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Rights Restrictions Implementation
DD Waiver Providers
August 31, 2026
HOME & COMMUNITY-BASED SERVICES
WYOMING DEPARTMENT OF HEALTH
DIVISION OF HEALTHCARE FINANCING
Wyoming Department of Health
Division of Healthcare Financing
Home and Community-Based Services Section
WYOMING MEDICAID
DEPARTMENT OF HEALTH

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Hello everyone and thank you for joining us for today's Right Restrictions Implementation training. I'm Wendy Hoover, Incident Management Assistant Manager for the Home and Community-Based Services (HCBS) section of the Division of Healthcare Financing (referred to as the Division). As we move through today's training, please post questions that you have in the chat box. We will answer questions in the call notes that will be emailed and posted to the DD Providers & Case Managers page.

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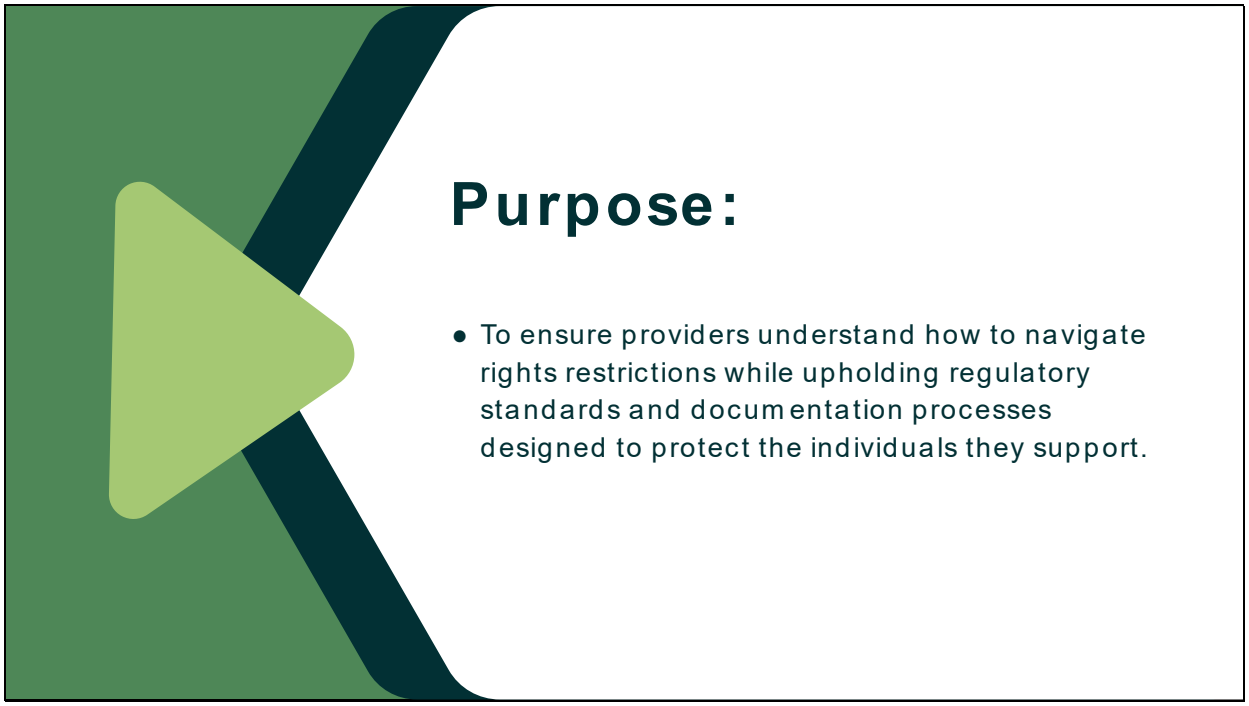

The purpose of today's training is to ensure providers understand how to navigate rights restrictions while upholding regulatory standards and documentation processes designed to protect the individuals they support.

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We will start today's training by reviewing participant rights and what constitutes a rights restriction. Then we will review the requirements to restrict a participant's rights, the role of the provider, the role of medical professionals, and the role of the legally authorized representative in this process. We will also discuss the role of the Division in the process. Next, we'll discuss the restoration of participant's rights followed by information on restraints and seclusion. Then we'll review the provider's responsibilities and offer some best practices when it comes to rights restrictions. Finally, we'll review a few scenarios regarding rights restrictions where we will ask you to participate in the chat.

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Before we get started, we'd like to go over some of the acronyms and abbreviations we will be using in today's training. The Medicaid system in general, and the home and community-based services program, use a lot of acronyms. Although most of you know these terms, for any new provider, it can be confusing.

- We will often refer to the HCBS Section or HCBS program. HCBS stands for Home and Community-Based Services.
- The HCBS Section is organized under the Division of Healthcare Financing, which is a Division of the Wyoming Department of Health. We will sometimes refer to the Division or Department, which means Division of Healthcare Financing, or Department of Health.
- The IPC is the participant's Individualized Plan of Care.
- LAR stands for Legally Authorized Representative.
- A PBSP refers to the Positive Behavior Support Plan.
- The FBS is the Functional Behavior Analysis that is completed to assist with creating the Positive Behavior Support Plan.

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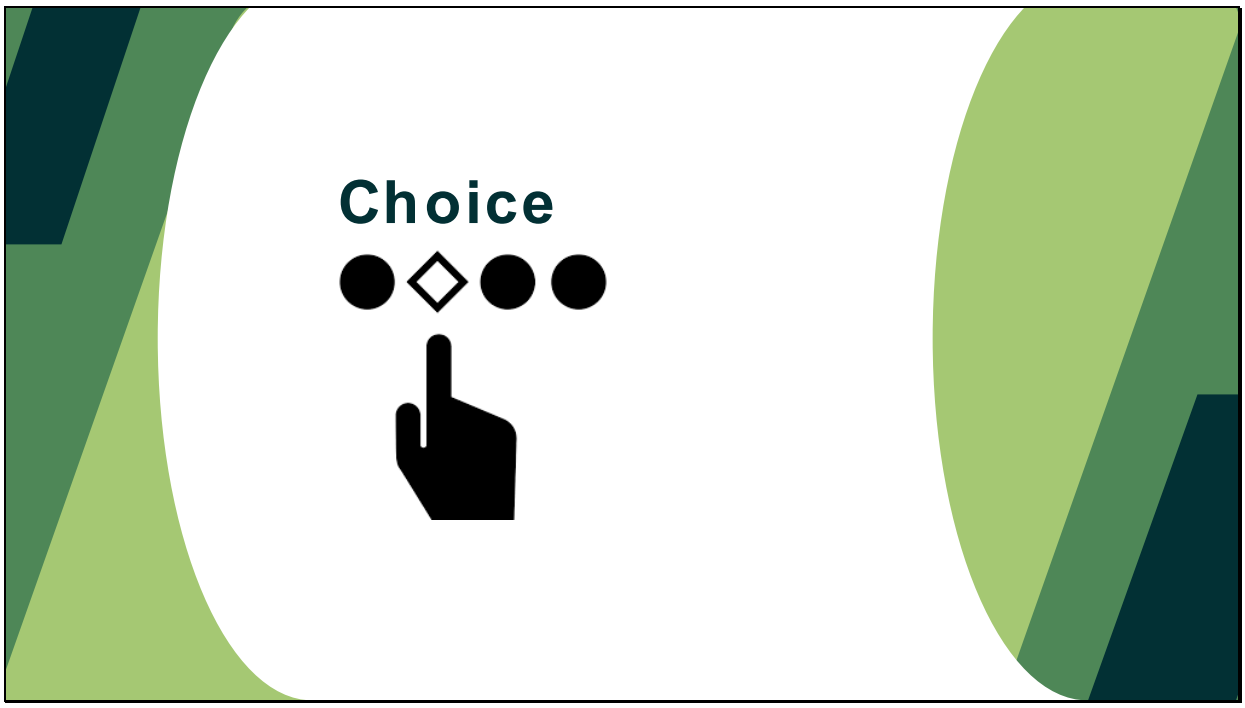

Home and community-based waiver services are based on the tenet that people have the freedom to make choices that impact their lives. Whether the choices are related to big decisions such as who provides their services, where they live, or what they want for their future, or small decisions such as with whom they spend time, what and when they eat, and how they spend their day, having choice is paramount to human dignity. Facilitating individual choice is a crucial part of being a DD Waiver provider. Keeping choice in mind is particularly important when it comes to redistricting the rights of a participant.

