Slide 1


Participant- Direction
2026 CCW Renewal Updates
WYOMING MEDICAID
DEPARTMENT OF HEALTH
HOME & COMMUNITY-BASED SERVICES
WYOMING MEDICAID

Slide 2

Good afternoon, everyone, and welcome to today's training on the Participant-Direction option under the 2026 Community Choices Waiver (CCW) Renewal. I'm Julie Lacey, Operations Unit Manager for the HCBS Section. As of July 1, 2026, the Division of Healthcare Financing is operating under an updated 5-year waiver agreement approved by CMS. This renewal agreement expands participant-direction options, granting participants more autonomy over who delivers their care, what services they receive, and how their budgets are managed.

For today's session, we will focus on our regulatory guiding documents include Chapter 34 of the Medicaid Rules and the Community Choices Waiver Agreement, effective July 1, 2026, which you can find on the Services & Regulations page of the HCBS website. Let's explore these changes to the Participant-Direction option.

Slide 3

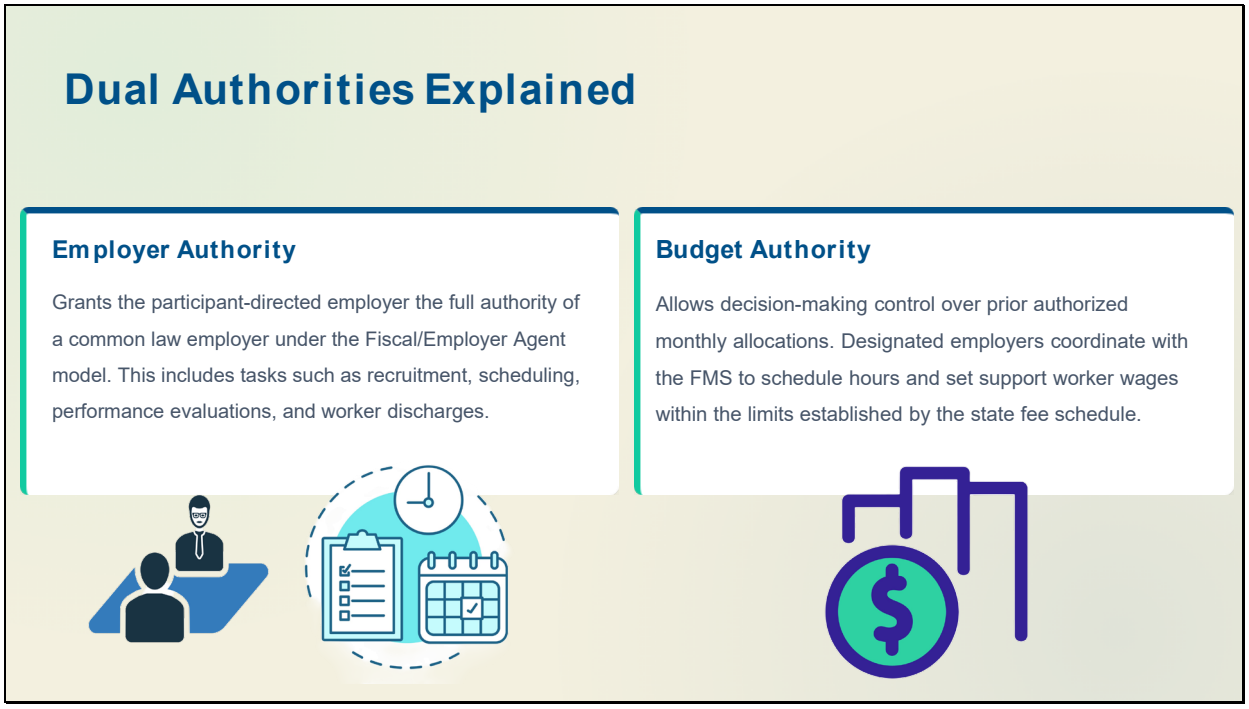
Today, we are going to dive deep into the specific service updates that will affect your daily operations, billing, and participant care. We will first give an overview of the participant-direction model. Then we will review the new services available for participant-direction. Next, we will discuss the allowance for hiring spouses as employees, employee screening standards, and electronic visit verification. Finally, we will review the case manager's role in in oversight of participant-directed services. The training will end with a question-and-answer session. Our goal is to ensure that by the end of this session, any confusion surrounding the renewal's updates to participant-direction is replaced with clear guidance.

Slide 4

Participant-Direction service delivery represents a shift in the approach from traditional, agency-managed care models. Instead of the State or an agency setting schedules and assigning caregivers, the Participant-Direction Model places the participant—or their designated representative—in the driver's seat. Under this model, the participant assumes the role of the provider agency, as the caregiver's employer.

