

Declination of Medication Assistance



Provider has chosen **not** to assist participants with any prescription or over-the-counter medication. Provider shall notify participants, families, and team members that medication assistance shall not be provided.

Should Provider decide to offer medication assistance to a participant, Provider and any staff employed by Provider shall attend Medication Assistance Training authorized by the Division and obtain and maintain a current Medication Assistance Training certification and develop medication assistance policies that meet Division criteria. Provider understands that this training is available only periodically, and may result in a delay to providing medication assistance to participants. Scheduling information for medication assistance training offered by the Division is available at:

<https://health.wyo.gov/healthcarefin/hcbs/hcbs-training/mat-training/>

Provider acknowledges that assisting participants with medications at any time, without meeting the additional state requirements and qualifications, shall result in adverse actions up to and including certification suspension or revocation pursuant to Chapter 45 of the Department of Health's Medicaid Rules. This may include the recovery of waiver funds already received.

Provider's Name (please print)

Physical address, City, State, and Zip Code

Provider's Signature

Date