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Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, disability, age, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination. As outlined in Chapter 45, Section 4(a), each participant receiving waiver services has the same legal rights and responsibilities guaranteed to all other U.S. Citizens under the United States and Wyoming constitutions and federal and state laws.

Being on a waiver does not mean a person gives up their rights. The Home and Community-Based (HCB) Final Settings rule is a federal mandate designed to ensure participants are not isolated and have the same community access as people without disabilities. While some rights can be modified for safety, the core human rights of dignity and respect are absolute and cannot be part of any restriction protocol.

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In addition to basic human rights, participants of Comprehensive and Supports Waiver (DD Waiver) services have specific rights established in Chapter 45, Section 4(c). These rights shall not be denied or limited, except to address a health or safety need. Rights include:

- The right to privacy;
- The right to freedom from restraint;
- The right to privacy in their sleeping or living quarters;
- The right to sleeping and living quarters that have entrance doors that can be locked by the participant, with only the participant and appropriate staffing having keys to doors;
- The right to choose with whom and where they live;
- Freedom to furnish and decorate their sleeping or living quarters within the lease or other agreement;
- Freedom and support to control their own schedules and activities;
- Freedom and support to have access to food at any time;
- Freedom to have visitors of their choosing at any time, and associate with people of their choosing;
- Freedom to communicate with people of their choosing;
- Freedom to keep and use their personal possessions and property;
- Control over how they spend their personal resources;
- The right to access the community; and
- The right to make and receive telephone calls.

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So what constitutes a rights restriction? A restriction is any limitation or modification of a participant's rights. Providing assistance with hygiene that impedes a person's privacy, limiting access to food or beverages, having a representative payee, or guardian who has the ultimate authority over where a participant lives are considered rights restrictions.

You will hear this many times through this presentation as it is important to keep in mind: Rights restrictions are a last resort and should only be used for the purpose of health and safety.

Before implementing a rights restriction, the participant's support team must ask themselves if the reason for considering a rights restriction is due to a one-time event or if there is a recurring concern. All other less restrictive options should be taken into consideration before a rights restriction is implemented.

Another important question every support team needs to consider is: Who is this a problem for? If the problem is only a problem for the provider and it does not affect the health or safety of the participant, the team must brainstorm other ways to address their concern.

Providers often don't realize that "house rules", like set snack times or restricted phone use, are actually rights restrictions. Another common example is the use of audio monitors. Even if used for seizure safety, a monitor in a bedroom is a restriction of privacy and must be documented as such.

Note that a restriction on one participant, like locking a fridge, cannot be applied to their housemates who don't have the health or safety need. Providers must find solutions to ensure other participants' rights are respected.

Rights restrictions cannot be used as system of rewards or punishments.

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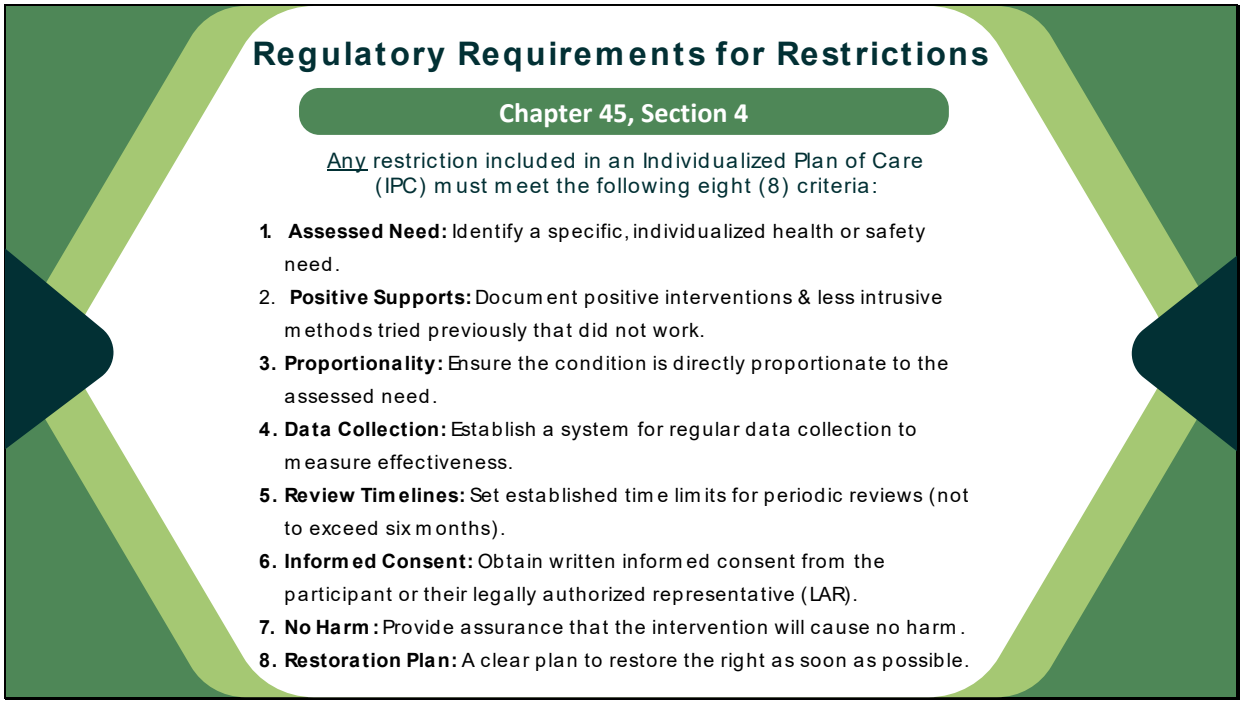

In order to set a rights restriction in place, the plan of care team, including providers, must meet the these eight (8) criteria outlined in Chapter 45, Section 4 of the Wyoming Medicaid Rules.

- Assessed Need: Identify a specific, individualized health or safety need.
- Positive Supports: Document positive interventions & less intrusive methods tried previously that did not work.
- Proportionality: Ensure the condition is directly proportionate to the assessed need.
- Data Collection: Establish a system for regular data collection to measure effectiveness.
- Review Timelines: Set established time limits for periodic reviews (not to exceed six months).
- Informed Consent: Obtain written informed consent from the participant or their legally authorized representative (LAR).
- No Harm: Provide assurance that the intervention will cause no harm.
- Restoration Plan: A clear plan to restore the right as soon as possible.

These 8 criteria are the litmus test the Division uses during plan reviews. Any restriction included in an Individualized Plan of Care, or IPC, must meet these criteria. Remember that providers are a part of the participant's plan of care team and should take an active role in reviewing rights restrictions in the IPC. Let's review a scenario titled "Suzie/Fluid

Intake" and look at the role of the provider. A more detailed example of this scenario is located on page 24 of the IPC Guide.

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Suzie's Medical Condition

- Suzie's polydipsia causes extreme thirst, risking severe water intoxication, behavioral changes, and illness.
- She could not successfully monitor her own fluid intake and often became extremely ill.