However, with greater flexibility comes great responsibility. The Division of Healthcare Financing, as the single State Medicaid agency, must enforce strict quality assurances and oversight to ensure compliance with State and federal authorities. Case managers are the front line of defense in ensuring that this model is used responsibly, safely, and in a way that prevents fraud, waste, and abuse while ensuring participant health and wellbeing is prioritized and participant independence is maximized.

Slide 5



To successfully navigate participant-direction, the two distinct authorities granted to the participant must be understood: Employer Authority and Budget Authority. For CCW, these are detailed in Chapter 34, Section 18 of the Wyoming Medicaid rules.

First, Employer Authority allows the participant, acting as the Participant-Direction Employer (or PDE), to function as the common law employer under the Fiscal/Employer Agent. This means they are responsible for recruiting, interviewing, hiring, training, scheduling, supervising, and—if necessary—discharging their workers. CCW participants may choose another person to act as their Participant-Direction Employer who can exercise these authorities.

Second, Budget Authority gives the Participant-Direction Employer decision-making power over the agency approved monthly budget. Working with the case manager, the Participant Direction Employer determines their support workers' schedules and sets wages within the limits established by the State fee schedule. Case managers must document the participant's choice to exercise these authorities in the Person-Centered Service Plan which is also called the Plan of Care. Case managers are also responsible to provide and review the Participant Direction Employer Manual and CCW Employer Program Guidance Attachment with the participant, and have them completed the required program forms to ensure they understand the liabilities and duties involved.

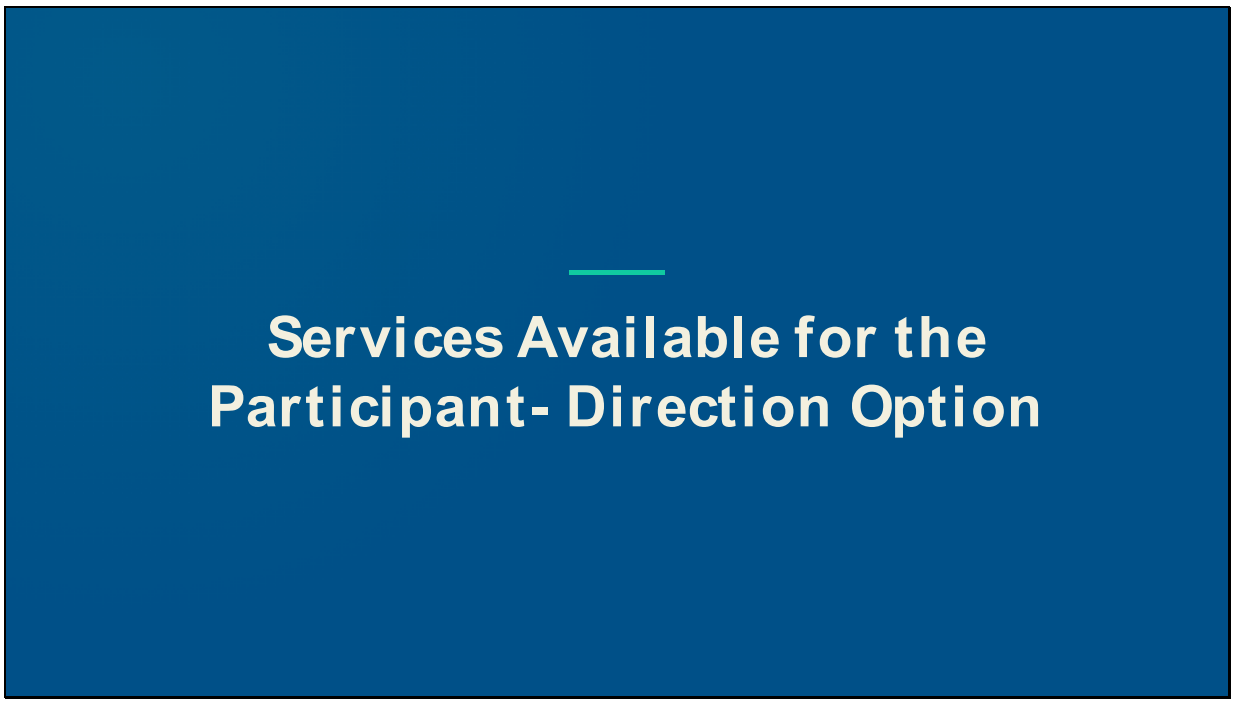
Slide 6

The Agency provides operational and administrative support for the participant in exercising their Employer and Budget responsibilities through the contracted Financial Management Services (FMS) vendor, which is currently ACES$. Under the Fiscal/Employer Agent model, the FMS serves as the participant's financial administrator.

The FMS has several critical duties. They process caregiver timesheets, distribute payroll, manage tax withholdings, and state and federal employer filings. They also assist the Participant-Direction Employer with verifying their caregiver's credentials and compliance with program requirements by executing the Agency-required employee background screenings.

