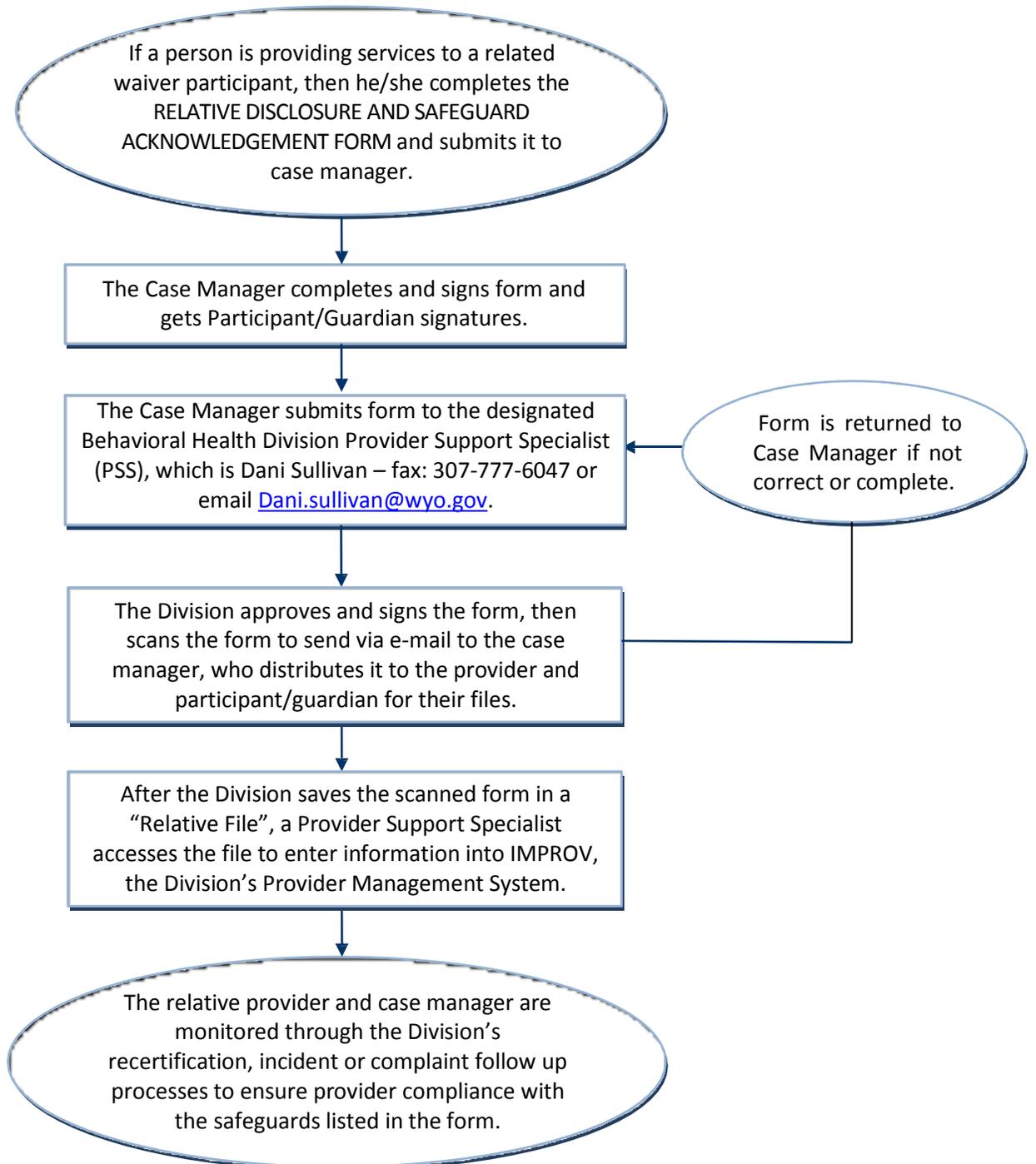


Relative Provider Disclosure July 2011

Process Flow Chart



Relative Provider Disclosure July 2011

Process Steps

1. The RELATIVE DISCLOSURE AND SAFEGUARD ACKNOWLEDGEMENT FORM is completed by the person providing waiver services, who is related to a waiver participant. This includes a provider, an employee of a provider, or a self-directed employee. The relative submits the form to the Case manager.
 - a. The relative and Case Manager may fill out this form together, such as during the team meeting.
2. The Case Manager reviews and signs the form and gets the needed signatures from the participant or guardian, if applicable.
3. The Case Manager submits form to the designated Division Provider Support Specialist (PSS), which is Dani Sullivan – fax: 307-777-6047 or email dani.sullivan@wyo.gov.
 - a. If the form is if not correct or complete, it is returned to the Case Manager to make corrections and resubmit to the Division.
4. The Provider Support Specialist reviews and signs the form if approved, then scans it to make an electronic copy and attach it to a secure email back to the case manager to distribute to the relative and participant/guardian for their files.
 - a. The purpose of the Division review is to ensure it is fully completed, legible, and contains the necessary disclosures, initials, and signatures by all parties.
5. The Provider Support Specialist saves the scanned form in a “Relative File” to be later uploaded into the Electronic Waiver System.
6. A Provider Support Specialist accesses the electronic form to enter the information into IMPROV, the Division’s electronic Provider Management System. This information remains on the Provider’s electronic Certification File.
7. The relative provider and case manager are monitored through the Division’s recertification, incident or complaint follow up processes to ensure provider compliance with the safeguards listed in the form.

Relative Provider Disclosure Checklist

#	Case Manager and Provider Process Task List	Date Completed
1	The RELATIVE DISCLOSURE AND SAFEGUARD ACKNOWLEDGEMENT FORM is completed by the person providing waiver services, who is related to a waiver participant. The relative submits the form to the Case manager.	_____
2	The Case Manager reviews and signs the form and gets the needed signatures from the participant / guardian.	_____
3	The Case Manager submits form to the designated Division Provider Support Specialist (PSS), which is Dani Sullivan – fax: 307-777-6047 or email dani.sullivan@wyo.gov . <i>(Makes any corrections needed & resubmits.)</i>	_____
4	The Provider Support Specialist sends the signed form in a secure email to the case manager to distribute to the relative and participant/guardian to retain in their files.	_____
5	<i>Division step only</i> - After the Provider Support Staff approves the form, he/she scans it and saves an electronic copy in a “Relative File”.	
6	<i>Division step only</i> - A Provider Support Specialist accesses the electronic form and enters the information into IMPROV. This information remains on the Provider’s electronic Certification File.	
7	<i>Division step only</i> – The relative provider and case manager are monitored through the Division’s recertification, incident or complaint follow up processes to ensure provider compliance with the safeguards listed in the form.	

