

# CCW Matrix of Required Provider Policies and Documentation by Service



**HOME AND  
COMMUNITY-  
BASED  
SERVICES**  
WYOMING DEPARTMENT OF HEALTH

	Adult Day Services	Assisted Living Facility	Case Management Services	Homemaker	Home Delivered Meals	Home Health Aide	Non- Emergency Transportation	PERS (Personal Emergency Response System)	Personal Support Services	Respite Services	Skilled Nursing Services
<b>Service Documentation</b> <i>Wyoming Medicaid Chapter 3, Section 8 / MPPA</i>	•	•	•	•	•	•	•	•	•	•	•
<b>Staff Roster</b> <i>CCW Appendix C-2-a, Appendix C-3 (Provider Qualifications)</i>	•	•	•	•		•	•		•	•	•
<b>Provider Staff Files</b>	•	•	•	•		•	•		•	•	•
<b>Background Screenings</b>											
<a href="#">Annual OIG List of Excluded Individuals/Entities</a> <i>(Monthly Checks for Principals)</i>	•	•	•	•		•			•	•	•
<a href="#">WY Department of Family Services, Central Registry Check</a>	•	•	•	•		•			•	•	•
National Criminal Background Screening based on Name & Social Security Number	•	•	•	•		•			•	•	•
<a href="#">US Department of Justice, National Sex Offender Website</a>	•	•	•	•		•			•	•	•
Qualifications <i>(Transcripts &amp; Resume)</i>			•								
<b>Professional Licenses &amp; Certificates</b>											
<a href="#">Wyoming Secretary of State Certificate of Good Standing</a>			<i>Agency Only</i>				<i>Independent Carrier Only</i>	•			
Assisted Living Facility License <i>W.S. 35-2-901(a)(xxii)</i>		•									
Home Health Agency Facility License - <i>W.S. 35-2-901(a)(xxiii)</i>	<i>Med Model Only</i>					•			•	•	•
Nursing Facility License <i>W. S. 35-2-901(a)(xvi)</i>										•	
WY Department of Agriculture Agreement / Title IIIb - <i>CCW Appendix C - 3 (Provider Qualifications)</i>					•						
<b>Verification of Required Training</b>											
Participant-Specific Training	•	•	•	•	•	•	•	•	•	•	•
Required Annual Division Training			•								
<b>Policies &amp; Procedures</b>											
Privacy Policy	•	•	•	•	•	•	•	•	•	•	•
Confidentiality of Records Policy <i>(aligned with HIPAA)</i>	•	•	•	•	•	•	•	•	•	•	•
Incident Reporting <i>CCW Appendix G-1-b</i>	•	•	•	•	•	•	•	•	•	•	•
Grievances Policy	•	•	•	•	•	•	•	•	•	•	•
Community Access Policy		•									
Participant Rights Policy	•	•	•	•	•	•	•		•	•	•
Restraints Policy	•	•	•	•		•	•		•	•	•
Notice of Costs to Participants	•	•	•	•	•	•	•	•	•	•	•
Records Retention & Destruction Policy	•	•	•	•	•	•	•	•	•	•	•
Visitors Policy	•	•								<i>Out of home only</i>	

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**HOME AND  
COMMUNITY-  
BASED  
SERVICES**  
WYOMING DEPARTMENT OF SOCIAL SERVICES

	Adult Day Services	Assisted Living Facility	Case Management Services	Homemaker	Home Delivered Meals	Home Health Aide	Non- Emergency Transportation	PERS (Personal Emergency Response System)	Personal Support Services	Respite Services	Skilled Nursing Services
<b>Other Items</b>											
Older Americans Act Grant 45 CFR 1321 (Subpart D)					•		•				
Residential Lease 42 CFR 441.301(c)(4)(vi)(A)		•									
Initial Inspection - CCW Appendix C - 3 (Provider Qualifications)		•			•						
Wyoming DOT Motor Carriers Agreement w.s. 31-18-101(ii)							•				
Authorized Dealer Demonstration CCW Appendix C - 3 (Provider Qualifications)								•			