The FMS operates an online portal and customer service call line, giving Participant-Direction Employers and case managers access to budget spending and balance amounts. The FMS also incorporates system safeguards that block timesheet or shift entries that exceed the prior authorized budget allocation or the service limits expressed in the service index.

Slide 7



Let’s discuss the expanded service array that is now available under the participant-direction option.

Slide 8

Personal Support Services

Purpose & Overview

- **ADL Support:** Provides part-time or intermittent assistance (prompting or hands-on) for grooming bathing, dressing, toileting, eating, and basic functional mobility in their home or in the community.
- **Incidental Chores:** Light household tasks are permitted only if they are secondary to ADL care, the participant cannot manage them, and the primary caregiver is temporarily absent. Chores cannot make up the whole service.
- **Direct Service:** PSS Is a direct service and requires the participant to be physically present.

We'll start by mentioning that the Personal Support Service (PSS) is still available for participant-direction, however the scope and definition has been updated in the service index to account for the addition of other allowable services. Personal Support Services provide part-time or intermittent assistance—either through direct hands-on help or through prompting—to help participants complete essential daily tasks in their home or community. This service assists folks who would complete these tasks on their own, if not for disability. The service includes assistance with activities of daily living (ADLs), such as eating, bathing, grooming, dressing, toileting, and mobility. Services can be provided in public or community settings to help the individual participate in activities or access other services. For example, if a participant needs assistance with mobility or a transfer in the restroom while at a crafting event.

Light household chores are allowed **only if** they are secondary to the main service, the participant cannot manage them, and the primary caregiver is temporarily unavailable. Chores cannot make up the entire service.

PSS is a direct service, meaning that the participant **must be present** during the delivery of that service. Employees must document how they actively encouraged participant engagement during the service.

Slide 9

Personal Support Services

Limits & Billing

- **Excluded Activities:** Cannot be used for companionship, recreational/diversional activities, or during sleeping hours. Transportation must be billed separately.
- **Participant-Direction:** Participant-directed employees cannot exceed 40 hrs. per week per employer. Must be billed in 15-minute increments. Subject to Electronic Visit Verification.

Personal support services **cannot** be used for companionship, recreation, diversion, or during sleeping hours. Of course, the employee and the participant are encouraged to get to know each other, but companionship is not the main purpose of the service. Because the service provides direct assistance to the participant for personal care, the service cannot be delivered while the participant is sleeping. Personal support services can be delivered in the community, but travel costs are not included in the reimbursement rate, and non-medical transportation must be billed separately.

Participant-direction services are billed in **15-minute units**. Personal Support Services is subject to Electronic Visit Verification (EVV). Employees must utilize one of the FMS-provided EVV solution to clock in and out of Personal Support Services. Electronic Visit Verification (EVV) is a federal requirement of the 21st Century Cures Act that is used to record and confirm the service, participant, date, location, caregiver, and exact start and end times of the service in real-time by using and app and GPS, or IVR (interactive voice response) from a known participant landline. All participant-directed services are required to be captured using one of the offered EVV solutions.

Please remember that the community choices waiver is for part-time or intermittent support. The case manager must assist the participant to choose the right array of services that fit their needs. If multiple part-time services are used, the service plan must explicitly detail why each is necessary. Employees providing participant-direction services cannot work more than 40 hours per week per employer. Multiple direct services can be in the same plan, but cannot be provided

simultaneously. In other words they can **not be billed for during the same hours** even if provided by different participant-direction employees.

Slide 10

Companion Services was added to the Community Choices Waiver during the waiver renewal and the Division has opted to make it available for participant-direction. Companion services is designed specifically to combat participant isolation and reduce loneliness. We want to keep participants connected through direct support and social activity, while helping them safely live more independently at home and in the community. Some participants on the Waiver live alone or are alone for long periods during the day. They may not be able to get into the community due to limited mobility or lack of transportation. Companion services offers participants an opportunity for socialization in their home or an opportunity to get out of their home and into the community.

The service provides part-time or intermittent supervision, socialization, and support. Again, this service can be used in the home or the community. Perhaps a participant would like to attend a book club at the local library. A companion could assist by driving them to the library, helping them to safely enter the building, and assisting them with a wheelchair transfer to use the restroom. A participant could attend a farmer's market with their companion to assist them with carrying bags or assist with mobility. Maybe a participant wants company while going on a walk through the neighborhood or someone to play cards with. All of these activities are a part of companion services.

Companions can also assist with or supervise meal prep, laundry, shopping, and light housekeeping, provided these tasks are incidental to care and not standalone services, meaning that these tasks are not the sole purpose of the service. A companion can help a participant with making lunch before going out into the community. This assistance should also

include discussion about favorite meals, questions about where they learned their recipes, or help creating a grocery list. A companion could assist a participant with organizing a closet, creating a donation box, and taking the box to a donation center with the participant. Engagement with the participant is the central aspect of companion services.

