

ONLINE RENEWAL

WDH Behavioral Health Division
Developmental Disabilities Provider
Certification Renewal Process

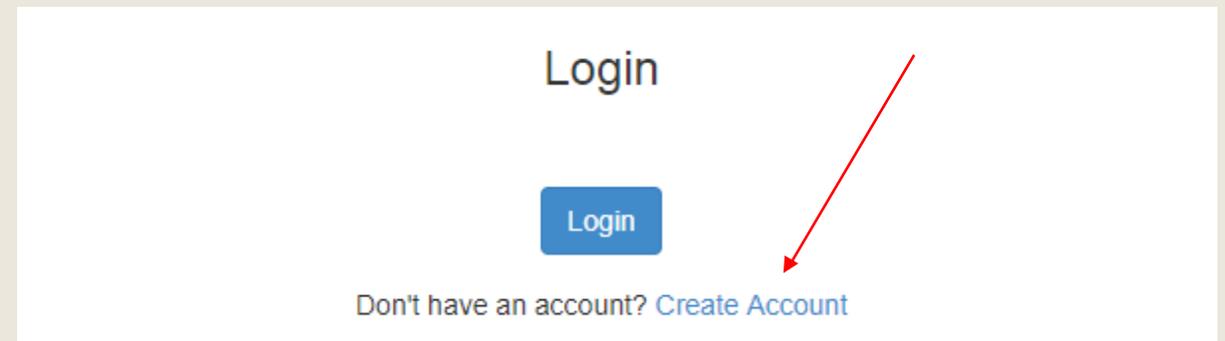
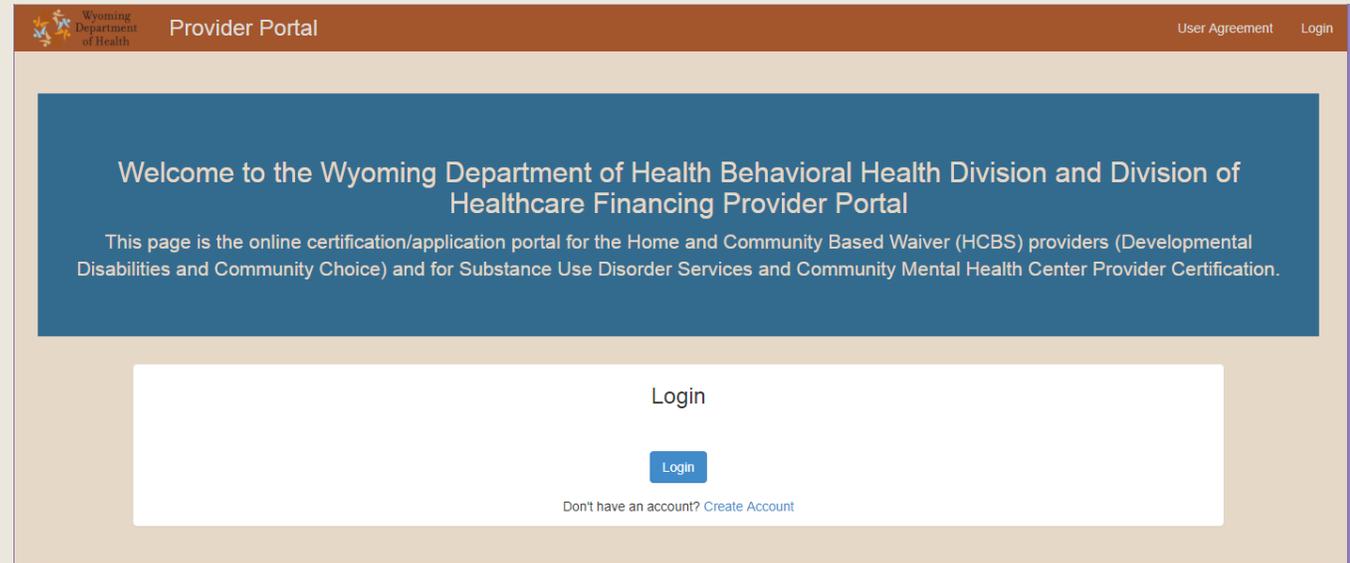
Why Online?

