DD Provider Initial Certification Required Documents

HOME AND COMMUNITY-BASED SERVICES
WYOMING MEDICAID DIVISION OF HEALTHCARE FINANCING

Please Read

Providers are required to submit all 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 *Provider Certification* 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. If you have further questions, please email wdh-hcbs-credentialing@wyo.gov.

General

- ☐ Government Issued Photo ID
- ☐ CPR/First Aid
- ☐ Background Screenings
  - ☐ Name & Social Security Based National Criminal Screening
  - ☐ Department of Family Services Screening
  - ☐ Office of Inspector General Screening

Training

Initial Training Modules - Must include a Provider Training Summary- EX24 for ***each*** required module below:

- ☐ Preventing, Recognizing, and Reporting Abuse, Neglect, and Exploitation
- ☐ Module #1 – Introduction to Rules and Resources
- ☐ Module #2 – Rights of Participants Receiving Services
- ☐ Module #3 – Notification of Incident Process
- ☐ Module #4 – Standards for Home and Community-Based Services
- ☐ Module #5 – Background Check Requirements
- ☐ Module #6 – Provider Qualifications, Standards, and Training
- ☐ Module #7 – Case Management Services

- ☐ Module #8 – Individualized Plan of Care
- ☐ Module #9 – Complaints, CAPs, and Adverse Actions
- ☐ Module #10 – Provider Recordkeeping, Data Collection, and Documentation Standards
- ☐ Module #11 – Participant Costs, Funds, and Personal Property
- ☐ Module #12 – Participant Transitions
- ☐ Module #13 – Provider Initial Certification and Certification Renewal
- ☐ Module #14 – Positive Behavior Supports and Restraint Standards

*Please note that Additional Training & Documentation Requirements for Case Manager Certifications are listed separately in the section below.

Administrative Forms

Please submit a copy of the following **documents**, most of which can be found on the Division website, HCBS Document Library, under the *Provider Certification* tab:

- ☐ Proof of Auto Insurance (if applicable)
- ☐ Declination of Medication Assistance - PV05 (If the provider does not offer medication assistance.)
- ☐ Medication Assistance Training Certificate (If the provider offers medication assistance)
- ☐ Crisis Intervention Training Certificate (MANDT/CPI) (if applicable)
- ☐ Statement of Confidentiality - CERT10
- ☐ Documentation Standards - CERT03
- ☐ No Services Offered in a Provider Operated Setting - PV03 (If the provider does **not** offer services in a provider owned or operated setting.)
- ☐ Providers Offering Services in a Provider Operated Setting
  - ❏ Outside Entity Inspection Report
  - ❏ Annual Self-Inspection (WHP portal electronic form)
- ☐ Provider Vehicle Information Form - CERT05

Policies & Procedures

Please submit the following **policies and procedures**, including information on how these policies will be shared with participants, legally authorized representatives, and employees. Please provide an 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. Refer to Wyoming Medicaid Rule Chapter 45 for specific details on the following requirements. **(Providers may choose to use the Example General Policies and Procedures- EX17 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
  - ☐ **Critical/Reportable (See EX14 in HCBS Document Library)**
  - ☐ **Internal (See EX23 in HCBS Document Library)**
- ☐ Medication Assistance policies and procedures **(if applicable - see EX19 in HCBS Document Library)**
- ☐ 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
  - ☐ Ammo
  - ☐ Weapon
- ☐ Community Living Services Policies for Residential
- ☐ Locks
- ☐ Customization
- ☐ Choice of Housemates

Emergency Plans

Please submit the following **emergency plan information**, including how these plans will be reviewed and practiced with participants and staff on routine shifts. (**Provider may choose to use the Example Emergency Plans for Community-Based *and/or* Home Based Services - EX 16/EX 18 available on the HCBS Document Library.**)

- ❑ 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)**

Additional Requirements for Case Manager Certifications

- ☐ Conflict Free Case Manager Confirmation - CM29
- ☐ Case Management Policies and Procedures **(Case Managers may choose to use the Example Case Management Policies and Procedures - EX22 available on the HCBS Document Library.)**
- ☐ Initial Case Manager Training **- must include a Provider Training Summary - EX24 for each module**
- ☐ Rights Restriction Review Tool - **must include a Training Summary Form - EX24**
- ☐ Required Electronic Medicaid Waiver Services (EMWS) Training for Case Managers **(Provider Training Summary - EX24 is not required)**
    - ☐ Plan Status and Individual Preferences Screens
    - ☐ Contacts and Demographics Screens
    - ☐ Rights Screens
    - ☐ Assessments and Circle of Supports Screens
    - ☐ Needs & Risks and Medical Screens
    - ☐ Specialized Equipment and Behavioral Health Screens
    - ☐ Service Authorization and Verification Screens