

Home and Community Based Services  
Developmental Disabilities HCBS Provider Application

# Quick Reference Guide

Home and Community Based Services Section  
Division of Healthcare Financing  
Wyoming Department of Health

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# Required Documents

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All documents and templates are available on the *DD Certification Forms* tab of the [HCBS Document Library](#) page of the Division website.

Chapter 45 of Wyoming Medicaid Rules is available on the *Rules* tab of the [HCBS Public Notices, Regulatory Documents, and Reports](#) page of the Division website.

## Government Issued Photo ID

All applicants are required to provide identification.

Chapter 45, Section 5 of Wyoming Medicaid Rules requires all providers to be 18 years or older. If the applicant will be providing transportation to participants, a valid driver's license is required.

## Background Screening

All applicants must submit background screening results

Chapter 45, Section 14 requires all individuals providing waiver services, including managers, supervisors, direct care staff members, employees hired through participant-direction, and any other individual who may have unsupervised access to participants to complete and pass a background screening. A background screening includes a Wyoming Department of Family Services Central Registry Screening, a United States Office of Inspector General Exclusions Database search, and a state and national fingerprinted criminal history record check. Individuals who do not successfully pass a background screening shall not supervise, provide, or bill for waiver services, or otherwise have unsupervised access to participants on behalf of a provider.

For unique staffing situations or further information, please refer to Chapter 45, Section 14. Background screenings must be completed every five years.

## Office of Inspector General (OIG) Exclusions List Results

In addition to the initial background screening requirement, Chapter 45, Section 14 also requires providers and any person with an ownership or control interest or who is an agent or managing employee of the provider to undergo subsequent monthly OIG Database screenings.

The OIG Exclusion Database search can be completed on the Office of Inspector General Website: <https://exclusions.oig.hhs.gov/>

## CPR and First Aid Certification

All direct service providers are required to be certified in CPR and First Aid.

Chapter 45, Section 5 requires waiver providers, subcontractors, and provider staff members offering direct services to waiver participants to maintain current CPR and First Aid certification, which includes **hands-on** training from a trainer certified with a curriculum consistent with training standards set forth by the American Heart Association or the American Red Cross.

Hands-on is interpreted to mean that there is an in person, hands-on, demonstration of skills portion of the certification and training. **CPR and First Aid certifications that do not include the required hands-on component will not be accepted.**

For information on where to get CPR and First Aid certification, please visit:

[American Heart Association](#)

[American Red Cross](#)

## Proof of Professional Licensure

Chapter 45, Section 5 requires providers of identified services to hold additional licenses or certifications. The following services require additional licensure or certification:

- Behavioral Support Services - Certification by the Board of Certified Behavior Analysts (<https://www.bacb.com>).
- Cognitive Retraining
  - Certification in cognitive retraining from an accredited institution of higher learning;
  - Certification as a Brain Injury Specialist through the Brain Injury Association of America; or
  - Licensed professional with one year of acquired brain injury training OR a Bachelor's degree in a related field and three years experience in working with acquired brain injuries.
- Dietician - Current license to provide dietician services from the Wyoming Dietetics Board.
- Environmental Modification - Applicable building, construction, and engineer licenses and certifications that are required to work as a contractor at the location where services will be provided.
- Occupational Therapy - Current license to practice occupational therapy from the Wyoming board of Occupational Therapy.
- Physical Therapy - Current license to practice physical therapy from the Wyoming Board of Physical Therapy.
- Skilled Nursing - Current license to practice nursing by the Wyoming Board of Nursing.
- Specialized Equipment - Applicable licensure or certification for the type of equipment purchased.
- Speech, Hearing, and Language Services - A current license to practice speech, hearing, and language services from the Wyoming Board of Speech Pathology and Audiology.

## Medication Assistance

Chapter 45, Section 5 requires providers and staff members who assist with medications to maintain a current certificate in medication assistance training offered through the Division or certified Division trainers. Additionally, providers who assist with medications must have policies and procedures regarding the storage and distribution of medications, and documentation of medication assistance.

The Division offers template policies and procedures that can be adopted and submitted with the application located on the [HCBS Document Library](#) page of the Division website, under the DD Certification Forms tab.

Providers that do not intend to assist with medications must complete and submit the Declination of Medication Assistance form. This form is located on the [HCBS Document Library](#) page of the Division website under the DD Certification Forms tab.