- Streamline Process
- No Third Party Involvement
- Reliable Timeline Information
- Provider Information Storage



Getting Started

- Renewal Notice Letters are sent to providers between 90 and 120 days prior to Expiration.
- The Letter contains the URL (link) to access the Provider Portal:
- <https://improvproviderportal.health.wyo.gov/>
- Click “Create Account” located just under the Login button
- Case Managers (or former Case managers): If you already have a username and access to the Portal (CCW, EMWS, MHSA etc.), do not create another username. Please send your existing username to BHD.Cert.Renew@wyo.gov and it will be linked.



Creating a Username

- Username Field:
- Select a username familiar to you (or your business). Ex. “Suzy.Test” “SuzyTest”
- Click “Check Username”
- You will be notified if the Username is available, if the username is unavailable please select a new username and click “Check Username”
- Complete the First name, Last Name, and Email fields, then click “Submit”

Wyoming Department of Health Provider Portal User Agreement Login

Create New Account

Please fill out this form to create your new account. If you have an existing account do not fill out this form.

To get started, please fill out the following form. After your account is created we will send you an email with your username and another with a password reset link to set your password for your new account.

Username:

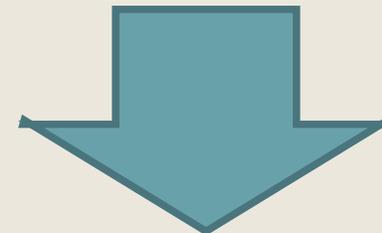
[Check Username](#)

First Name:

Last Name:

Email:

[Submit](#)



Username:

- Username is available.

[Check Username](#)

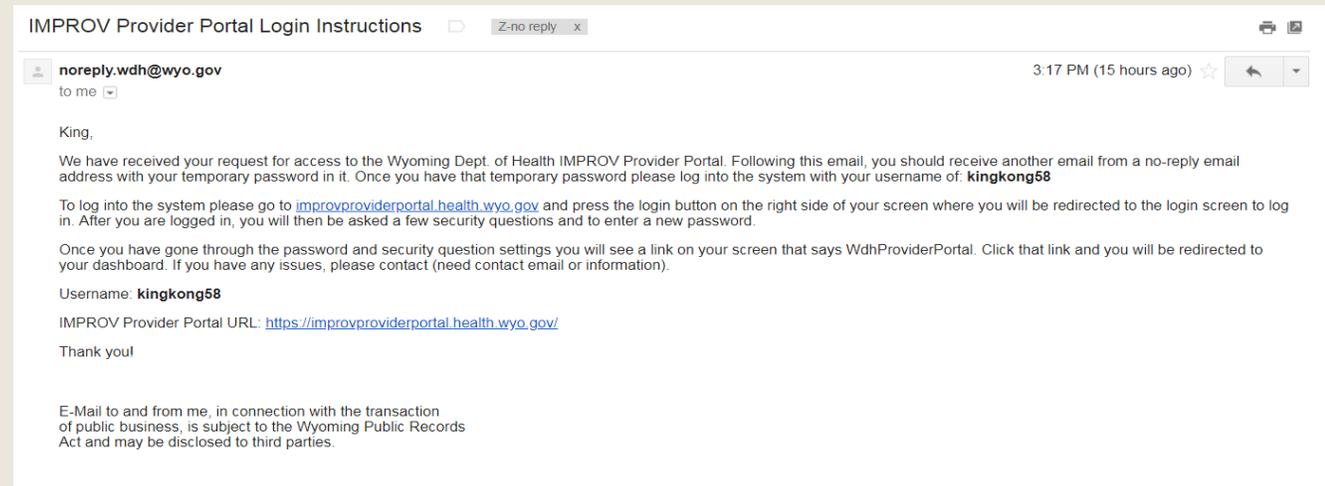
Email Notifications

First email:

- From noreply.wdh@wyo.gov
- Titled: IMPROV Provider Portal Login Instructions
- Confirming Username and providing login instructions

Second Email

- From noreply.wdh@wyo.gov
- Titled: [GSECURE] IMPROV Portal Password Reset
- Gsecure Login required



Subject: [GSECURE] IMPROV Provider Portal Password Reset

New Zix secure email message from State of Wyoming

Open Message

To view the secure message, click Open Message.

The secure message expires on 2019 @ (GMT).

Do not reply to this notification message; this message was auto-generated by the sender's security system. To reply to the sender, click Open Message.

If clicking Open Message does not work, copy and paste the link below into your Internet browser address bar.

<https://wyo.zixportal.com/s/e?>

Want to send and receive your secure messages transparently?

[Click here](#) to learn more.

Logging in to [Gsecure]

- Register your Email Address
- Reset your password
- Login
- Emails appear in InBox Tab
- [\[Gsecure\] Guidance](#)

https://wyo.zixportal.com/s/e?



State of Wyoming

Welcome to the State of Wyoming Message Center

Email Address:

Password:

Remember Me

Sign In

Forgot your password?
Reset

New to secure email?
Register

Need more assistance?
Help

For Customer Support, send an email message to helpdesk@wyo.gov.

https://wyo.zixportal.com/s/preregister?b=wyo



State of Wyoming

Register Account

Enter your email address and a password to register and begin sending and receiving secure messages.

Email Address:

Password:

Re-enter Password:

Password Rules
Passwords must be at least 6 characters in length, and meet 2 of the following conditions:

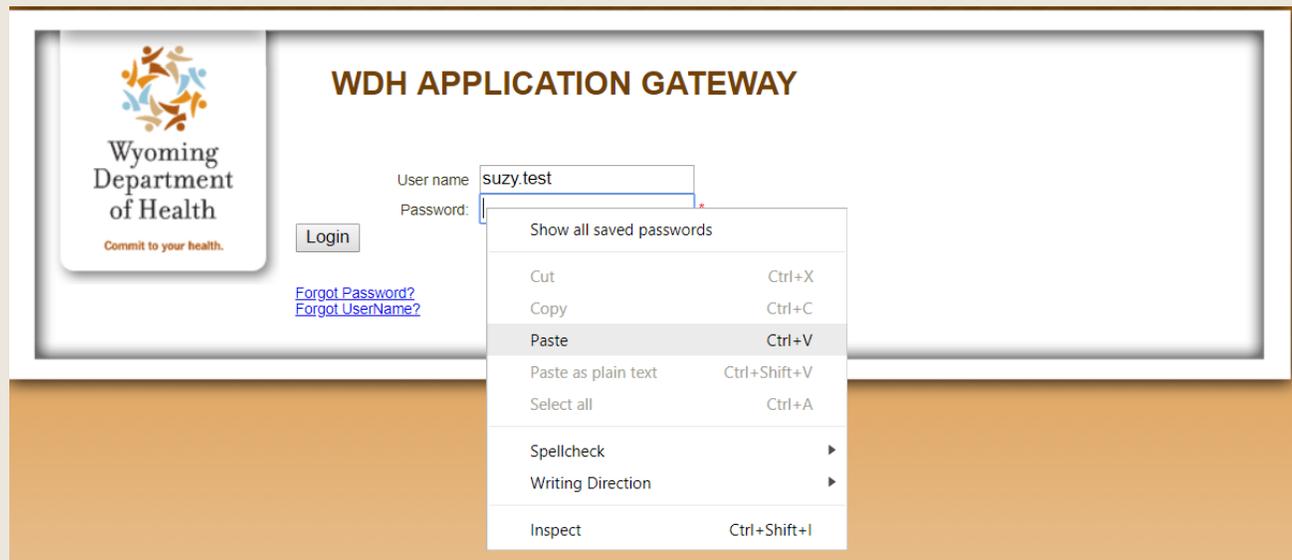
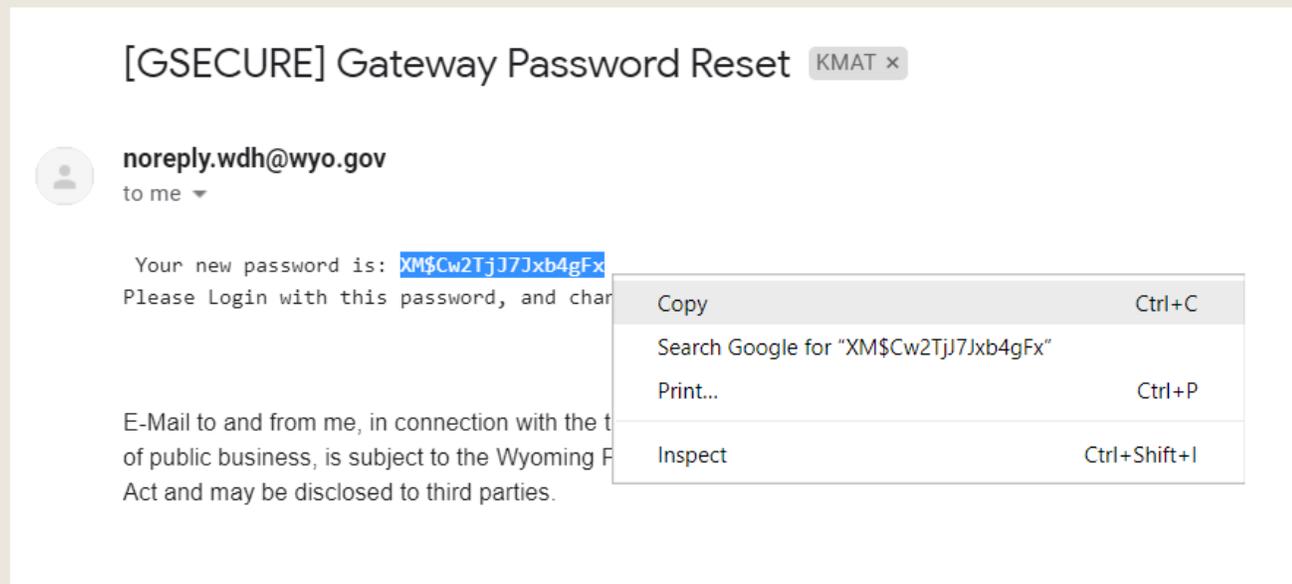
- Contain both alphabetic and numeric characters
- Contain both uppercase and lowercase characters
- Contain at least one special character, such as: ~!@#%&

Passwords cannot match email address.