Companion Services is a direct service and requires the participant to be physically present–and awake–while services are provided. The employee must document how they actively encouraged participant engagement during the services. Multiple direct services can be added to a participant's person-centered plan of care, but as noted in the previous slide, they cannot be delivered and billed for during the same period of time.

Slide 11

Companion Services

Limits & Billing

- Reimbursed in **15-minute units**.
- Limit of **9 hours per day**; cannot be used for sleep monitoring.
- Subject to **Electronic Visit Verification (EVV)** requirements.
- **Participant-Directed** cap of 40 hours per week per employer.
- Part-time or intermittent service.
- Must not replace IDEA Act services for participants aged 19–21.

Companion services is reimbursed in 15-minute units. It is important to note that there is a daily limit of nine (9) hours per day. As previously mentioned, this service cannot be used for monitoring the participant while they are sleeping. The goal of companion services is to reduce loneliness and increase social engagement. It is impossible to comply with the service index and achieve the goals of the service while someone is asleep.

Companion services is also subject to Electronic Visit Verification (EVV) as a participant-directed service.

Companion Services is available under the Participant-Direction option. It is a part-time or intermittent service, which is limited to a maximum of 40 hours per week per participant. A participant should not necessarily be at 40 hours per week for companion services. It should be used in combination with other services to address the needs of the individual. Participants, their case manager, and their plan of care team need to look at the whole picture of the person's needs and choose services that are appropriate for them. If multiple part-time or intermittent services are added to the service plan, the person-centered service plan **must** clearly outline the necessity for each service.

As the Community Choices Waiver is available to people who are 19 years of age and older, the service index specifies that companion services cannot replace services that available to the participant under the Individuals with Disabilities Education Act, also referred to as the IDEA act, for participants aged 19-21. The IDEA act covers special education and related services for

youth from ages 3 through 21. Medicaid Waiver services are the payor of last resort. If a participant happens to be 19-21 years old, companion services cannot overlap with school hours or school services.

Slide 12

Homemaker Services

Purpose & Overview

- **Core Purpose:** Provides chore-type activities and routine household care that benefits the participant but does not fall under Personal Support Services.
- **Includes:** Meal prep, grocery/personal shopping, laundry, ironing, and general-to-deep home cleaning.
- **Indirect Service:** Homemaker is an indirect service. Employees do not assist or prompt the participant with tasks. The participant does not need to be present for service delivery. Can be provided at the same time **another** provider is delivering a direct service.

Homemaker services is now available to be participant-directed. The primary purpose of Homemaker Services is for employees to perform routine household care for the benefit of the participant. As such, this service does not fall within the scope of a personal support service. An employee who is clocked in to provide the homemaker service is not there to assist with personal hygiene or grooming, but is there to assist with the participant's chores. Tasks may include meal prep, grocery or personal shopping, laundry, ironing, general housekeeping, and deep cleaning (such as washing windows, cleaning appliances, etc).

As an indirect services, the participant does not need to be present while this service is being provided. The employee can complete tasks without the need to actively engage with the participant or prompt the participant to complete a task. Indirect services, like homemaker, can be provided at the same time that another employee or care provider is delivering a direct service.

Slide 13

Homemaker Services

Limits & Billing

- **Service Cap:** Capped at a maximum of 3 hours per week **per household** (624 units per plan year). An employee **cannot** bill for two participants at during the same timeframe.
- Subject to **Electronic Visit Verification (EVV)** requirements.
- **Service array:** Case managers must work with participant to ensure services fulfill their needs.
- **Participant-Direction:** Participant-directed employees cannot exceed 40 hrs. per week per employer. Must be billed in 15-minute increments.

Homemaker is limited to a maximum of 3 hours per week per **household**, or 624 units per plan year. An employee cannot bill for two participants during the same timeframe. Travel costs are excluded and cannot be billed with this service.

Homemaker services provided under participant-direction are subject to Electronic Visit Verification.

If paired with Personal Support Services or Home Health Aide care, the case manager must explicitly detail how Homemaker tasks differ from incidental chores provided under those other services in the person-centered service plan. Again, case managers need to work with participants to include an array of services on their person-centered service plan that will fulfill their needs.

