

Relative Disclosure and Acknowledgement Form



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

Per Chapter 45, Section 31 of Wyoming Medicaid Rules, a relative provider (defined as a biological, step, or adoptive parent) who provides or intends to provide services to a related waiver participant shall disclose the relationship to the participant's team, and acknowledge and address safeguards set forth by the Division of Healthcare Financing.

FORM INSTRUCTIONS:

A relative provider shall complete one form for each participant served. The form is to be reviewed, completed, and signed by the provider, the participant's case manager, the participant, and the legally authorized representative, as applicable.

Participant Name:	Participant Birthdate:	Waiver: ☐ Comprehensive ☐ Supports
	Is the participant under the age of 18? ☐ Yes ☐ No	
Relative Provider Name:	Case Manager Name:	CM Organization (if applicable):

The relative provider is a/n:

☐ Certified provider ☐ Employee of certified provider

Provider/Agency Name: _____

Do you live in the same residence/same address as the waiver participant? ☐ Yes ☐ No

Please indicate the relationship with the participant:

☐ Relative* ☐ Legally authorized representative ☐ Spouse**

* A relative who provides services must be a certified waiver provider and establish Limited Liability or other Corporation. Relatives cannot provide services through self-direction.

** A spouse may not also be the participant's legally authorized representative.

Please check the services you will provide to the related waiver participant:

☐ Personal Care¹ ☐ Community Living Services² ☐ Specialized Equipment
☐ Adult Day Services ☐ Community Support Services ☐ Environmental Modifications

¹ Relative provider/legally authorized representative may provide services to their child under age 18.

² Relative provider may provide this service, but cannot live in the same residence as the participant.

PROVIDER SAFEGUARD ACKNOWLEDGEMENT

The relative provider, case manager, participant, legally authorized representative, and employer of the relative provider, as applicable, indicate agreement to the provisions listed below by their signatures. The case manager and relative provider or employer of the relative provider shall maintain a copy of the approved form, which is signed by the assigned Division staff. The case manager shall submit a copy of the signed form to the designated Provider Support Specialist upon request.

- **Conflict of interest.** To ensure the provider of services is acting in the best interest of the participant, the individualized plan of care (IPC) shall be developed and monitored by a case manager without a conflict of interest with the relative provider or the participant.
- **Unduplicated services.** The IPC documents that services do not duplicate similar services, natural supports or services otherwise available to the participant (i.e. assistance normally provided by family, school, Medicaid State Plan, etc.)
- **Exceptions.** If personal care services are provided by a relative, the services shall not exceed 4 hours per participant per day. It is expected that family members will contribute natural supports and supervision to participants living in the home.
- **Relative employees hired by a provider.** Provider agencies may hire relatives to provide waiver services in accordance with Wyoming Medicaid Rules, Chapter 45, as long as the relative is qualified to provide the service. Services provided by a relative provider have caps that cannot be exceeded. Provider agencies must provide supervision and oversight of employees and ensure that claims are submitted only for services rendered as specified in the IPC.
- **Division monitoring of relatives providers.** Relative providers must meet the same requirements and qualifications as other providers or employees, and are subject to the same oversight levels as outlined in the waiver and applicable regulations. The Division shall observe services as needed through standard processes.
- **Follow up on concerns or choice of other providers.** If the relative provider is not providing services in the best interest of the participant, the case manager, participant, appropriate team members, and the Division as needed, shall work to resolve the concerns or choose other providers as appropriate. The IPC shall be modified in a timely manner to reflect the needs of the participant.
- **Service observation.** All services shall be observed quarterly by the case manager and reviewed for appropriateness during team meetings every six (6) months.
- **Documentation.** A schedule shall be used for documenting service delivery in accordance with Wyoming Medicaid Rules, Chapter 45. Documentation from the relative provider shall meet the service definition and reflect the services specified in the IPC. Service documentation shall be reviewed monthly by the case manager to verify that services delivered align with the IPC.
- **Prior Authorization.** Waiver services shall be prior authorized by the Division and align with the participant's needs as specified in the IPC and other assessments.
- **Oversight Authority and Action.** All claims are processed by the Medicaid Fiscal Agent and are subject to post-payment validation and may be recouped from the provider. Service documentation or claims that do not meet these requirements shall be referred to Medicaid.

Signatures:

Participant	Date
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Legally Authorized Representative/Parent	Date
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Relative Provider	Date
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Employer (if applicable)	Date
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Case Manager	Date
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Division Representative	Date
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