Suzie is a participant on the Comprehensive Waiver. She has a medical condition called polydipsia, which causes her to experience extreme thirst. Without intervention, she is at serious risk for water intoxication. This can cause severe physical symptoms, including nausea, vomiting, headache, swelling of her ankles, confusion, delirium, seizures, or coma. When her fluid intake is not managed, her behavior changes. Suzie was initially tasked with monitoring her own fluid intake, but she often forgot and became extremely ill.

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Suzie's providers tried less intrusive ways to help Suzie limit the amount of liquids she was consuming. During attempts to limit her fluids, such as giving her smaller cups, she became angry and simply filled them up more often. Providers documented the times and amounts Suzie drank and showed her the chart every evening to help her understand her consumption. Suzie refused to participate and continued to become ill. Because these lesser interventions failed, her plan of care team determined that a formal rights restriction to limit her access to fluids was the best way to prevent her from getting sick. While Suzie expressed that she does not like the idea of a right restriction because she is always thirsty, she agreed to try it after her guardian explained that she gets very sick without it.

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Suzie's Right Restriction

- Under a formal rights restriction and recommendation by her doctor, Suzie is limited to 20 ounces of fluid every three hours and a maximum of 100 ounces per 12-hour period.
- She uses a designated, labeled pitcher in the fridge that is refilled once per day, but she chooses the beverage.
- Providers log her intake in a fridge notebook, which is reviewed monthly by her care team and bi-annually by her full Individualized Plan of Care (IPC) team.

To help Suzie and her team manage her condition safely, Suzie's doctor recommended a specific fluid schedule and wrote a letter outlining the health need for this right restriction. Suzie's right restriction outlines that she is limited to a maximum of 20 ounces of fluid every three hours, and no more than 100 ounces in a 12-hour timeframe. Her provider along with Suzie and her plan of care team, clearly outlined how and when her right would be restricted in her IPC. Suzie now has a designated, labeled pitcher in her refrigerator. Once the pitcher is empty, it is not refilled until the next day. To keep her actively involved and respect her autonomy, Suzie chooses what beverages go into her container (such as lemonade, tea, water, or juice). Providers track the exact ounces and times Suzie drinks in a notebook on her refrigerator. Her providers continue to work with Suzie to educate her on her condition. They review the data they collect with Suze to help encourage her to manage her fluid intake on her own. This data is also reviewed monthly by her provider and case manager, and at least every six months by the entire IPC team to evaluate if the restriction is successful or needs adjustment.

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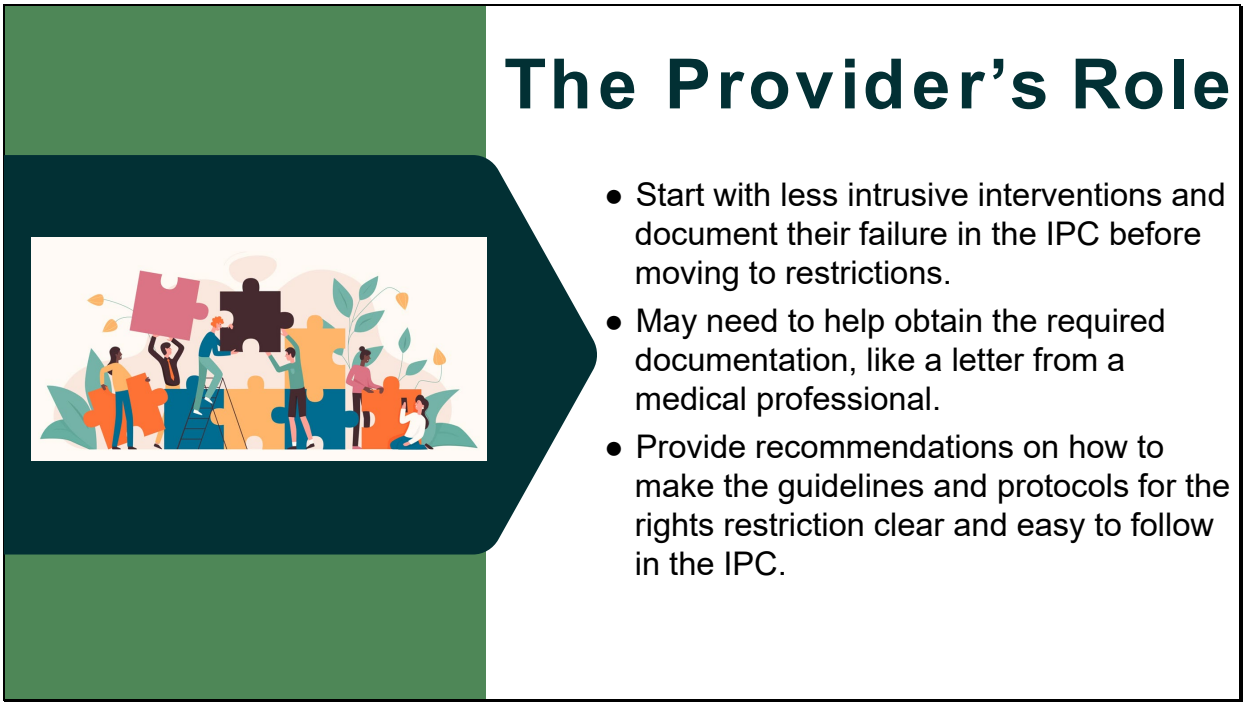

As shown in Suzie's fluid restriction example, providers must actively implement less intrusive methods before seeking a rights restriction. The provider must communicate with the case manager and ensure that data reflecting the failure of these lesser methods is clearly documented in the Individualized Plan of Care (IPC).

Any restriction limiting food or beverages requires a physician's letter providing medical justification. Although it is the case manager's responsibility to upload this letter into the IPC, the provider is frequently asked to help obtain it. The letter must be updated annually. Providers should plan ahead and request this documentation—which must be on professional letterhead and detail the diagnosis, specific risks, and correlation to the condition—during the participant's annual check-up.

The provider is responsible for executing highly specific, actionable protocols outlined in the IPC. Providers should work with the participant's case manager ensure that the IPC includes guidelines and protocols that are clear, understandable, and easy to follow. The provider must also ensure the participant is allowed to make personal choices within those boundaries, such as selecting their preferred beverage, to maintain dignity and respect.

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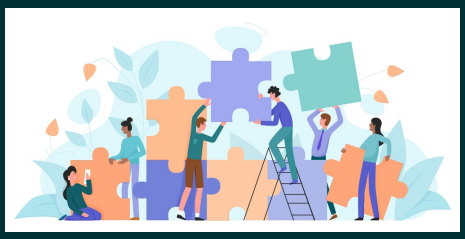
The Provider's Role

- Collect data for review with the participant's plan of care team and collaborate on what the next steps should be. Meetings regarding the rights restriction must occur at *least* every six (6) months.
- Actively teach skill-building so restrictions can eventually be safely removed.
- Never restrict rights just because a guardian/LAR requests it.



Data collection is a requirement for the care team to determine if an intervention is working. The plan of care team is responsible for outlining what data is being collected, how it is being collected, and how they will determine if the rights restriction is working or not. The provider is required to log the specific times, dates, and exact circumstances of the restriction (such as tracking fluid ounces and consumption times in a designated notebook). Providers must review this collected data monthly with the case manager, and every six months with the full plan of care team, to evaluate the restrictions success or discuss alternative options. Provider staff are responsible for monitoring the participant's well-being and must immediately voice any concerns about potential harm to the plan of care team. This includes reporting incidents where they believe there is a rights restriction being implemented inappropriately.

Providers are responsible for closely monitoring participant data to track progress toward independence. Staff must actively focus on skill-building, helping the participant learn to manage their daily schedules independently so that the restrictions can eventually be safely removed.