## Restraints Certification

Chapter 45, Section 18 requires providers and provider staff members who perform restraints to maintain certification in restraint use, and receive ongoing training on de-escalation techniques and crisis prevention and intervention from Crisis Prevention Intervention (CPI), Mandt, or another entity approved by the Division. Certification must be achieved prior to accepting participants who have an individualized plan of care that includes the use of restraints. Proof of certification must be submitted with the application.

Section 18 requires the providers employing restraints to adopt policies and procedures that identify the provider's certifying entity, specify the types of restraints that may be used, establish provider-specific training requirements for staff, and assure adherence to all state and federal statutes, rules, and regulations.

Applicants or providers who choose not to perform restraints must include that information in their general policies and procedures.

## Provider Controlled Setting Inspections

Chapter 45, Section 13 establishes the requirements for locations owned, operated, controlled, or leased by the provider. Provider controlled locations can include provider homes or business locations, the homes of staff members, and locations for which the provider is directly or indirectly responsible. If you are uncertain, please contact the Division for clarification.

All provider controlled locations must be inspected by an outside entity at least once every twenty four (24) months. The inspection can be completed by a fire marshal or designee, a certified or licensed home or building inspector, or an appropriate contractor inspecting a part of the service setting within the scope of the contractor's license. The external inspection report must be uploaded as part of the application submission.

Providers must also conduct a self inspection, which must be repeated at least annually. The Division offers the Annual Self Inspection Requirements form on the DD Certification Forms tab of the [HCBS Documents Library](#). This form must be uploaded as part of the application submission.

Chapter 45, Section 13 establishes that concerns identified in the inspection report must be resolved within thirty (30) calendar days of the inspection. If the concerns cannot be remedied within thirty (30) calendar days of the report, the provider must submit a written plan that addresses how the concerns will be addressed, and the intended completion dates. The Division may request proof of repair or resolution. If applicable, this plan must be uploaded as part of the

application submission. If there are no repairs required, please utilize the “document pending” option - including any note and date.

Providers that will not be providing services in a location that is controlled by the provider must complete and submit the No Services Provided in a Provider Operated Setting Form. This form is located on the [HCBS Document Library](#) page of the Division website, under the Certification Forms tab.

## Division Forms

Forms on the [HCBS Document Library](#) page of the Division website are updated at least annually to reflect changes to rule or policy. The most current forms are required. Outdated forms will not be accepted.

## Policies and Procedures

Template policies and procedures are available on the [HCBS Document Library](#) page of the Division website, under the DD Certification Forms tab. These templates may be adopted or changed to meet the needs of the applicant and provider practices. Providers are expected to follow the policies and procedures they adopt.

If applicants or providers elect to create their own policies and procedures, all components required by Wyoming Medicaid Chapter 45 must be included.

## Demonstration of Understanding

**Required at certification renewal.**

Demonstration of Understanding forms are located in the [HCBS Document Library](#), under the DD Certification Forms tab. There is a form specific to providers and case managers. The relevant form must be submitted with the application and will be reviewed to ensure the provider understands how and when to report a critical incident.

## Emergency Plans

Chapter 45, Section 13 requires providers to have emergency plans for continuation of services during a variety of emergency situations that could occur in the home and community. These plans must be included in the application submission.

During certification renewal, providers must demonstrate that emergency plans have been reviewed by participants and provider staff members at least annually. The Division offers the Emergency Plan Review form on the DD Certification Forms tab on the [HCBS Document Library](#) page of the Division website.

## Provider and Staff File Checklist

### Required at certification renewal

The Provider Staff File Checklist is used to document provider and staff training and certification information. Please read the form carefully. If the provider does not employ staff, it is not necessary to complete the entire form. Most of the information on the form will be included in the application; however, the acknowledgement box on the form must be checked, and the form must be signed.

If the provider employs five (5) or fewer employees, the Division will request that a form for all employees and the provider is completed and submitted. If the provider employs more than five (5) staff, the provider is required to complete the form for themselves, and upload a roster of their staff members. The Division will select staff members for whom the Staff File Checklist must be completed and uploaded as part of the certification renewal process.

## Initial Provider Training Series

### Required for initial provider applicants

Required initial provider and initial case manager trainings are available on the [HCBS Training page](#). A Provider Training Summary form must be completed and uploaded for each completed training module. The form is available on the [Training](#) page of the Division website, under the relevant training toggle. The Division will review each training summary, and may request that a summary be resubmitted.