Cancel **Register**

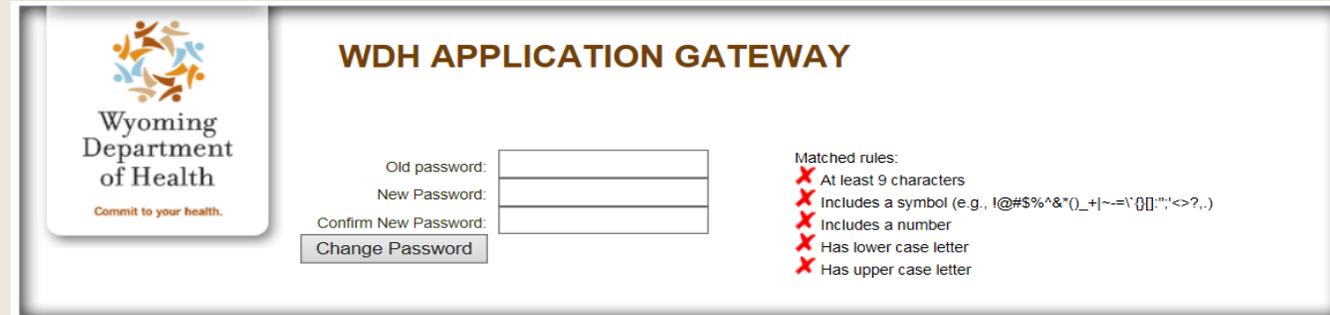
Temporary Password Login

- It is recommended that the password is copied and pasted from the email to the password field of the portal
- Be careful not to include any unnecessary characters and/or spaces



Creating a Password

- Once you have entered your username and temporary password on the portal login screen, you will be immediately directed to change your password.
- Please select a password of at least 9 characters, including at least one symbol, number, lowercase letter, and uppercase letter.



The screenshot shows the 'WDH APPLICATION GATEWAY' interface. On the left is the Wyoming Department of Health logo with the tagline 'Commit to your health.'. The main area contains three input fields: 'Old password:', 'New Password:', and 'Confirm New Password:'. Below these is a 'Change Password' button. To the right, under 'Matched rules:', there are four red 'X' marks indicating failed validation rules: 'At least 9 characters', 'Includes a symbol (e.g., !@#\$%^&*()_+|~=-\{}[]:;'\<>?.,)', 'Includes a number', 'Has lower case letter', and 'Has upper case letter'.

Linking Username to Provider

- Email your username and provider name to the BHD.Cert.Renew@wyo.gov email address.
- A Provider Support Unit member will link your username to your provider name in the portal.
- Please do not send you Password

Renewal Application

 to BHD.Cert.Renew@wyo.gov ▾
Username **suzy.test**
Provider is **Suzy Test**

Thank You

⋮

 **BHD Cert-Renew** <bhd.cert.renew@wyo.gov>
to

Your username has been linked to **Suzy Test**

Please be aware, when you log in to complete your renewal you will see a renewal application task on your task list.
This task will not appear until 120 days prior to your expiration.

Thank you.
Provider Support Staff

⋮

[← Reply](#) [➔ Forward](#)

Renewal Application

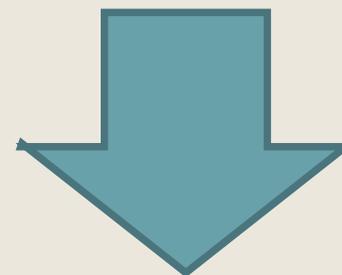
- Once Username is linked to Provider a renewal task will appear on your task list
- Click the Icon to access the Application

Wyoming Department of Health Provider Portal User Agreement

Task List

Current Tasks

View	Application Type	Name	Status	StatusModifyDate	Documents Upload
	New	How are we testing today	Completed Application	12/3/2018	3/3
	Renewal	How are we testing today	Completed Application	12/3/2018	2/2



Current Tasks

View	Application Type	Name	Status	StatusModifyDate	Documents Uploaded
	New	How are we testing today	Completed Application	12/3/2018	3/3
	Renewal	How are we testing today	Completed Application	12/3/2018	2/2



Demographics Information

- Provider name listed in the “Provider/Agency Name”
- Please enter all applicable information in the provided fields
- If you have questions about what information belongs in the each field, please click Provider guidance at the top of the page where it says “For application guidance Click Here: Provider Guidance.”

Basic Demographics

For Application Guidance Click Here: [Provider Guidance](#)

Provider/Agency Name: Contact Name:

NPI Number (If Applicable):

Website:

Accredited Provider?

