This document is provided by the HCBS Waiver program as an additional resource to the information found in the Participant Direction Employer Manual, to share information and answer questions specific to the Community Choices Waiver (CCW), including who can be the employer, employee, and what services can be provided through the participant directed service model.

How do I sign up to use the participant direction service delivery model?

You should work with your case manager to decide if receiving your services through participant-direction is a good fit for you and your situation, and discuss if you are comfortable taking on the responsibilities of employer to your hired care givers, or if you will designate someone else to act in that role.

In addition to going over the PD Employer Manual and this attachment, your Case Manager should provide you with the following required program forms that must be submitted with the Financial Management Services (FMS) referral, and assist you in completing them so they can be processed appropriately.

The program forms that need to be completed before the referral can be sent to the FMS are:

Participant Direction Employer Delegation Form (PD06): This form allows you as the participant, or your legal decision maker to designate someone else to be the employer of the participant-directed caregivers, or participant-directed Employees. The form includes information about what an Employer's responsibilities are, and must be filled out and signed by the participant identifying the person who will be acting as the Employer.

Participant Direction Employer Agreement (PD09): This Agreement is completed and signed by the person who will be acting as the employer, whether it is you or someone you designate to act in that role, acknowledging that the person understands their responsibilities as outlined in the Employer Manual, and that they agree to act in the role, and follow the waiver program rules, guidelines, and requirements.

INFORMATION ABOUT THE PARTICIPANT-DIRECTED EMPLOYER:

Who can be the participant-directed employer?

You as the participant, or any other person of your choosing who is:

- 18 years or older
- Able to understand and manage the responsibilities assigned to them
- Familiar with your special circumstances, needs, and preferences.
- Agrees to comply with the waiver program rules, guidelines, and requirements.

If you as the participant have a court appointed legally authorized representative, you **cannot** act as the employer for your participant directed services. Your court appointed representative must either act as the employer or make the decision to delegate the responsibility to another qualified individual.

Who cannot be the participant-directed employer?

- Your case manager
- Your case manager's spouse
- Your employee's spouse
- Your paid caregiver (employee)
- Any other person for whom acting in the role would be or create a conflict of interest

What trainings or certifications are the PD Employer required to take?

The HCBS Participant-Direction Employer Training is a video module that can be found here: https://www.youtube.com/watch?v=1dpSvIGNMnY or on the WDH, DHCF, HCBS Participant Direction Training Page (https://health.wyo.gov/healthcarefin/hcbs/participants/participant-direction/). Employers are required to take the Training, complete and submit the related summary and attestation forms as outlined on the Participant Direction Training webpage before managing any participant-directed services.

The Employer must consent to an OIG (Office of the Inspector General) check during FMS enrollment. This is where the FMS agency looks at the OIG's List of Excluded Individuals/Entities (LEIE), to make sure that the individual is allowed to manage the funds provided by the HCBS Waiver program for PD services.

The person designated as the employer must do an OIG check on themselves once a year after enrollment with the FMS agency, as long as you are using the participant direction service model, to confirm they are allowed to continue in the employer role. The FMS agency will provide information to the Employer on how to do this check before they are required to do them.

How long does it take to enroll with the FMS agency as an employer?

The length of time it takes to get fully enrolled with the FMS agency to act as a participant-directed employer is dependent on many factors, most of which are in your control. When the FMS agency receives a completed referral packet from your case manager, they will reach out to you or the designated employer to confirm the information received is correct, and ask for that person's preference in receiving the enrollment paperwork.

It is important to note that your case manager must send the required program forms, fully completed and signed, and the referral to the FMS agency all at once. If the FMS agency does not receive the completed and signed program forms with the referral, or if the program forms are received but not completed and signed, the referral will not be accepted, and all documents will need to be resubmitted by the case manager to the FMS agency to start the FMS enrollment process.

Once the FMS agency has made contact, they will pre-populate any fields that they can with the information provided in the referral, and send the enrollment paperwork either electronically or by mail, whichever has been expressed as the preferred method. Once the enrollment paperwork is received, it is up to the employer to make sure that everything is fully completed and submitted back to the FMS agency as outlined in the instructions. The FMS agency and your case manager can help you understand the paperwork and make sure it is complete before it is submitted. The sooner the FMS agency receives the completed enrollment packet the sooner they can complete their administrative activities to get you or your delegate set up as the Employer.

Another important piece of the process will be confirming with your case manager that the plan of care has participant-directed services identified, and that a budget for your PD services is being provided to the FMS agency. The FMS agency cannot pay for any services provided to you by your participant-directed employee before there is an agency-approved budget in place, even if both you and the employee have completed the FMS agency enrollment documents and received notice of a "good to go" date from the FMS agency.

The "good to go" date indicates that the FMS agency has received everything necessary to complete the employer's and employee's enrollments, and that when they receive the agency-approved budget, the employee can begin providing services.

INFORMATION RELATED TO THE PARTICIPANT-DIRECTED EMPLOYEE:

Who can be a participant-directed employee?

Any person who:

- Is 18 years or older,
- Has passed the required background screenings,
- Is able to provide the services outlined in your Plan of Care or person-centered service plan,
- Is not legally responsible to make financial decisions on your behalf,

Who cannot be a participant-directed employee?

You as the participant, or any person who is:

- Under the age of 18,
- Your case manager,
- Your case manager's spouse,
- Your legally authorized representative or decision maker
- Any person who has legal permission to make financial decisions or sign financial documents on your behalf
- Any other person for whom being your employee would be or create a conflict of interest

What trainings or certifications are required for a participant-directed employee?

