



Community Choices

Home and Community Based Service Waiver

Participant-Directed Care Option Participant Agreement

The Participant-Directed option provides an alternative to Agency-based services under the Wyoming Community Choices - Home and Community Based Waiver Services program (CCW/HCBS) to allow waiver participants to choose their personal care service providers. For the purpose of this document, PARTICIPANT may include individuals who have been approved as an Authorized Representative by the Home Care Services Unit.

To participate in this option you, as the participant, must agree to all of the following:

(Please initial next to each item showing that you have read and are in agreement with the stipulation)

_____ ***I understand that the CASE MANAGER I have chosen will coordinate my services; as a PARTICIPANT, I agree to:***

- Participate with the CASE MANAGER to design my person-centered plan of care including services and hours to be provided.
- Allow the CASE MANAGER to make home visits at a minimum of once a month to review services and employee files.
- Cooperate with the CASE MANAGER in the renewal of my plan of care as required every twelve (12) months.
- Communicate to the CASE MANAGER any events affecting my plan of care or the services I receive.
- Contact my CASE MANAGER with any questions I may have concerning the Participant Directed Option.

_____ ***I understand that my DIRECT SERVICE WORKER(S) are my employees; as an EMPLOYER, I agree to:***

- Recruit and hire the DIRECT SERVICE WORKER(S) that will provide my care.
- Ensure that ***none*** of the DIRECT SERVICE WORKERS are my spouse, legal guardian, Power of Attorney, Power of Attorney for health care, or health care directive designee.
- Ensure that the DIRECT SERVICE WORKER(S) complete and meet the established standards required for background checks, prior to beginning employment and receive approval from the fiscal management service provider. *Individuals whose name is on the Central Registry or that do not pass required criminal background checks are not eligible to provide waiver services or be paid by Medicaid for services.* As the employer, I am responsible for the cost of background checks.
- Ensure that each DIRECT SERVICE WORKER completes hands-on CPR Certification and First Aid Training, prior to beginning employment and has received approval from the fiscal management service provider. As the employer, I am responsible for the cost of these trainings, as well as ensuring that renewal certifications/trainings are completed.
- Have at least one (1) primary DIRECT SERVICE WORKER and a back-up plan in place in the event the primary worker is unable to perform scheduled work.
- Develop a job description and training plan for DIRECT SERVICE WORKER(S) so they will know what is expected of them and how care will be provided.
- Review DIRECT SERVICE WORKER(S) logs and approve them by signing off that the services/care was provided.
- Ensure that the personal care services, provided by my DIRECT SERVICE WORKER(S), are provided to me ***in my home.***

I understand that the procedures established by the FISCAL MANAGEMENT SERVICE provider allow Medicaid to be billed for DIRECT SERVICE WORKER(S)' time; as an EMPLOYER I agree to:

- Submit completed employer and employee packets with all required documentation to the FISCAL MANAGEMENT SERVICE provider for review and approval, ***prior to DIRECT SERVICE WORKER(S) beginning work.***
- Approve and submit time sheets to the FISCAL MANAGEMENT SERVICE provider. Any time worked that exceeds APPROVED units will not be paid by the FISCAL MANAGEMENT SERVICE provider. Services/care should ***never*** exceed 40 hours per week.
- Maintain employee records for six (6) years from the last date of employment that include but are not limited to:
 - Employment applications;
 - Central Registry, background and reference checks;
 - CPR & First Aid certifications;
 - Job description;
 - Schedules;
 - Timesheets;
 - DIRECT SERVICE WORKER(S) logs and DIRECT SERVICE WORKER(S)' agreements.
- Assume all medical and related liability regarding the delivery of DIRECT SERVICE WORKER(S)' services and acknowledge that the State of Wyoming is held harmless for any incidents that may occur during the delivery of my services.
- Comply with all applicable federal, state and local laws and regulations regarding the employment of DIRECT SERVICE WORKER(S). DIRECT SERVICE WORKER(S) are *NOT* employees of the State of Wyoming, its officers, agents, or departments, *including* the FISCAL MANAGEMENT SERVICE provider.
- Participate in and successfully complete compliance reviews conducted by the Waiver Program or its designee. These reviews are designed to assure that Waiver services are being delivered in accordance with the policies and Rules of the Wyoming Department of Health. My failure to comply with the Rules or policies will lead to the termination of my participation in the Participant-Directed option.

 I understand that I will be able to direct only the personal care portion of my Community Choices Home and Community Based Waiver Services, to be delivered by my DIRECT SERVICE WORKER(S).

 I understand that if I choose the Participant-Directed option, I must receive the proper authorizations including a Plan of Care approved by the Department of Health, and follow all waiver program policies and procedures.

 I understand that choosing to participate in the Participant-Directed option does not change my eligibility for other waiver services for which I may be eligible.

 I understand misrepresenting information that I submit to the FISCAL MANAGEMENT SERVICE provider or the Wyoming Department of Health may constitute fraud. Allegations of fraud are sent to the Wyoming Medicaid Fraud Control Unit for investigation.

 I understand that payments to my DIRECT SERVICE WORKER(S) are made only when all Medicaid program requirements are met.

By signing below, I acknowledge that I have read and understand the responsibilities and conditions listed above.

Participant/Employer Signature Date

Witness Date

Participant/Employer (Print Name)

Witness(Print Name)