



COMMUNITY CHOICES WAIVER EMPLOYER OF RECORD DESIGNATION AND POWER OF ATTORNEY FOR PARTICIPANT DIRECTION

IMPORTANT INFORMATION FOR PRINCIPAL

The Community Choices Waiver program affords participants (or their guardian/legal representative, as appropriate) the opportunity to take an active role in the management of select services through the participant-directed services option. Participants may choose to direct their own services or to appoint another individual to serve as the designated employer of record and direct services on their behalf.

This form allows you (the principal) to grant power of attorney and authorize another individual (your agent, or "designated employer of record") to make decisions and act on your behalf concerning the employer duties and responsibilities under the participant-directed services option. You should select someone you trust to serve as your agent. Your agent is authorized to act on your behalf with respect to these employment-related functions whether or not you are able to act for yourself.

Unless you specify otherwise, the agent's authority will generally continue until you die or revoke the power of attorney or until the agent resigns or is unable to act for you. This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

This power of attorney does not authorize the agent to make other financial or healthcare decisions on your behalf. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act, W.S. 3-9-101 through 3-9-403. If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, _____ (Name of Principal) name the following person as my agent:

Name of Agent: _____

Agent's Address: _____

Agent's Telephone Number: _____

GRANT OF SPECIFIC AUTHORITY

I grant my agent, my "designated employer of record", specific authority to act for me and conduct these employment-related functions with regard to my participant-directed services:

1. Recruit potential employees
2. Verify the minimum employee qualifications and criminal history and background investigation standards
3. Ensure employees successfully complete all required training
4. Specify any additional qualifications, criminal history and background investigation standards, and/or training requirements
5. Select and hire employees as the common law employer
6. Set employee wages within the limits of the program
7. Determine employee duties consistent with the covered service definitions and within the limits of the program
8. Create and maintain a job description for each employee
9. Orient, train, and instruct employees in their duties
10. Schedule and manage service delivery to remain within the participant-directed budget
11. Supervise employees
12. Evaluate and manage employee performance
13. Verify time worked by employees and approve timesheets
14. Discharge and/or terminate employees

I understand that granting a power of attorney does not limit or discharge my responsibility or liability for truthfulness, completeness, and accuracy of all medical assistance claims presented to Wyoming Medicaid by me or on my behalf. This power of attorney does not foreclose the application of possible penalties under applicable state and federal law for fraudulent, false, or misleading medical assistance claims.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

IMPORTANT INFORMATION FOR AGENT

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You shall:

1. Act in good faith;
2. Act loyally for the principal's benefit;
3. Act with care and perform the duties and responsibilities of the designated employer of record with competence and diligence;
4. Act within the authority granted in this power of attorney;
5. Do what you know the principal reasonably expects you to do or, if you do not know the principal's expectations, act in the principal's best interest;
6. Cooperate with any person that has authority to make healthcare decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest;
7. Avoid conflicts that would impair your ability to act in the principal's best interest;
8. Not serve or be reimbursed as a provider of Medicaid services to the principal;
9. Not receive compensation to perform the duties and responsibilities of the designated employer of record;
10. Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name; and
11. Not represent yourself as an employee or agent of the State of Wyoming or the Financial Management Services (FMS) agency.
12. Not assign or delegate the duties and responsibilities of the designated employer of record to another person or entity.

Termination of Agent's Authority

You shall stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

1. Death of the principal;
2. The principal's revocation of the power of attorney or your authority;
3. The occurrence of a termination event stated in the Special Instructions;
4. The purpose of the power of attorney is fully accomplished;
5. Termination of the principal's participant-directed services;
6. You no longer meet the Community Choices Waiver program criteria to serve as a designated employer of record; or

7. If you are married to the principal, a legal action is filed with a court to end your marriage or for your legal separation unless the Special Instructions in this power of attorney state that such action will not terminate your authority.

Liability of Agent

The meaning of the authority granted to you is defined in the Uniform Power of Attorney Act, W.S. 3-9-101 through 3-9-403. If you violate the Uniform Power of Attorney Act, W.S. 3-9-101 through 3-9-403, or act outside the authority granted, you may be liable for any damages caused by your violation. If there is anything about this document or your duties that you do not understand, you should seek legal advice.

You may personally be held responsible under applicable state and federal laws for any fraudulent, false, or misleading medical assistance claim that you make, use, present, or cause to be made, used, or presented to Wyoming Medicaid.

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

I, _____ (Name of Agent), certify under penalty of perjury that _____ (Name of Principal) granted me authority as an agent in a power of attorney dated _____

I further certify that to my knowledge:

1. The principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated; and
2. If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.

SIGNATURE AND ACKNOWLEDGMENT

Agent's Signature and Date:

Agent's Name Printed:
