



Wyoming Community Choices Waiver

Provider Application

Please complete all pages and submit any required additional documentation

Note: This application DOES NOT guarantee certification. Applicants must meet all certification requirements.

In addition to this application, a Wyoming Medicaid Provider Enrollment Application and Agreement must be completed and submitted for the agency. Complete this online by visiting <https://wymedicaid.portal.conduent.com/>.

Providers will also need to obtain a National Provider Identifier (NPI). For more information regarding the NPI, or to apply for an NPI, visit <https://npiregistry.cms.hhs.gov/>

1. Company (or Doing Business As – DBA): _____

2. National Provider Identifier (NPI): _____

3. Legally Authorized Representative: _____ Phone: _____

4. Agency Address(es): Physical Address: _____

City _____, State _____ Zip _____

Mailing Address: _____

City _____, State _____ Zip _____

Physical Address: _____

City _____, State _____ Zip _____

Mailing Address: _____

City _____, State _____ Zip _____

4. Agency Contact Info: Main Phone: () _____ Fax () _____

Office email: _____

5. Services:
- | | |
|---|--|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Non-Medical Transportation |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Personal Emergency Response System (PERS) |
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Respite |

6. Counties Served: _____

The agency certifies that all information contained on this application is true and complete. The agency understands that any omissions or falsifications may result in denial of certification or suspension of current

certification. The agency gives the State of Wyoming and its authorized agents permission to verify any job related information given with this application.

The agency is responsible for ensuring that all employees who will be providing waiver services meet the established qualifications for their role and have met all required background checks. All owners/operators/employees must abide by current Medicaid Documentation Standards and must complete and sign a current Medicaid Enrollment Application and Agreement. Any failure on the part of the agency to ensure that the established qualifications of all service providers are met could result in termination of the Medicaid Provider Agreement and a referral to Medicaid's Program Integrity Unit for possible reimbursement of all services performed by a case manager that was not qualified to provide services.

Signature of Legally Authorized Representative

Date

You will need to print this application, sign and date it, and return it to the Community Choices Waiver, 122 W 25th St, 4 West, Cheyenne, WY 82002, Attention: Provider Applications.

You may also scan and email it to
ccw.waivers@wyo.gov or fax it to (307)
777-8685.