Remember, participant-directed employees cannot exceed 40 hours per week per employer and services delivered under the participant-direction option are billed in **15-minute units.**

Slide 14

Non- Medical Transportation

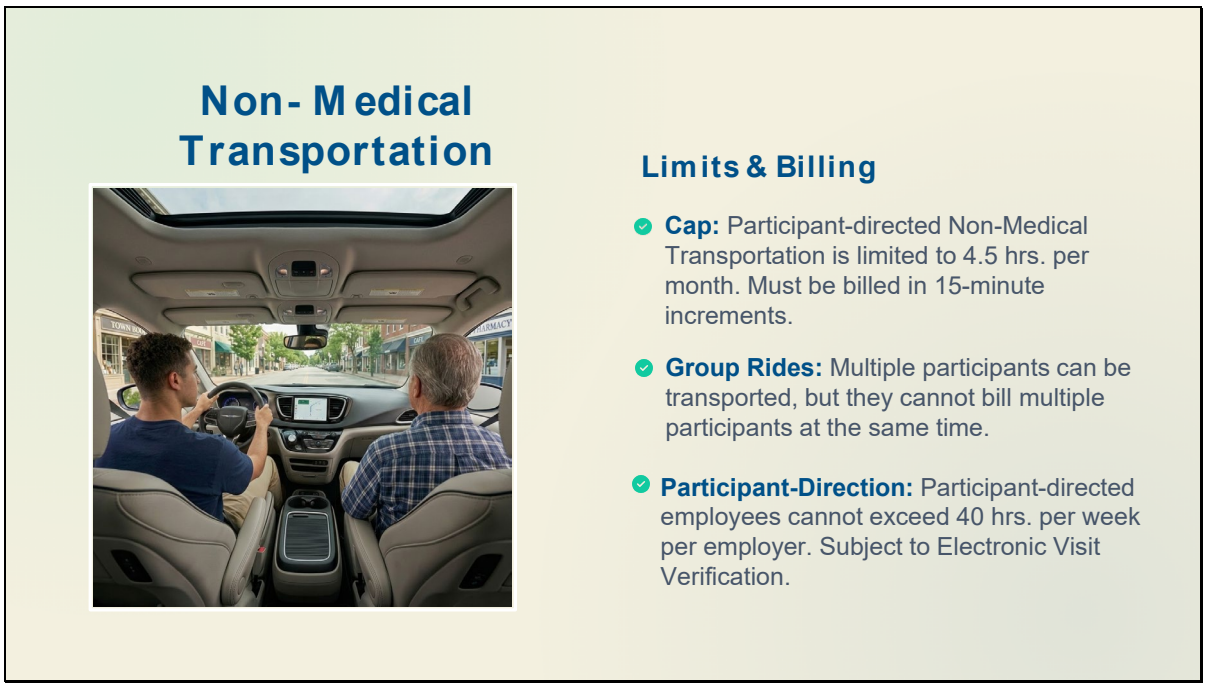
Purpose & Overview

- **Core Purpose & Service:** Enable participants to access community services, activites, and resources. Transportation is provided in accordance with the participant's approved person-centered service plan.
- **Natural Supports:** Natural supports (family, friends, neighbors) or free community agencies should be utilized whenever possible.
- **Direct Service:** The participant must be present.

We are excited to add non-medical transportation to the participant-direction service array. The primary purpose of the non-medical transportation service is to enables waiver participants to access community services, activities, and resources as specified in their service plan. Non-medical transportation is offered in addition to—and does not replace—medical transportation required by federal regulations or Medicaid State Plan coverage. Natural supports, such as family, friends, neighbors, or free community agencies, should be used whenever possible before relying on waiver-funded transportation.

Non-Medical Transportation is a direct service, meaning the participant must be present. Employees delivering non-medical transportation cannot use it to run errands for the participant while the participant stays at home.

Slide 15



Non-Medical Transportation delivered under the participant-direction service option is limited to 4.5 hours per month. Services under participant-direction must be billed in 15-minute increments.