Remember, providers are strictly prohibited from restricting a participant's rights simply because a guardian or Legal Authorized Representative (LAR) wants it enforced if it does not satisfy these rules. Situations like this are opportunities for providers to educate guardians on the role of the provider vs. the role of the guardian. While a guardian may be able to make unrestricted personal, medical, and financial decisions in the guardian's home, the provider is obligated to operate according to the rights restrictions included in the IPC. Crucially, a provider cannot bill for any services if they are enforcing rights restrictions that are not explicitly written into a participant's authorized IPC.

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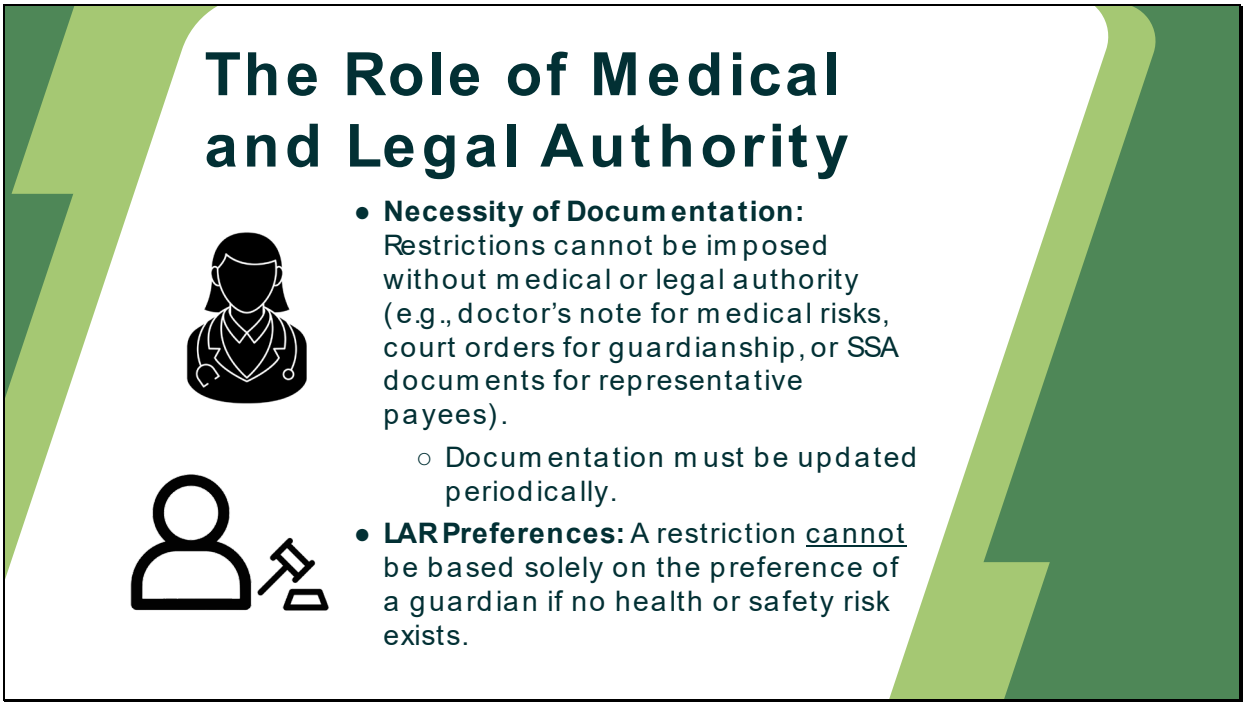

As we briefly touched on in Suzie's example, restricting participant rights requires that the restriction be justified by verified legal or medical documentation rather than personal preference. Restrictions cannot be imposed without medical or legal authority (for example, a doctor's note for medical risks, court orders for guardianship, or Social Security Administration documents for representative payees). Physician letters supporting medical restrictions must be updated annually. As participants receive an annual check-up, we recommend getting an updated letter for any right restrictions during the check-up. Remember that a doctor's prescription that simply says "Restrict food" is not enough. The letter must explain the medical diagnosis (like Polydipsia) and the specific risk of harm (like water intoxication).

Guardianship, conservatorship, and representative payee documentation must be updated every five (5) years for the right restrictions to keep and spend money and to choose with whom and where to live.

Rights cannot be restricted based solely on the legally authorized representative's preference. If a guardian wants a lock on the refrigerator or wants providers to stop a participant from getting a candy bar, providers cannot do it unless a formal rights restriction has been implemented. Keep in mind that rights restrictions cannot be used as a system of rewards or punishments for the participant.

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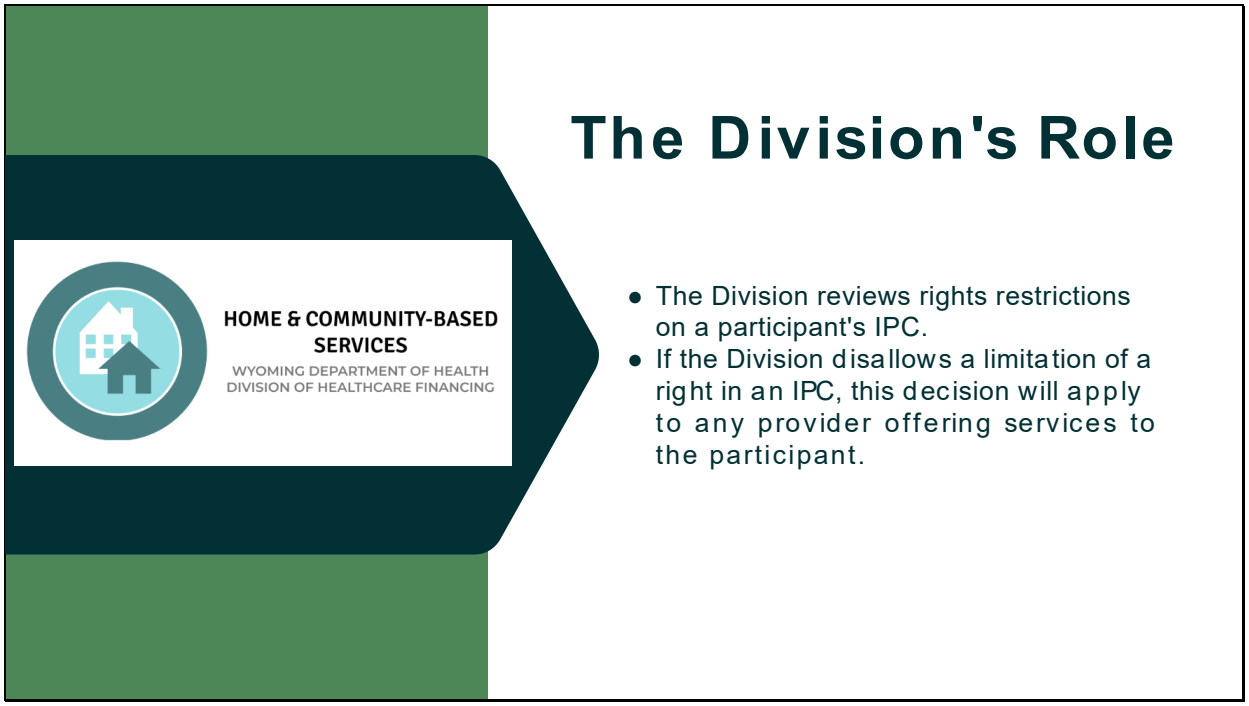

The Division's role is to review rights restrictions on participant's IPCs. If a rights restriction doesn't meet the requirements outlined in Section 4, the Division can reject the rights restriction. It is important to understand that if the right restriction is rejected, the rights restriction cannot be imposed by ***any*** DD Waiver provider.

The Division will not allow a rights restriction based simply on the desire of a legally authorized representative or provider.

As an example, if a host home provider desires to have designated alone time with his family in the evening, he cannot formally or informally impose a bedroom curfew, or restrict client access of normally accessible portions of the home for that time period, as this would simply be based upon provider desire or convenience and not meet the criteria for a legally imposed rights restriction.