Do you plan to offer Case Management services? Yes No

Adding Addresses

- Click “Add Address” to enter addresses
- A minimum of one physical AND one mailing address is required
- Please be sure to add all addresses and label them accordingly, including group homes.
- Group homes and other locations that are owned, leased, operated, or otherwise controlled by a provider where services are provided should be listed as “Physical” or “Physical, non-Public.”
- Please be sure to provide accurate information.
- If you have questions about what information belongs in the each field, please click Provider guidance at the top of the page where it says “For application guidance Click Here: Provider Guidance.”

Address
Add All Applicable (Minimum 1 Physical and 1 Mailing Address Required)
Physical, Non-Public addresses are for locations that should not populate on the public search page, but services are offered at.

	Address Type	Address	City	State	Zip	
<input checked="" type="checkbox"/>	Physical Address					<input type="button" value="Remove"/>
<input checked="" type="checkbox"/>	Mailing Address					<input type="button" value="Remove"/>

Add Address

Address Type: Address:

City:

State: Zip:

Adding Phone Numbers

- Click “Add Phone” to add phone numbers.
- Each phone number submitted must be linked to a physical address and should be the most appropriate address for the phone number.
- Please do not include a 1 before the area code.
- DO NOT put all the phone numbers under one address if you have more than one physical address.
- If you have questions about what information belongs in the each field, please click Provider Guidance at the top of the page where it says “For application guidance Click Here: Provider Guidance.”

Phone
Add All Applicable

	Phone	Linked Address	
			Remove

[Add Phone](#)

Add Phone

Phone Type: Phone:

Description: Linked Address:

[Submit](#) [Cancel](#)

Adding Email Addresses

- Click “Add Email” to add email
- The format must be [XXX@XXX.com](#) (.org, .edu, .gov, etc) and must be a valid email address, as is required by Chapter 45 section 5(a)(iv).
- Failure to have a valid email may delay the application and/or Certification renewal.
- Each email address submitted must be linked to a physical address and should be the most appropriate address for the email.
- If you have questions about what information belongs in the each field, please click [Provider Guidance](#) at the top of the page where it says “For application guidance Click Here: [Provider Guidance](#).”

Email

Add All Applicable

	Email Type	Email	Linked Address	
				<input type="button" value="Remove"/>

Add Email

Email Type: Email:

Description: Linked Address:

Adding Case Management Staff

- Click “Add Case Management Staff” to add Case Management Staff
- Only Case Management Staff should be listed
- NPI numbers are required
- No documents are required for Case Managers at Renewal
- If you have questions about what information belongs in the each field, please click Provider Guidance at the top of the page where it says “For application guidance Click Here: Staff Guidance.”

Case Management Staff

Add All Applicable

	Last Name	First Name	Staff Type	Linked Address	
			Case Manager		Remove

[Add Case Management Staff](#)

Add Case Management Staff

For Additional Guidance Click Here: [Staff Guidance](#)

Last Name: First Name:

Phone: Email:

Mailing Linked Address: Physical Linked Address:

Staff Type: NPI Number:

Upload Required Documents: (Required Documents) [Browse...](#) [Upload](#)

[Proceed To Document Upload](#) [Submit](#) [Cancel](#)

Additional Information

- Selections here will identify documentation required later in application
- Certificates are required at time of application
- If you have questions about how to answer these questions, please click Provider Guidance at the top of the page where it says “For application guidance Click Here: Provider Guidance.”

Additional Information

For Additional Guidance Click Here: [Provider Guidance](#)

HCBS Setting

Do you plan on providing services in a location that is owned, leased, operated, or controlled by yourself or your company/agency? Yes No

Medication Assistance

Do you plan on assisting participants with their medications? Yes No

Participant Transport

Do you plan to transport participants? Yes No

Restraint

Do you plan to perform restraints? Yes No

[Save and Continue](#)

HCBS Services

- If you have selected that you will be providing services at a location you/your business owns, leases, operates or otherwise controls you will see a tab appear titled “HCBS.”
- Click Add HCBS Location
- The Drop down box that will display all of the physical addresses entered on the demographics page
- Please select the address and click “Add HCBS Location
- Only one service can be selected at a time, so if you have a location that provides more than one service, you will need to repeat this step for each service provided at that location.
- If you need further guidance, please use the guidance at the top of the page where it says “For additional guidance Click Here: HCBS Guidance.”