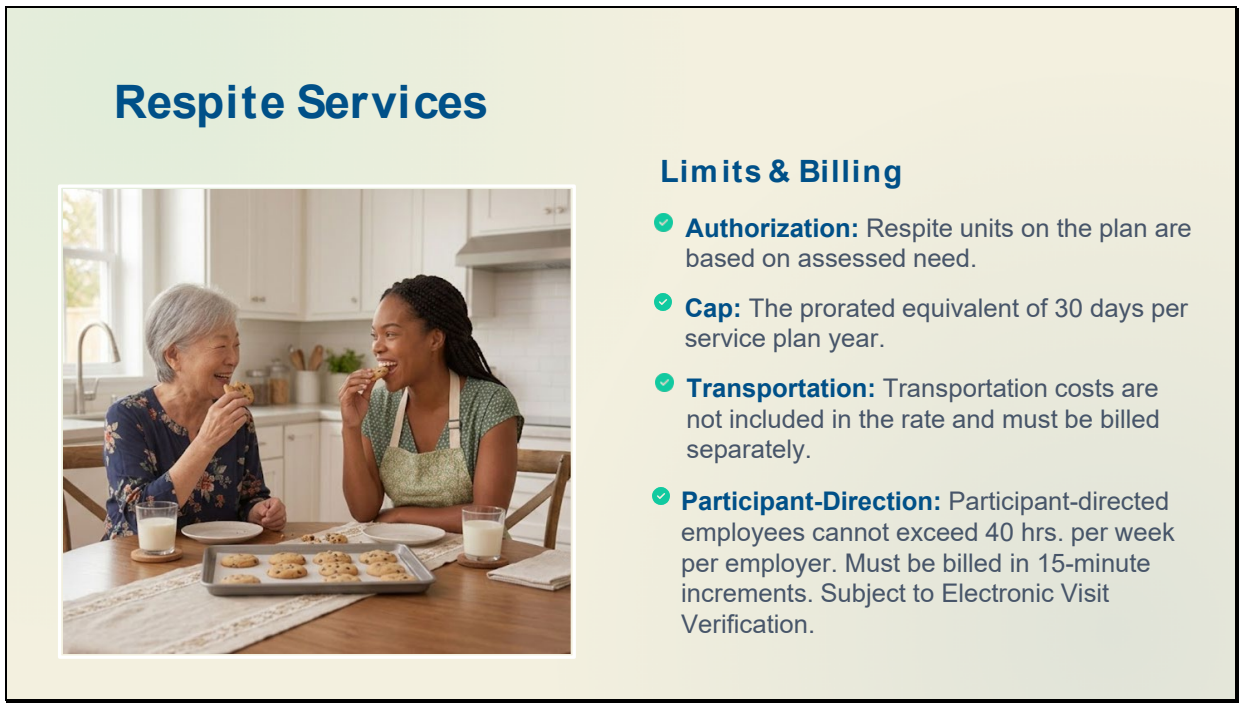
Keep in mind that a participant-directed employee can transport multiple individuals at the same at their discretion, but cannot bill or submit shifts for payment for multiple participants at the same time as it is considered a direct service and does not include a “group” option.

Employees under participant-direction cannot work more than 40 hours per week for each participant-direction employer. Participant-directed non-medical transportation is subject to Electronic Visit Verification requirements. Again, multiple direct services can be in the same plan, but cannot overlap or be billed for during the same period of time.

Slide 16

The last service that was added to the participant-direction service array is respite services. The primary purpose of respite is to provide short-term care for participants who are unable to care for themselves, in order to give a **primary unpaid caregiver** relief or coverage during an absence. Respite is generally delivered in the home, but can also be provided in the community to assist with Activities of Daily Living (ADLs), like transfers, toileting, or mobility assistance, while accessing community services or activities. Respite is a direct service and requires the participant to be physically present, and employees must document how they actively encouraged participant engagement.

Slide 17



Respite services are added to the person-centered service plan by the case manager based on the participant's assessed need. Again, we'd like to remind case managers to work with participants to find the most appropriate services to fit their needs. Respite should not be used to provide regular companionship for the participant. Respite is limited to the prorated equivalent of thirty (30) days per service plan year.

Travel costs are not included in the reimbursement rate for this service. If the participant-directed employee is transporting the participant during the delivery of respite services, they will need to clock out of respite, and clock into non-medical transportation for reimbursement.

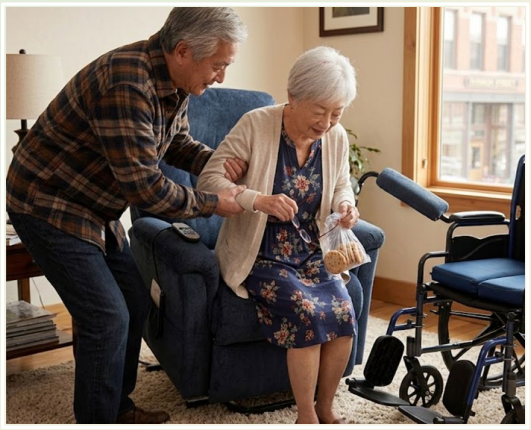
Participant-directed must be billed in 15-minute units and are subject to Electronic Visit Verification. If multiple part-time services are used, the service plan must explicitly detail why each is necessary. Employees under participant-direction cannot work more than 40 hours per week per employer. Multiple direct services can be in the same plan, but **never billed for during the same hours**.

Slide 18

Now that we've reviewed some of the new services available for the participant-direction option, we'll take a look at the other updates made to the participant-direction option.

Slide 19

Hiring Spouses as Caregivers



Operational Protections

- **No Budgetary Authority:** Hired spouses cannot act as the Participant-Direction Employer or sign financial agreements.
- **Extraordinary Care Standard:** The care needed must exceed the normal support actions expected of spousal relationships.
- **Health & Welfare Assurance:** Configured exclusively to prevent gaps and avoid nursing facility institutionalization.

One of the exciting updates is the renewal of the permanent authorization to allow spouses of participants to be hired as paid caregivers under participant-direction. The original modification to implement this allowance was rolled out on April 1, 2022 as a temporary flexibility to increase service delivery options for CCW participant-directing waiver participants during the COVID-19 Public health Emergency, and was amended in 2024 to make it a permanent allowance. The Community Choices Waiver agreement effective July 1, 2026, establishes operational protections to satisfy CMS requirements.

