policies, procedures, and emergency plans.
 - It is important to remember that the Division provides example policies and emergency plans as a starting point for providers to develop policies and plans that are specific to their circumstances. Providers are obligated to follow the policies and plans that they ultimately adopt.
- The **DD Examples/Templates** tab contains other examples that providers can adapt for their use. The examples and templates do not replace required documentation and are for illustration purposes only. The provider must decide how the example document might be adapted to meet the provider's specific needs.
- The **DD References/Tools** tab includes handbooks, guides, standards, and requirement documents. These documents are available for providers to reference, but are not required documents.

Service Definitions and Rates

- ▶ Comprehensive and Supports Waiver Service Index
- ▶ Current Fee Schedule
- ▶ Remote Support Frequently Asked Questions



WYOMING DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES SECTION
**COMPREHENSIVE AND SUPPORTS
WAIVER SERVICE INDEX**
Effective April 1, 2020

SELF-DIRECTED SERVICES AVAILABLE	Table of Contents
Child Habilitation	Division of Healthcare Financing Service Requirements 2
Community Living Services (including Home Based)	Adult Day Services 3
Companion	Behavioral Support Services 5
Homemaker	Care Management 7
Individual Habilitation Training	Child Habilitation Services 11
Personal Care	Cognitive Restraining 13
Respite	Community Living Services 14
Supported Employment (including Group Supported Employment)	Community Support Services 16
	Companion Services 19
	Child Intervention Support 21
	Dietician Services 22
	Environmental Modification 23
	Homemaker Services 25
	Individual Habilitation Training 26
	Occupational Therapy 27
	Personal Care Services 28
	Physical Therapy 30
	Respite 31
	Skilled Nursing Services 33
	Special Family Habilitation Home 34
	Specialized Equipment 35
	Speech, Language, and Hearing Services 37
	Supported Employment Services 38
	Transportation Services 41

The Service Definitions and Rates page contains, as the name implies, the most current Comprehensive and Supports Waiver Service Index and the current fee schedule, which lists the approved rates for each of the services available through the DD Waivers.

Remote support, which is defined as the use of communication and non-invasive monitoring technologies to assist DD Waiver participants attain or maintain independence in their homes while minimizing the need for onsite staff presence and intervention, is a fairly new option for some participants who receive Community Living Services. A frequently asked questions document that addresses many of the questions related to remote support is available on this page as well.

Contacts and Important Links

- ▶ Benefits and Eligibility Unit contact information
- ▶ Provider Support Unit contact information
- ▶ Other helpful resources

Contacts and Important Links

Please send all postal mail to: 122 West 25th Street, 4 West, Cheyenne, WY 82002

Benefits and Eligibility Unit

Click this [link](#) to identify your area Benefits and Eligibility Specialist (BES)

Provider Support Unit

Click this [link](#) to identify your Incident Management Specialist (Contact for incident and complaint questions only)

The Contacts and Important Links page has downloadable caseload and contact information for the Benefits and Eligibility and Provider Support Units. This information is updated as staffing changes are made within the Division.

Other links can be found on this page and include, but are not limited to:

- Medicaid Fraud;
- CARF International and Council on Quality and Leadership (CQL);
- Protection and Advocacy Systems, Inc. (P&A);
- Wyoming Governor's Council on Developmental Disabilities (WGCD); and
- Wyoming Institute for Disabilities (WIND)

Training

- ▶ Medication Assistance Training registration
- ▶ Initial Case Manager Training
- ▶ Initial Provider Training
- ▶ Abuse, Neglect, and Exploitation Training
- ▶ Trainings conducted during case manager and provider support calls



The Division offers Medication Assistance Training, trainings during Provider and Case Manager Support Calls, and training on provider expectations and rules, such as the training you are receiving today. These trainings can be found on the Training page of the Division website.

A slidedeck will be posted for all trainings, but in most cases a recorded version will be available as well.

Other Website Pages

- ▶ Developmental Disabilities Advisory Council
- ▶ Suggestion Box

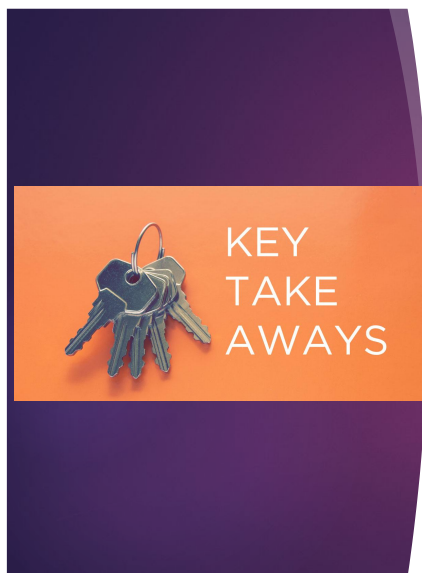


The Developmental Disabilities Advisory Council (DDAC) exists by authority of Wyoming state statute. The purpose of the DDAC is to advise the HCBS Section on formulating and amending rules, policies, and procedure relating to programs and activities, and to assist and advise the Section on implementing a statewide service delivery system for people with developmental disabilities and acquired brain injuries. DDAC meetings are open to the public. The DDAC webpage contains:

- Public notice of the meetings;
- Meeting agendas and past meeting minutes;
- Council members;
- Council Bylaws; and
- An application for the Council

The DDAC is a great way for providers, family members, and participants to get involved, and the Division strongly encourages people to apply for the Council when there is a vacancy.

The HCBS Section appreciates comments and feedback. A suggestion box has been made available so participants, providers, and other stakeholders can submit feedback or offer suggestions that may improve services for program participants.



1. Rules have been established for the benefit of participants of DD Waiver services.
2. There are several chapters of Wyoming Medicaid of which DD providers should be aware.
3. Providers are expected to know and comply with all rules governing DD Waiver services.
4. Providers have resources available to help them.

Before you complete this training, we'd like to review some of the key takeaways:

1. Rules are in place for a reason. The rules governing the DD Waivers have been established to ensure that the people receiving services have control over daily decisions in their lives, have opportunities to participate in and be active members of their communities, and receive the support they need while exercising the rights that every United States citizen enjoys.
2. Providers of all waiver services should know and comply with the rules that govern DD Waiver services. The rules are easy to access, and we encourage you to review them on a regular basis.
3. You should be familiar with all of the Chapters that relate to DD Waiver services and Medicaid providers.
4. Providers have resources to help them do their jobs. In addition to the Division website, there are Division staff available to answer questions and provide technical assistance. We encourage you to build a relationship with the Division staff assigned to your geographic area so that you feel comfortable asking questions as they arise.

Questions???

Contact the Provider Support Unit or your Benefits and Eligibility Specialist

<https://health.wyo.gov/healthcarefin/hcbs/contacts-and-important-links/>

Thank you for participating in the Introduction to Rules and Resources Training. If you have questions related to the information in this training, please contact the Provider Support Unit or your Benefits and Eligibility Specialist. Contact information can be found by clicking on the link provided in the slide.