Another example is if a legally authorized representative feels that a participant makes unsafe dating choices. The legally authorized representative requests that the provider prohibit the participant from spending time with members of the opposite sex, and sets a list of pre-approved visitors that the participant is authorized to visit. Section 4(c)(ix) establishes participant freedom to have visitors of their choosing at any time, and associate with people of their choosing. A legally authorized representative's concern that the participant may make an unsafe dating choice does not constitute a health or safety risk, so this restriction would not be allowed.

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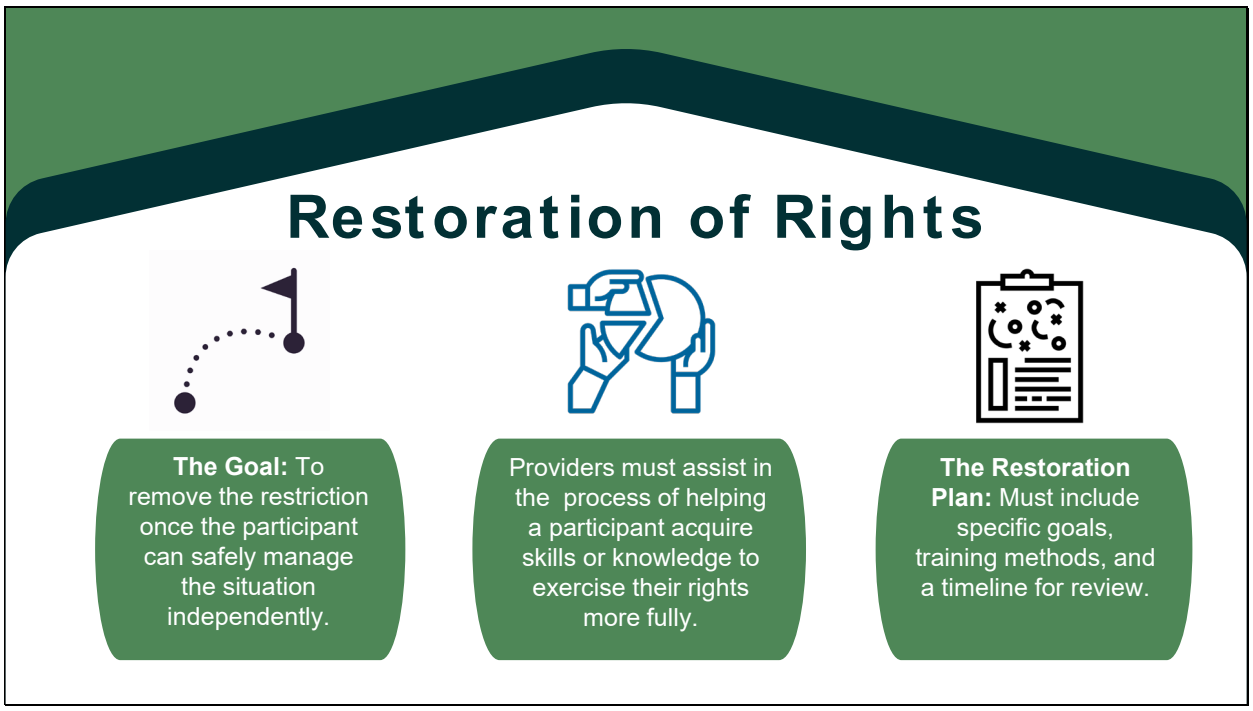

We want to emphasis the importance of working to restore participant's rights. If a participant's rights have been restricted, they must have a concrete goal that addresses skills or behaviors they need to master in order to have that right restored. A restriction should not take the place of skill building for the participant, but should instead offer a roadmap for achieving more independence.

Rights restrictions must be reviewed at least every six months. During these reviews, the plan of care team should discuss ways in which the restriction can be relaxed, even if it can't be completely removed.

For every restriction in a participant's IPC, there must be a plan to restore the participant's rights. While the case manager includes the restoration plan in the IPC, providers should ensure that the right's restoration plan and data collection plan is clear and understandable. Each plan MUST:

- Include other, less restrictive interventions staff have attempted;
- Minimize the effect of the restriction on the participant's life, ensuring they have choice whenever possible;
- Set goals for restoration of rights and outline how data will be tracked for the restoration of rights;
    - Include skills taught regarding the restriction;
    - Include spending time with the participant to assist and guide the participant with restoring rights;

    - Include information on when the right can be restored. Some plans include a percentage goal to restore rights when the participant reaches a certain percentage.
- Set a timeline for review of the restriction and the skills the participant has learned;
- Assist the participant with exercising rights more fully. Even though a participant has a legally authorized representative, what part of that right is restricted and what part of that right is the participant able to exercise?

As an example, if a participant has a restriction on their right to keep and spend his money, the plan should include the training that the participant will receive in order to build the skills he needs to have the restriction decreased or removed over time, such as identifying coins, counting money, or handing money to the cashier.

Even if the team feels a restriction will be a lifelong support, a restoration plan must be included and be specific to that person's abilities. In the case of a life long support, the system will require that the team address the participants progress over time, however minor the progress may be.

The IPC Guide has specific examples for how to develop a restoration plan on pages 33 through 35. We highly encourage you to review that document along with this training for future reference.

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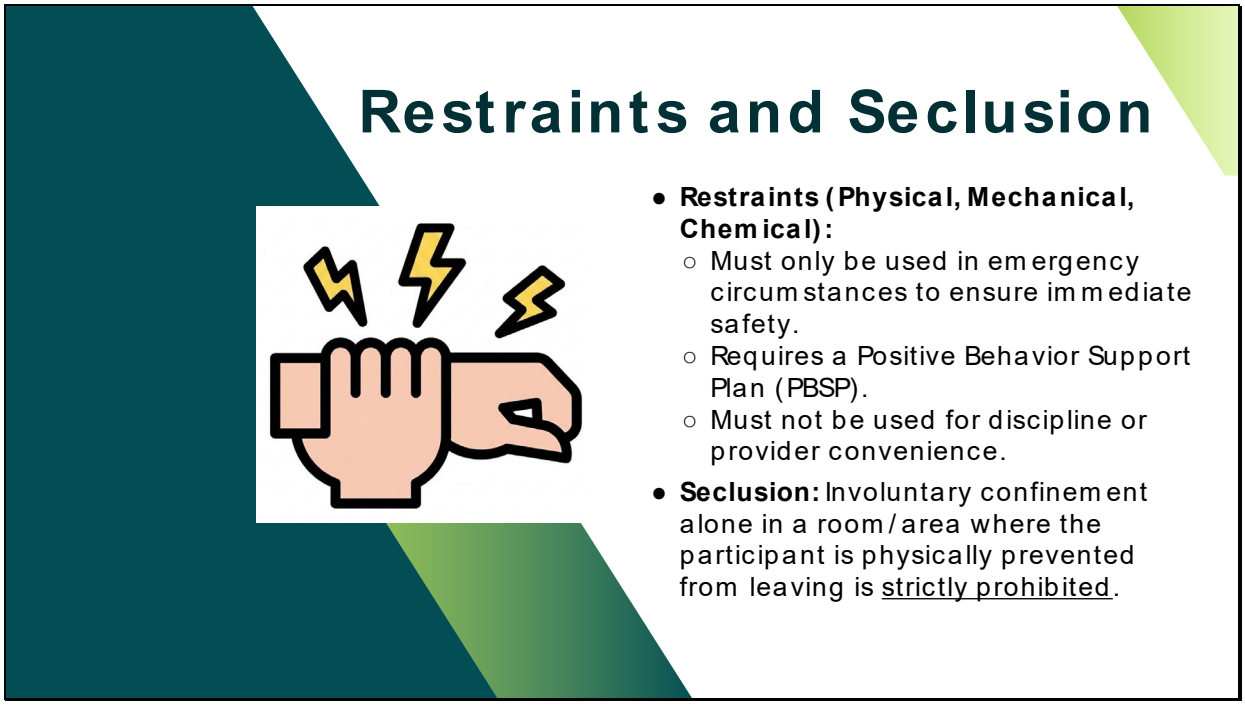

The right to be free from restraints is important to highlight as restraints are risky and can be life threatening.
In rare circumstances, a restriction on a participant's right to be free from restraint can be imposed. Chapter 45, Section 4(d) establishes that, before this type of rights restriction can be imposed, a court, participant, or participant's legally authorized representative must authorize the restriction in writing.
In addition to the written authorization, this type of rights restriction must be accompanied by letters from both a licensed medical professional and a licensed behavioral professional detailing the medical and psychological contraindications that may be associated with the restraint.
The Division is not requesting that teams seek permission from licensed professionals. If a restraint is part of a participant's IPC, it is important for the team, and especially the provider that may be performing the restraint, to understand the medical and psychological concerns that are present.