First, a participant's spouse hired as an employee **cannot** serve as the Participant-Direction Employer (PDE), cannot have the legal authority to sign financial agreements or documents on behalf of their spouse, or be charged to manage the participant-directed budget in any way. The participant or other Agency qualified delegate must fill the Participant-Direction Employer role.

Second, the care required must exceed the typical range of supportive actions naturally expected in a spousal relationship.

Third, there must be a documented health and welfare assurance in the person-centered service plan, in place exclusively to prevent service gaps, avoid nursing home placement, and ensure the participant can safely remain in their home. Case managers must thoroughly document these three criteria before spousal hiring can be authorized.

Slide 20

Employer & Employee Screening Standards

Screening Requirement	Scope	Screened Entity	Responsible Party	Screening Frequency
OIG LEIE	Exclusions database check for federally funded programs	PD Employer	FMS Vendor during enrollment & PD Employer for annual checks	During enrollment & **annually**
		Employee	FMS Vendor	During enrollment & every 5 years
Central Registry Check	Abuse and neglect search with Department of Family Services	Employee	FMS Vendor	During enrollment & every 5 years
National Criminal Check	Social security and name-based criminal screening	Employee	FMS Vendor	During enrollment & every 5 years
DOJ NSOPW Search	National Sex Offender Public Website scan	Employee	FMS Vendor	During enrollment & every 5 years

Program integrity and participant safety are non-negotiable. Medicaid Chapter 34, Section 10, mandates that all participant-directed employees clear four distinct screenings before they are allowed to provide unsupervised direct care. The Participant-Direction Employer also has a screening requirement to complete.

OIG LEIE is the Office of Inspector General's List of Excluded Individuals/Entities database. This check ensures the worker is not barred from federally funded healthcare programs. It is searched during initial FMS enrollment background screening and again every five years the individual is employed to provide participant-directed services. Participant-Direction Employers are subject to the OIG check as well. The FMS does the initially screening during enrollment and the Employer is required to do them for themselves annually. They are required to maintain a screenshot of the check to confirm it has been done and provide it to the case manager or agency upon request.

Central Registry Check: This is a search of the Wyoming Department of Family Services maintained registry to ensure the applicant has no substantiated history of abuse or neglect.

The National Criminal Check is a name and Social Security based national criminal history background check.

The DOJ NSOPW is scan of the Department of Justice National Sex Offender Public Website.

Remember, a full subsequent screening across all four of these items is conducted by the FMS every five years for all active participant-directed employees. Any failure across these lists immediately disqualifies the worker from being or continuing to be a participant-directed employee.

Slide 21

Statutory EVV Compliance

Strict Cures Act Enforcement

- Under the federal 21st Century Cures Act, all participant-directed services are subject to automated verification systems to prevent claims fraud.
- Captures automated logs detailing caregiver identity, member identity, exact service type, date of service, starting/ending times, and geographical service coordinates. Mutual timesheet attestations are required.

Under the federal 21st Century Cures Act, 100% compliance with Electronic Visit Verification (EVV) is mandated for all personal care and home health services. This includes participant-directed Personal Support Services, Companion Services, Non-Medical Transportation, Respite, and Home Health Aide services.

The EVV system electronically captures six points of data for each service delivered: the caregiver's identity, the participant's identity, the service provided, the date of service, the starting and ending times, and the GPS coordinates of the start and end of the service delivery.

At the end of each shift, both the participant direction employer and employee must sign a mutual attestation verifying that the logged hours are accurate. If the attestation is not completed within the EVV app, review of submitted shifts and validation of the service information can be completed within the FMS Online client portal prior the to end of the corresponding pay cycle. Undocumented or unverified shifts will not be processed for payroll and will be kicked out of the FMS system until they have been corrected or verified by both the employer and the employee. Fraudulent logging is a federal offense and may result in immediate removal of the participant direction employee or employer from their respective roles.

Slide 22

Case Management Oversight

Assessment & Education

Case managers must verify employer eligibility, educate participants on self-direction risks and duties, and assist with enrollment, budgeting, and FMS coordination. They also provide ongoing support whenever program changes occur.

Monthly Home Visits & Direct Contact

Case managers must complete a face-to-face home visit at the participant's physical residence monthly and complete a cumulative 1 hour of direct contact with the participant or LAR.

Ensuring Compliance

During the home visits and direct contact, case managers must ensure that participant-directed services are delivered appropriately and verify the health and safety of the participant.

Case managers play an important role when an individual chooses to self-direct their services. They are responsible for considering and verifying if the participant or their delegate employer is qualified and able to conduct the responsibilities related to acting in the employer role. They must provide education on the benefits, liabilities, risks and responsibilities of the participant-direction option. They must also provide resources and assist the participant or their delegated Participant-Direction Employer in submitting enrollment documentation, assist with determining the budget and services based on the participant's needs, and assist in coordination with the Fiscal Management Services agency. Case managers are responsible for working with the Participant-Direction Employer when changes are made to the program.

