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, <u>HCBS Document Library</u>, under the *Certifications and Renewals* 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 evidence of the following background screenings with each Provider
Renev	val Application. Visit the <u>HCBS DD Waivers Background Screening</u> page for details.
	United States Department of Health and Human Services, Office of Inspector General
	(OIG), List of Excluded Individuals/Entities (rescreen at least annually)
	Wyoming Department of Family Services Central Registry Check (rescreen every 5 years)
	National Criminal Background Screening based on Name & Social Security Number
	(rescreen every 5 years)
	_Please submit a copy of the following administrative forms , which can be found on the
Divisio	on website, <u>HCBS Document Library</u> , under the <i>Certifications and Renewals</i> tab:
	Conflict Free Case Manager Confirmation CM29 - (for case managers)
	Continuing Education Tracking Record CERT02 - (8 hours CE required for renewal certification of case managers and providers of individual habilitation training)
	Documentation Standards - CERT03
	Declination of Medication Assistance - PV05 (If the provider does not offer medication assistance.)
	Incident Reporting Demonstration of Understanding - CERT12 (Provider)/ CERT13 (Case Manager)
	No Services in a Provider Operated Setting - PV03 (If the provider does not offer services in a provider owned or operated setting.)
	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 .
	Provider Statement of Confidentiality - CERT10
	Provider Vehicle Information Form - CERT05
	If billing agency rates, submit evidence of IRS filings (IRS Form W-3, IRS Form 1096, or electronic confirmation of filings)



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 Policles and Procedures available on the HCBS Document Library.) Backup Procedures for Providers Participant Privacy without Employees Pets Provider Requirements Provider Requirements Provider Requirements Provider Submotorized representatives of a participant receiving services from the provider, or permits the himp of relatives of provider employees working for the organization.) Smoking Employment First Supervision Restraints Supervision Provider Reporting (reportable and internal) Visitors Weapons & Ammunition Visitors Participant Rights & Freedoms Incident Reporting (reportable and internal) Visitors Participant Choice and Community Integration Participant Funds & Notice of Costs Community Living Services Policies for Residential Participant Funds & Notice of Costs Community Living Services Policies Communit		Please submit the following policies , including	ng info	ormation on how these policies are
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	_Evidence of Inspections (found as a task in the provider portal; see Provider Safety Standards - TOOL47
	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.