- Concerns such as brittle bones or respiratory challenges may be included in a letter from a medical professional.
- Past trauma or aversion to touch may be outlined in a letter from a behavioral professional.
- If there aren't any concerns, that should be noted in the letter(s) as well.

If a participant has restraint written into their plan of care, they are required to be under the care of a medical and behavioral professional.

A restraint should be used as a last resort, and only applied if other less restrictive interventions has been tried and failed. Less restrictive interventions must be written into the IPC so all team members are aware of strategies that can be used to de-escalate situations and perhaps avoid the need for a restraint. These less restrictive interventions are usually located in the positive behavior support plan, which is a component of the IPC.

In addition to this section, Chapter 45, Section 18 establishes rules specific to the use of chemical, mechanical, and physical restraints.

Briefly holding a person's hand to guide them across the street is NOT a physical restraint.

"Prone" (face down) or "Supine" (face up) restraints are strictly prohibited due to the risk of injury or death. Providers serving participants with restraints in their plan of care must have at least one employee certified in positive behavior supports.

Seclusion, or the involuntary confinement alone in a room or area where the participant is physically prevented from leaving, is strictly prohibited.

If sensory rooms are in use, please use them thoughtfully. The use of sensory rooms should be outlined in a participant's IPC. Remember that the participant should voluntarily enter or exit any space.

Being alone or secluded in a space does not meet the definition of seclusion if the participant is voluntarily secluding themselves from others.

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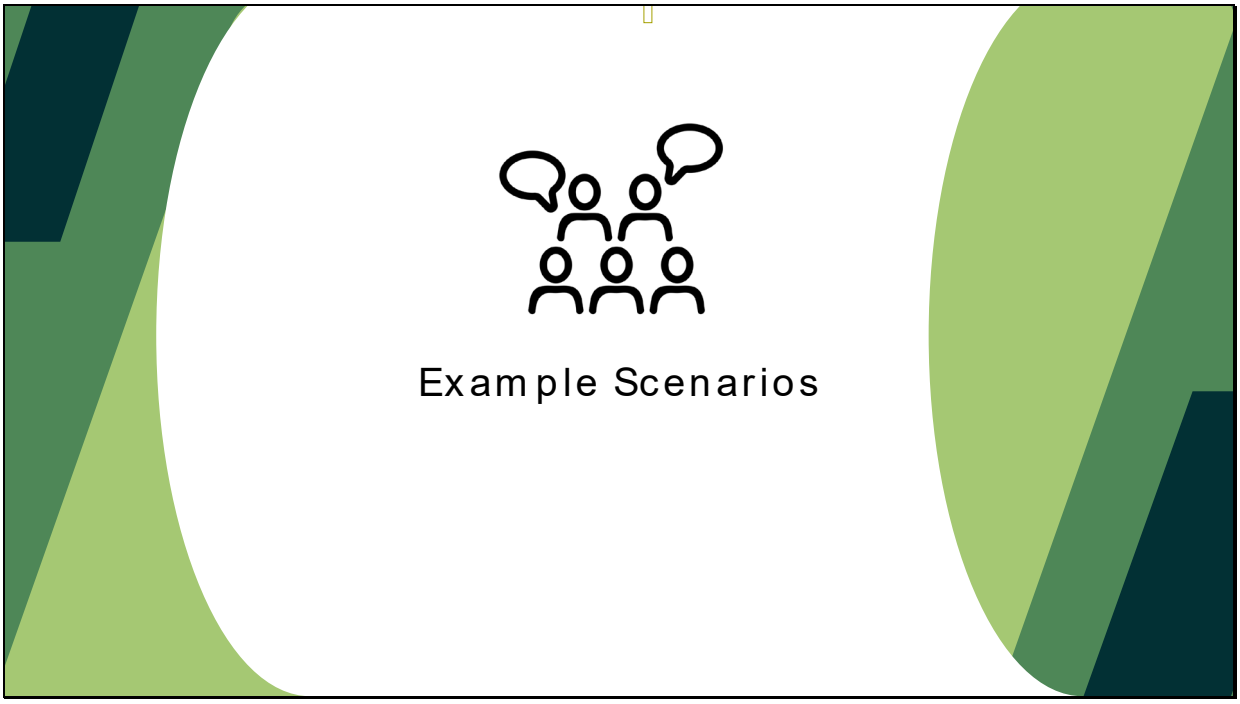

Now that we've reviewed participant's rights, what constitutes a rights restriction, the regulatory requirements, and the roles of providers, medical professionals, legally authorized representatives, and the Division, let's take a look at a few examples and try to determine if a right is being restricted improperly or if it is a provider's actions are appropriate. I'd like to introduce Andrew Horam, an Incident Management Specialist with the Home and Community-Based Services section, to review some Scenarios. Please use the poll that will appear on the screen or chat to answer the questions following each scenario.

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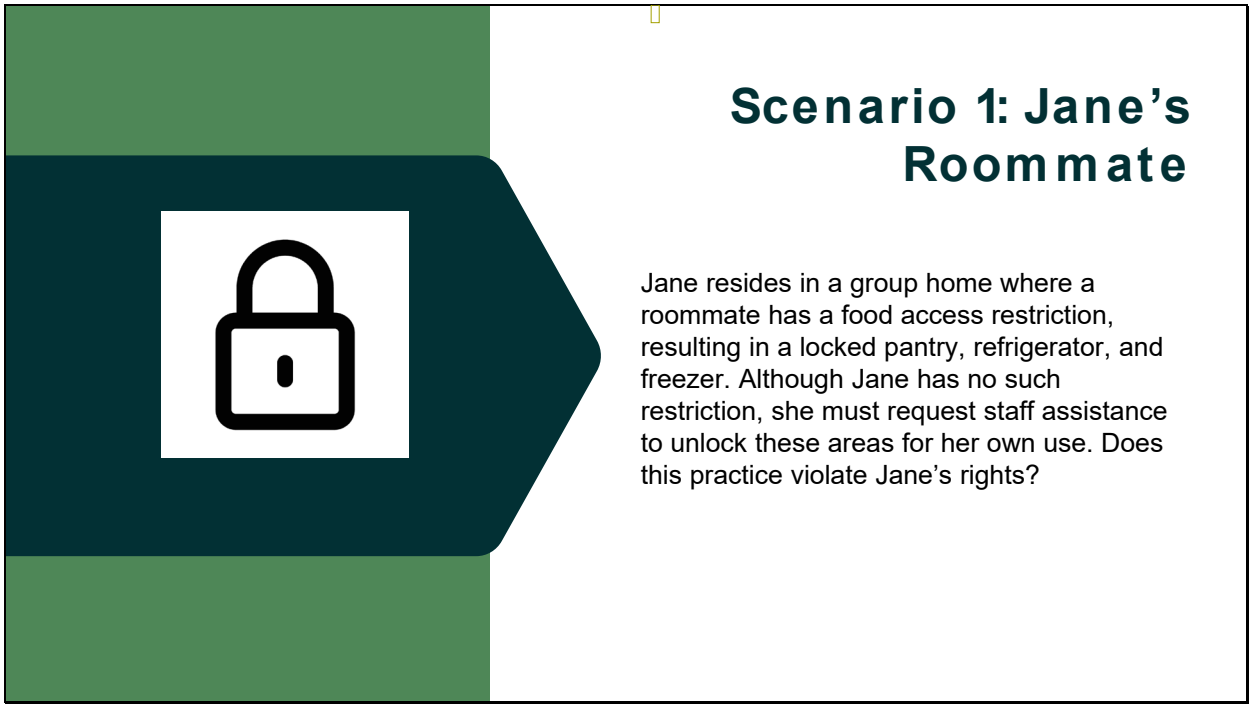

