



RENEWAL CCW Matrix of Required Provider Policies and Documentation by Service

| | Adult Day Services | Assisted Living Facility | Assistive Technology | Case Management Services | Companion Services | Environmental modifications | Homemaker | Home Delivered Meals | Home Health Aide | Non-Emergency Transportation | PERS (Personal Emergency Response System) | Personal Support Services | Respite Services | Skilled Nursing Services |
|--|--------------------|--------------------------|---|--------------------------|--------------------|-----------------------------|-----------|----------------------|------------------|------------------------------|---|---------------------------|------------------|--------------------------|
| Service Documentation <i>Wyoming Medicaid Chapter 3, Section 8 / MPPA</i> | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Staff Roster <i>CCW Appendix C-2-a, Appendix C-3 (Provider Qualifications)</i> | • | • | | • | • | | • | | • | | | • | • | • |
| Provider Staff Files | • | • | | • | • | | • | | • | | | • | • | • |
| Background Screenings | | | | | | | | | | | | | | |
| Annual OIG List of Excluded Individuals/Entities <i>(Monthly Checks for Principals)</i> | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| WY Department of Family Services, Central Registry Check | • | • | | • | • | | • | | • | | | • | • | • |
| National Criminal Background Screening based on Name & Social Security Number | • | • | | • | • | | • | | • | | | • | • | • |
| US Department of Justice, National Sex Offender Website | • | • | | • | • | | • | | • | | | • | • | • |
| Qualifications <i>(Transcripts & Resume)</i> | | | | • | | | | | | | | | | |
| Professional Licenses & Certificates | | | | | | | | | | | | | | |
| Wyoming Secretary of State Certificate of Good Standing | | | Assistive Technology Vendor & Case Management | Agency Only | | | | | | | Independent Carrier Only | • | | |
| Applicable building, electrical, plumbing, or contractor's license, as required by local and state regulations | | | | | | • | | | | | | | | |
| Authorized Dealer Demonstration <i>(FCC, UL, or other authority certificate)</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> | | | | | | | | | • | | | • | • | • |
| Adult Day License | • | | | | | | | | | | | | | |
| Nursing Facility License <i>W.S. 35-2-901(a)(xvi)</i> | | | | | | | | | | | | | • | |



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|---|--------------------|--------------------------|---|--------------------------|--------------------|-----------------------------|-----------|----------------------|------------------|------------------------------|---|---------------------------|------------------|--------------------------|
| WY Department of Agriculture Agreement - CCW Appendix C - 3 (Provider Qualifications) | | | | | | | | • | | | | | | |
| Wyoming DOT Motor Carriers Agreement w.s. 31-18-101(ii) | | | | | | | | | | • | | | | |
| Wyoming Home Service Program, Title-III-B | | | | | | | | • | | • | | | | |
| Verification of Required Training | | | | | | | | | | | | | | |
| Participant-Specific Training | • | • | | • | • | | • | | • | | | • | • | • |
| Required Annual Division Training | | | | • | | | | | | | | | | |
| Policies & Procedures | | | | | | | | | | | | | | |
| Incident Reporting <i>CCW Appendix G-1-b</i> | • | • | | • | • | • | • | | • | • | | • | • | • |
| Internal Complaints Policy | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Community Access Policy | | • | | | | | | | | | | | | |
| Participant Rights Policy | • | • | <i>Case Management Agency & Independent Provider Only</i> | • | • | | • | • | • | • | | • | • | • |
| Restraints Policy | • | • | | • | • | | • | | • | • | | • | • | • |
| Visitors Policy | • | • | | | | | | | | | | | | |
| Other Items | | | | | | | | | | | | | | |
| Residential Lease <i>42 CFR 441.301(c)(4)(vi)(A)</i> | | • | | | | | | | | | | | | |