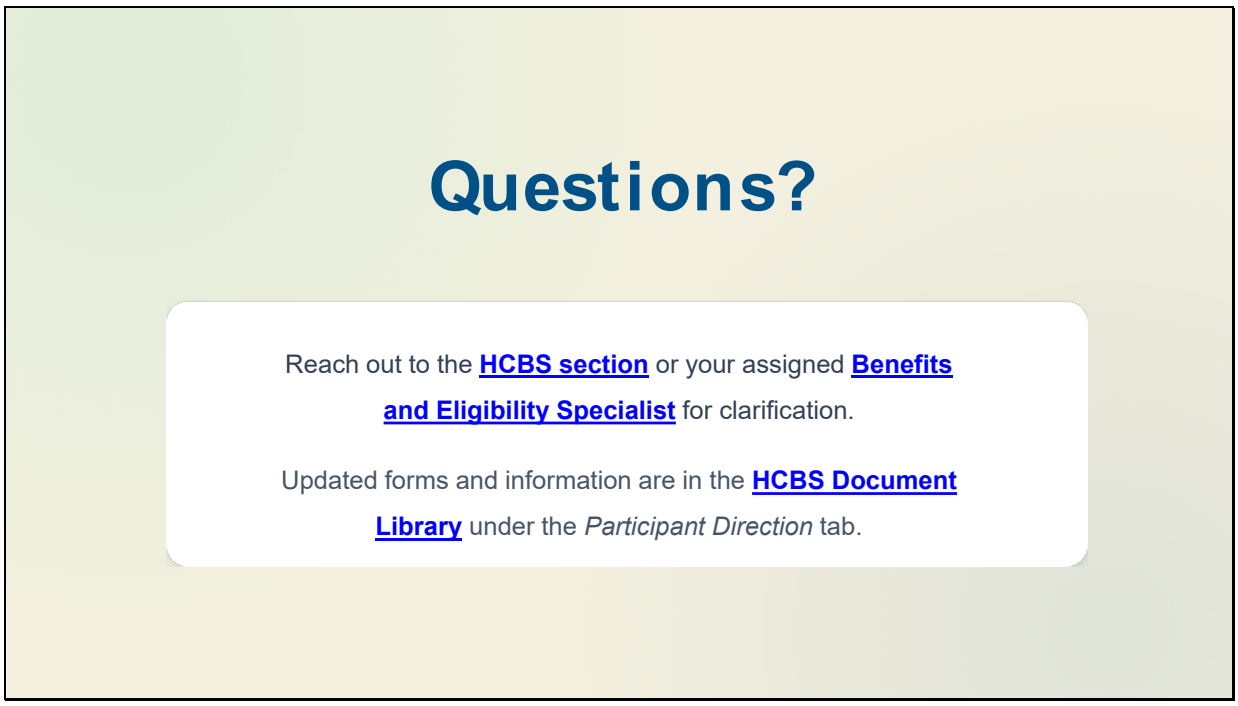
Oversight of participant-directed services to ensure participant safety and fiscal accountability is an important case manager responsibility that we would like to highlight. Case managers are required to conduct a face-to-face home visit at the participant's physical residence every month. Case managers must also complete at least one cumulative hour of direct person-to-person contact with the participant or their Participant-Direction Employer monthly. This can be met through the home visit and follow-up phone calls.

This gives case managers an opportunity to make a safety assessment, where you can evaluate the home environment and the participant's physical well-being. Case managers should also use this time to ensure participant-directed services are being delivered according to the service index, that they are being used appropriately to ensure the participant's budget

will last the entire plan year, and to address any concerns of the participant or the Participant-Direction Employer.

Case managers may need to provide additional education and guidance to the participant or the Participant-Direction Employer. If case managers notice any recurring issues, like fraudulent billing or failing to deliver services according to the service index, they are required to submit a complaint to the HCBS Section.

Slide 23



We have covered a significant amount of information today. To wrap up, please remember that case managers can reach out to the assigned County Benefits and Eligibility Specialist with case specific questions. All updated forms and information are available in the HCBS Document Library under the *Participant Direction* tab. Thank you for your time, your dedication to Community Choices Waiver participants, and your commitment to a compliance, and delivering high-quality services through the Community Choices Waiver program.

Before we begin answering questions, we want to remind everyone that questions should be focused on the topics presented during this participant-direction presentation. Please post your questions in the chat box. We will answer as many as we can during this session and we will compile them into an updated FAQ document to be emailed and posted to the HCBS Public Notices, Engagement Groups & Projects page under the *Community Choices Waiver Renewal* tab.