Scenario 1: Jane lives in a group home with three other participants. One of her roommates has a rights restriction to access food at any time. She does not have the rights restriction and can access food when she chooses. Her provider has put locks on the pantry, refrigerator, and freezer for her roommates rights restriction. Jane was told to ask her staff and they will unlock the fridge or the pantry whenever she needs. Does this situation violate Jane's rights?

Yes, this violates Jane's right to access food at any time. Jane has the right to support-free access to food at any time. The provider is required to come up with creative ways to allow full access to food and beverages for participants who do not have a rights restriction to access food at any time. One way to do this might be to provide Jane with a key so that she can independently access food at any time.

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Scenario 2: Joe has two right restrictions, to choose with whom and where to live and to keep and spend money. Joe has psoriasis, which is an autoimmune disease. Anna, one of Joe's staff, is grocery shopping with him and his roommates. Joe's favorite breakfast option is Mini-Wheats. Anna recently read an article regarding autoimmune diseases and diet. Anna believes that Joe should not have sugary cereals that have high grain content that could make his psoriasis worse. When Joe puts his usual box of Mini-Wheats into the cart, Anna takes the box out when no one is looking. The next morning during breakfast, Joe does not have his normal bowl of Mini-Wheats, Anna suggests that he have eggs and plain yogurt for breakfast. Anna knows she helped Joe make a great choice for his health. Is what Anna did ok or did she impose a rights restriction?

Anna restricted Joe's right to make his own decision on what to eat. We all make choices sometimes that are not beneficial to our health, and Joe has the right to make unhealthy choices. Anna could work with Joe to educate him on healthier choices, but it is ultimately Joe's choice.

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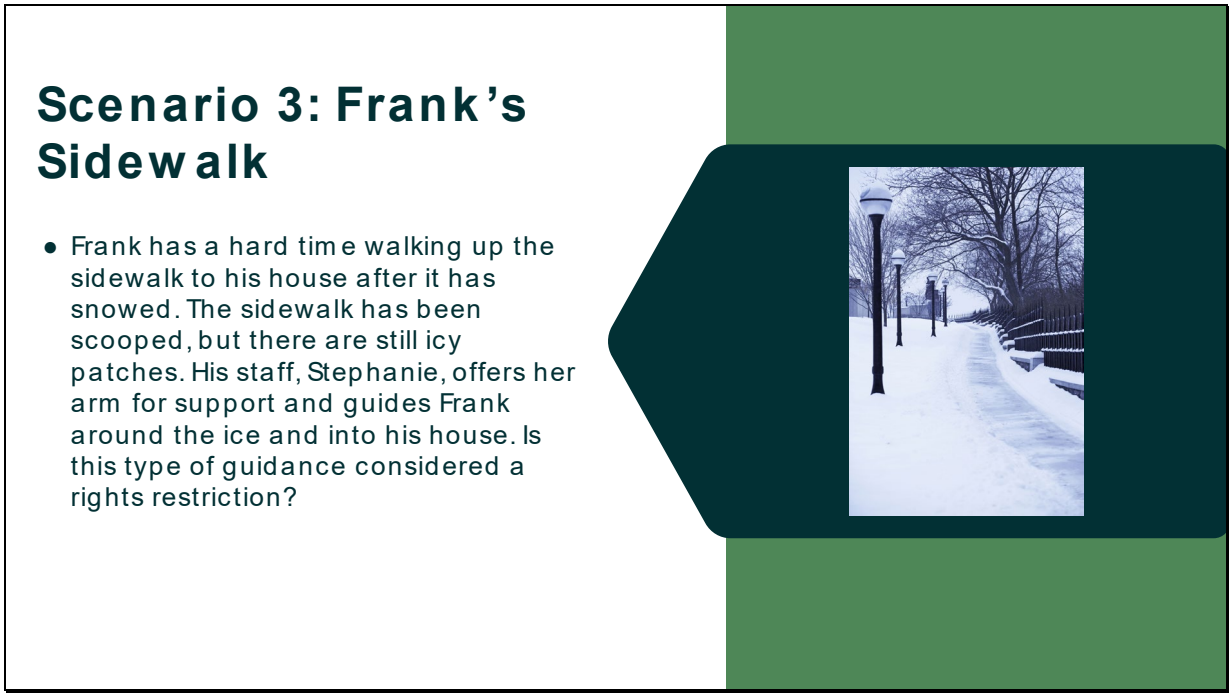

Scenario 4: Frank has a hard time walking up the sidewalk to his house after it has snowed. The sidewalk has been scooped, but there are still icy patches. His staff, Stephanie, offers her arm for support and guides Frank around the ice and into his house. Is this type of guidance considered a rights restriction?

No, this type of assistance and physical guidance is not considered a rights restriction.

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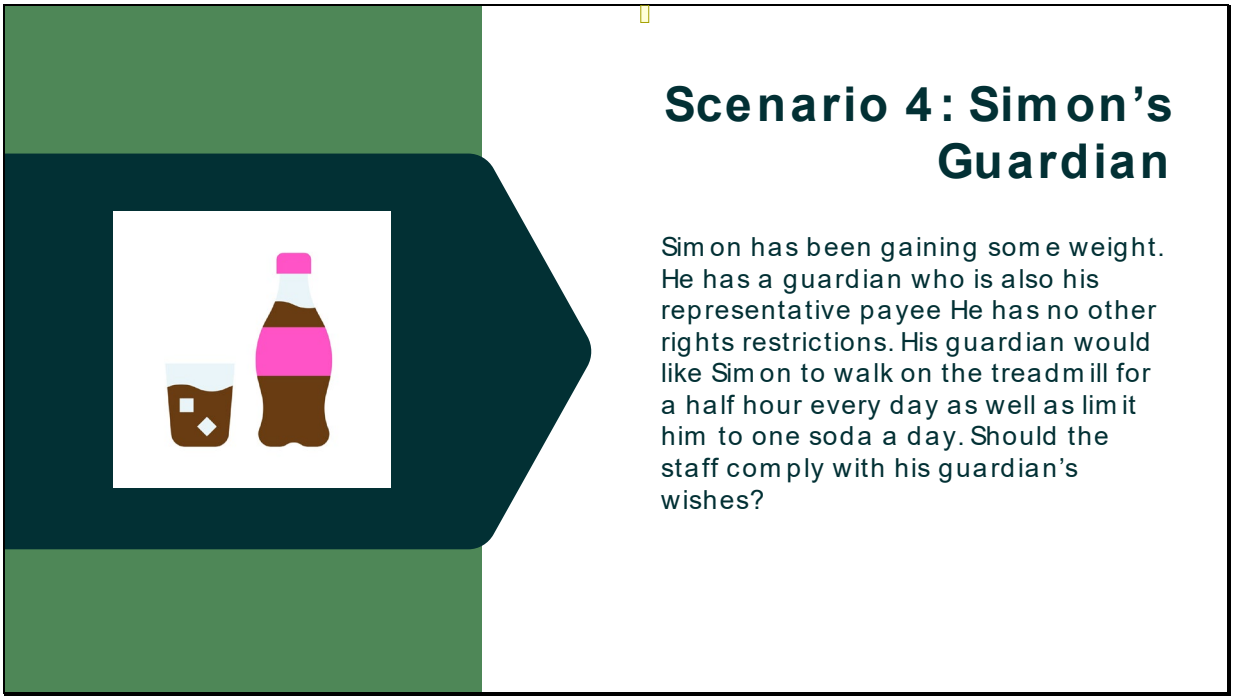

Scenario 5: Simon has been gaining some weight. He has a guardian who is also his representative payee. He has no other rights restrictions. Simon's guardian would like him to walk on the treadmill for a half hour every day as well as have his staff limit him to one soda a day. Should the staff comply with his guardian's wishes?

