

DD Provider Certification Renewal Required Documents



Providers are required to submit all recertification documentation through the Wyoming Health Provider portal (WHP). All documentation shall be legible, and shall be submitted so that it is easy to read and review. This includes assuring that all items are oriented top to bottom, and all files are named as specified in the **Naming Convention Guidelines** document which can be found on the Division website, [HCBS Document Library](#), under the *DD Certification Forms* tab. If policies are contained within a larger policy manual, indicate the specific page number on which the required policy can be found.

It is the responsibility of the provider to review all documentation after it is uploaded and before it is submitted. If submitted documentation does not meet these minimum standards, the Division will consider the documentation unacceptable, and the provider will be required to resubmit within the required timeframes.

_____ Please submit a copy of the following **administrative forms**, which can be found on the Division website, [HCBS Document Library](#), under the *DD Certification Forms* tab:

- Documentation Standards - CERT03
- No Services in a Provider Operated Setting - PV03 (If the provider does not offer services in a provider owned or operated setting.)
- Declination of Medication Assistance - PV05 (If the provider does not offer medication assistance.)
- Provider Statement of Confidentiality - CERT10
- Provider Vehicle Information Form - CERT05
- Demonstration of Understanding for Incident Reporting - CERT12 (Provider)/ CERT13 (Case Manager)

_____ Please submit a **Provider Staff File Checklist** - CERT11 for 5 employees. If the provider has fewer than five employees, the checklist shall be submitted for all employees. For providers with more than five (5) employees, Division staff will request additional staff to be reviewed. Providers must provide a staff roster.

_____ Please submit the following **policies**, including information on how these policies are shared with participants, legally authorized representatives, and employees. Please provide the individual policy that corresponds with each category. If the provider submits a complete manual, they will be required to identify the page number for the identified policy. (**Providers may choose to use the Example General Policies and Procedures available on the HCBS Document Library.**)

- Backup Procedures for Providers without Employees
- Complaints and Grievances
- Conflict of Interest (if provider permits the hiring of legally authorized representatives of a participant receiving services from the provider, or permits the hiring of relatives of provider employees working for the organization.)

- Confidentiality
- Employment First
- Food
- Incident reporting (reportable and internal)
- Outings During Waiver Services
- Participant Choice and Community Integration
- Participant Costs & Funds
- Pets
- Privacy
- Provider Requirements
- Providers who Subcontract
- Provider Qualifications
- Restraints
- Rights (including right to refuse services)
- Smoking
- Supervision
- Transportation
- Visitors
- Weapons(including ammo separate from weapon)
- Community Living Services Policies for Residential
 - Locks
 - Customization
 - Choice of Housemates

_____ Medication Assistance Training (If the provider offers medication assistance)

- Medication assistance policies and procedures
- Current medication assistance training certificate

_____ Please submit the following **emergency plan information**, including demonstration that plans are reviewed with participants and staff on routine shifts, document one drill per page, and demonstration that concerns were identified and addressed, for the sites identified. **Provider may choose to use the Example Emergency Plans for Community-Based and/or Home Based Services - Example 16/Example 18**

- Fire - including evacuation drill
- Bomb threat
- Natural disasters (including, but not limited to, earthquakes, blizzards, floods, tornadoes, wildfires)
- Power and other utility failures
- Medical emergencies
- Missing persons
- Provider incapacity
- Staffing shortages (service coverage) due to other emergency situations
- Safety during violent or other threatening situations
- Vehicle emergencies
- Contingency plan (to ensure the continuation of essential services)

_____ Evidence of Inspections (found as a task in the provider portal)

- Evidence of one self-inspection for each certified location for each year of the last certification period, including evidence that deficiencies were addressed.
- Evidence of one inspection completed by an outside entity, for each certified location, completed within the last 24 months.