Demographics HCBS Services Docs/Disclosures App. Confirmation

HCBS Setting Location

Add All Applicable
For Additional Guidance Click Here: [HCBS Guidance](#)

Filter by Address:

There are no HCBS locations for this provider.

[Add HCBS Location](#)

[Previous](#) [Save and Continue](#)

Add Address

For Additional Guidance Click Here: [HCBS Guidance](#)

Select a Physical Address:

Select an HCBS Location Type:

[Submit](#) [Cancel](#)

Adding Services

- Click “Add services” to see the pop up listing available services
- If you wish to be able to serve any participant on the waiver, be sure to select all three waivers. (ABI, COMP, Supports)
- Identify the area you plan to provide these services, by city or county
- The listed address, in the drop down, does not indicate that you intend to provide services at this location.
- If you need further guidance, please use the guidance at the top of the page where it says “For Additional Guidance Click Here: [Service Guidance](#).”

Services

For Additional Guidance Click Here: [Service Guidance](#)

When adding Services, additional documentation may be required prior to submission of your application.

There are no services for this provider.

[Add Services](#) [Remove Checked Services](#)

[Previous](#) [Save and Continue](#)

Add Services Not Complete List

For Additional Guidance Click Here: [Service Guidance](#)

Services

Select All Services

<input type="checkbox"/> S5100-ADS BASIC - ABI	<input type="checkbox"/> T2029NU-Specialized Equipment - Support	<input type="checkbox"/> T2016U6-RES HAB LVL 5 - ABI
<input type="checkbox"/> S5100-ADS BASIC - Comp	<input type="checkbox"/> T2029NU-Specialized Equipment - Comp	<input type="checkbox"/> T2016U5-RH LVL 6 - Comp
<input type="checkbox"/> S5100-ADS BASIC - Support	<input type="checkbox"/> T2029NU-Specialized Equipment - ABI	<input type="checkbox"/> T2016U5-RH LVL 6 - ABI
<input type="checkbox"/> S5100TG-ADSHigh - ABI	<input type="checkbox"/> T2029-Specialized Equipment Repair - Support	<input type="checkbox"/> T2016UD-RES HAB HOST HOME - ABI
<input type="checkbox"/> S5100TG-ADSHigh - Comp	<input type="checkbox"/> T2029-Specialized Equipment Repair - Comp	<input type="checkbox"/> T2016UD-RES HAB HOST HOME - Comp
<input type="checkbox"/> S5100TG-ADSHigh - Support	<input type="checkbox"/> T2029-Specialized Equipment Repair - ABI	<input type="checkbox"/> T1005-Respite Care - ABI

Location

City

County

Address Services will be Provided at:

[Save and Submit More](#) [Submit](#) [Cancel](#)

Docs and Disclosures

- All forms, documents, and/or templates can be found on the Division website in the [Forms and References Library](#).
- Please read and click each disclosure as an acknowledgement of your understanding of the Provider's responsibilities and expectations of the program.
- For a list of acceptable document formats and further assistance, please use the guidance at the top of the page where it says For Additional Guidance Click Here: [Documents and Disclosures Guidance](#).