No, the staff should not comply with the guardian's wishes. They can encourage him to make healthier choices, but they cannot take Simon's soda away or force him to walk on the treadmill.

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Scenario 6: Peggy is her own guardian, but has a representative payee. Peggy has been very tired at her Adult Day program this last week. Her staff at the day program asked if anything unusual has been happening at home that would cause her to be so tired. Claire, a staff member that works with Peggy at home, mentions that she did get a new Ipad and has been staying up until around midnight or later playing games in bed. Claire lets the staff at the day program know that she will take Peggy's Ipad to the living room at 9:30 PM so that Peggy can get some good sleep. Can Claire take Peggy's Ipad away from her at 9:30 PM or would it be a rights restriction?

It would be a rights violation. Providers could educate Peggy on healthy habits and encourage her to put her Ipad away earlier in the evening, but they cannot take her personal belongings away.

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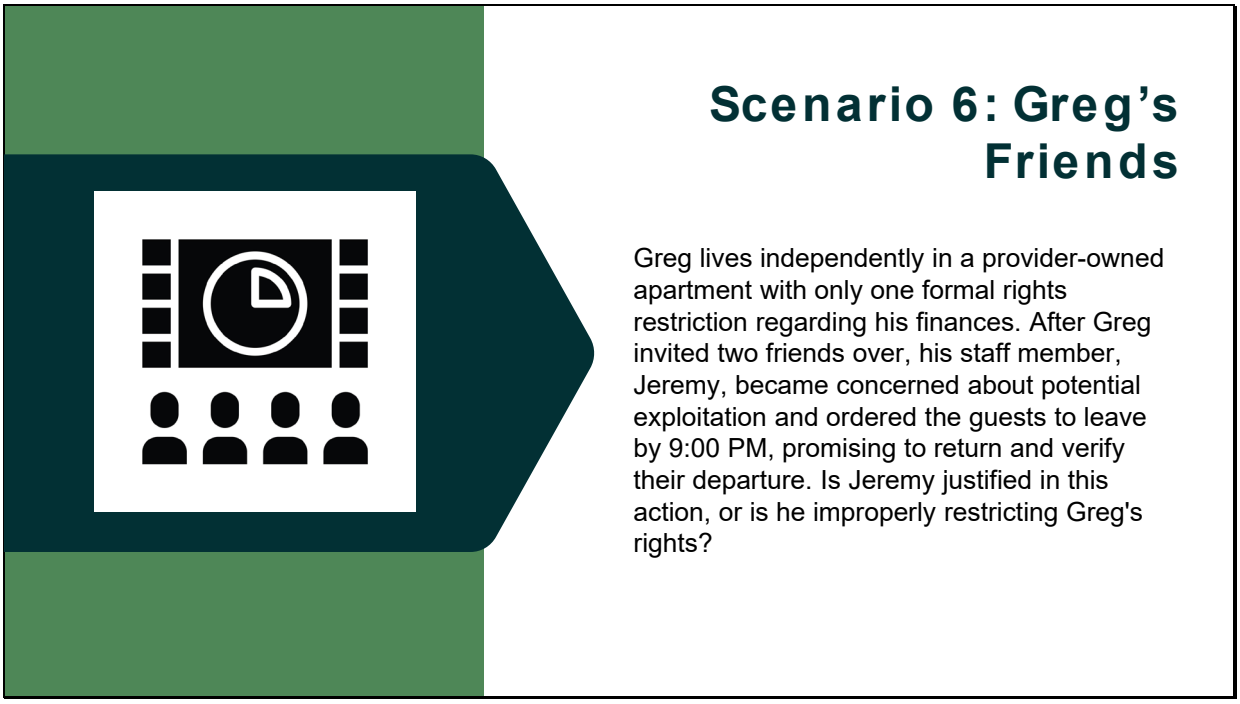

Scenario 7: Greg lives in an apartment alone that is owned by a provider organization. His only rights restriction is to keep and spend money. Greg recently made friends through his volunteer work at the animal shelter. Greg invited two of his friends to his apartment for dinner and an animal documentary. Greg's staff, Jeremy, typically stops by Greg's around 8:30 to see if he has taken his medication. When Jeremy sees that Greg has people over, he got nervous. He felt that these new people may take advantage of Greg. He tells Greg that his friends must leave by 9:00 PM. Jeremy let Greg know he will be back to check if they are gone. Is Jeremy allowed to set this time limit on the visit or is he improperly restricting Greg's rights?

If Jeremy follows through with the time limit on the visit, he is improperly restricting Greg's rights. Greg has the right to have visitors at any time.

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As we conclude today's training, we want to leave you with a few key takeaways and best practices.

Remember that participants in the DD Waiver programs retain the exact same constitutional rights and civil liberties as any other U.S. citizen. A restriction of any right must **never** be a first reaction, a provider convenience, or a guardian preference. Rights restrictions are a temporary, last-resort intervention driven by an assessed health or safety risk. Providers and their staff are must ask critical questions, like why is this right being restricted? Is this a one-time incident or a recurring risk? Who is this actually a problem for—the participant, the staff, the guardian?

Teams should explore the RIGHT right restriction for the problem. For example, if a participant is leaving food or dishes in their bedroom that is causing mold. The right to privacy could be restricted instead of restricting the right to access food at any time. Staff can enter their bedroom to ensure food isn't piling up and causing mold.

Staff cannot implement or enforce a rights restriction until they have received formal training on that specific individual's IPC. It is crucial to remember that rights are not privileges. You cannot use rights as rewards for good behavior, nor can you strip rights away as a consequence or punishment. Providers and direct support staff are the primary advocates for participants. If you see a restriction being enforced that seems outdated, unapproved, or overly punitive, it is your duty to bring it to the team's attention.

The end goal of any right restriction is its complete removal. The provider's job is not to limit someone's life, but to help them build skills to live as independently as possible. Every restriction must be paired with an active skill-building plan like, food safety training, internet safety skills, or conflict resolution. Teams must review restrictions regularly—at minimum every 6 months. Providers need to honor participant self-determination and allow participant's with rights restrictions to have as much autonomy as possible in their daily decisions.

Guardian preference alone is not legal authorization without an assessed health or safety need and approval of the Individualized Plan of Care (IPC). Letters from medical professionals must be updated annually. Legal documentation, like guardianship or payee status, must be updated every 5 years.

Please note that if a provider enforces an unapproved, unwritten, or undocumented restriction, like locking a pantry door without a rights restriction outlined in the IPC, the provider cannot bill Medicaid for those services. This puts the organization at risk of having Medicaid recoup funds that were paid and potentially decertification.

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Thank you for joining us today. We hope you found this information useful. Before we end today's training, we'd like to remind you to place any remaining questions on today's presentation in the chat. We will respond and answer your questions in the call notes that are sent out a few days after this presentation. If you have case-specific questions, please reach out to your assigned County Incident Management Specialist.