Demographics HCBS Services Docs/Disclosures App. Confirmation

Required Documents

For Additional Guidance Click Here: [Documents and Disclosures Guidance](#)

Document		Uploaded Documents	Document Pending?
Provider Vehicle Information	<div style="border: 1px dashed gray; padding: 5px; text-align: center;">Drop files here</div> <div style="background-color: #f0f0f0; padding: 2px; font-size: 0.8em;">Select File(s) to select file(s) to upload.</div>	<div style="border: 1px solid gray; padding: 2px; display: flex; justify-content: space-between;"> 1 Remove </div>	Document Pending
Statement of Confidentiality	<div style="border: 1px dashed gray; padding: 5px; text-align: center;">Drop files here</div> <div style="background-color: #f0f0f0; padding: 2px; font-size: 0.8em;">Select File(s) to select file(s) to upload.</div>	<div style="border: 1px solid gray; padding: 2px; display: flex; justify-content: space-between;"> 1 Remove </div>	Document Pending
Documentation Standards	<div style="border: 1px dashed gray; padding: 5px; text-align: center;">Drop files here</div> <div style="background-color: #f0f0f0; padding: 2px; font-size: 0.8em;">Select File(s) to select file(s) to upload.</div>	<div style="border: 1px solid gray; padding: 2px; display: flex; justify-content: space-between;"> 1 Remove </div>	Document Pending

Demographics HCBS Services Docs/Disclosures App. Confirmation

Disclosures

Name	Disclosure	Yes
Not State Employee	I understand that I am not employed by the State of Wyoming. I am self-employed, and considered an independent contractor of services with the State of Wyoming.	<input checked="" type="checkbox"/>
No Withholding withheld	I understand that no payroll withholding is withheld from my payments for waiver services.	<input checked="" type="checkbox"/>
Workers Comp	I understand that I am not covered under Wyoming's Workers Compensation.	<input checked="" type="checkbox"/>
Self-Employed Tax return	I am responsible for filing my own self-employment tax return with the Internal Revenue Service (IRS).	<input checked="" type="checkbox"/>
Reportable income	I understand that, with little exception, the income generated from the provision of waiver services is considered reportable income.	<input checked="" type="checkbox"/>
Tax Liability responsibility	I understand that any tax liability incurred as a result of income generated from the provision of waiver services is my responsibility.	<input checked="" type="checkbox"/>
Employee tax liability	I understand the hiring of employees requires additional tax liability.	<input checked="" type="checkbox"/>
SAO Reports to IRS	I understand, per federal tax law, the Wyoming State Auditor's Office is required to report all provider payments (income) to the Internal Revenue Service (IRS).	<input checked="" type="checkbox"/>
No liability protection	I am not covered under any liability protection by the State of Wyoming. I am encouraged to seek out private liability insurance coverage.	<input checked="" type="checkbox"/>

Submitting Application

- Check the box certifying that you are authorized to perform Provider Administration duties for this provider
- Type your name in the Electronic signature field. The person providing the signature needs to be an authorized representative for the provider.
- Click “submit Signature and Exit Application.”
- The Division recommends electronically signing and submitting your application before downloading your copy
- Notes left on this page are temporary and will not be available once the application advances to the next phase.
- If you need further guidance, please use the guidance at the top of the page where it says “For Additional Guidance Click Here: [Application Confirmation Guidance](#).”

Renewal Provider Application
Developmental Disabilities Waiver Provider Certification
State of Wyoming Department of Health - Behavioral Health Division

Demographics	HCBS	Services	Docs/Disclosures	App. Confirmation
--------------	------	----------	------------------	-------------------

Sign and Submit Application

For Additional Guidance Click Here: [Application Confirmation Guidance](#)

Please electronically sign for final submission of your application to the Developmental Disabilities Division.

To view/print the entire application in PDF format, click here: [Download Copy of Application](#)

Note for State Staff:

By checking this box you certify that you are authorized to perform Provider Administration duties for this provider.

Electronic Signature:

[Submit Signature and Exit Application](#)

What to expect After Submission

- An email from noreply.wdh@wyo.gov confirming submission
- If for any reason the Provider Support Staff requires information to be corrected/updated on the application, an email from noreply.wdh@wyo.gov will be received advising that there is a new task on the task list that needs attention.
- Please login, go to the assigned task, and review the note from the Provider Support staff, make the adjustments and resubmit the application as described above.
- Please Contact your Provider Support Specialist if you have any Further Questions or Concerns