The HCBS Participant-Direction Trainings for employees, can be found on the WDH, DHCF, HCBS training page (https://health.wyo.gov/healthcarefin/hcbs/participants/participant-direction/)

Participant-directed employees must complete the HCBS Training Summary Form for each training module and submit it to their PD Employer, as well as the ACES$ Program Training Attestation Form, which must be submitted to the FMS before providing services.

The PD Employer is required to retain the documents in the employee file to demonstrate the participant-directed employee's participation in the trainings.

This is an ongoing requirement - participant-directed employees must retake the required trainings and submit the ACES$ Program Training Attestation Form to the FMS *Every Two (2) Years* throughout their PD Employment in order to maintain their participant-directed employee status.

The FMS will send a reminder to the Employer prior to the retraining requirement deadline. If a participant-directed employee does not retrain prior to the deadline, payment for services will be placed on hold until the FMS receives the ACES$ Program Training Attestation Form for that time period.

What services can my participant-directed employee provide?

The list of services that can be provided through the participant-direction model can be found in the CCW Service Index. Which of the services described in the Service Index that you are approved to receive can be found in your plan of care or service plan. Some of the services can be provided in the home or in the community, if the participant requires assistance to take part in a community activity, but the participant must be present during the delivery of all person care related services. The FMS agency pays the employee from the participant's approved participant direction budget.

When can my participant-directed employee start providing services?

While there are some limitations, as long as both you and your employee qualify and are able to confirm certain information during FMS agency enrollment, your employee may be able to start providing your services through the program as soon as:

- Your Agency-approved budget has been received and set up by the FMS agency.

- The FMS agency confirms that all of the required enrollment paperwork for you and your employee has been received and is complete.

This may allow your employee to begin providing services, while the FMS agency is waiting for some of the background screening results to be received.

There is a form in the FMS agency enrollment packets that will allow you to confirm if you want your employee to be able to start providing your services to you before the background screening results have all been received. The FMS agency will let you know when they have everything needed for your employee to begin working.

If the background screening results are received and your employee qualifies to continue providing the services, the FMS agency will share the results with you, and you must confirm that you wish to move forward with officially hiring the person to continue providing your services.

It is important to know that if any of the background screening results show that your Employee does not meet the program requirements after they have started providing services, the FMS agency will notify you and will no longer be able to pay your Employee for services provided by them after that date.

What services can be provided through the participant-directed model? (CCW Service Index Excerpt)

Any of the services below, if authorized in your plan of care, may be provided by your participant-directed employee. See the full CCW Service Index for more information regarding what is included in or excluded from the service, and to make sure you and your employee are compliant with program guidance for how the service must be provided.

COMPANION:

The companion service includes supervision, socializing, and providing assistance for a participant to be able to stay safe in the home and community, and to support their independence. Participant-directed employees who provide this service can assist or supervise the participant with tasks such as meal preparation, laundry, and shopping, and may perform some light housekeeping tasks as part of the care and supervision being provided. The companion service includes personal care activities which might include prompting the participant to take their medication, and assisting with activities of daily living, as needed. Routine non-medical transportation can also be provided as part of this service.

Exclusions and Limitations

- The Companion Service is available for participants age 18 and up, for up to nine (9) hours a day.
- It does not include any hands-on nursing care and cannot be used to provide monitoring while a participant is asleep.
- If the companion service is provided to participants between the ages of 18 and 21, it cannot duplicate or replace services that are covered under other waivers and supports.
- This service cannot overlap or be provided at the same time as other waiver services.
- An employee who is providing this service cannot submit shifts for children and adults at the same time unless authorized by the Agency in advance of the service date.
- This service cannot be provided by biological, adoptive, or step parents of the participant.

HOMEMAKER:

The Homemaker Service consists of chore-type activities and routine household care that are not covered by

other services. It is considered a non-direct service, meaning that the employee providing the service does not prompt or assist the participant in the completion of a task and the participant is not required to be present when the service occurs. This also means that if appropriate this service may overlap with another direct care service being provided by another individual or agency.

Examples of covered tasks may include but are not limited to meal preparation, shopping for groceries and personal items for the participant, laundry and ironing, and household cleaning to include regular home maintenance and more involved cleaning tasks such as cleaning appliances and washing windows. All tasks must be completed for the benefit of the participant.

Exclusions and Limitations

- This service is available when the individual who is normally responsible for these activities is temporarily unavailable or unable to manage the home and care for themselves or others in the home.
- A limit of three (3) hours per week per household is allowed.
- This service cannot be provided by biological, adoptive, or step parents of the participant.
- An employee who is providing the Homemaker Service cannot submit shifts for more than one participant during the same time frame.
- Homemaker Services cannot duplicate incidental chore-type services that are provided other services as allowed.

NON-MEDICAL TRANSPORTATION:

The non-medical transportation service can be used to transport the waiver participant to waiver related and other community services, activities and resources, as specified by their service plan.

This service is meant to provide extra transportation options for the participant, and is not intended to replace transportation offered through the participant's natural support system. It cannot be used to take participants to medical appointments, procedures, or other medically related events, as those are covered through 42 CFR §431.53 or the Medicaid State Plan. Whenever possible, participants must use their natural support system or other entities that provide this service without charge, such as family, neighbors, friends, community agencies, or other natural supports.

Exclusions and Limitations

- This service is limited to four and a half (4.5) hours per month per participant.
- This service cannot overlap or be provided at the same time as other direct support waiver services.
- An employee who is providing non-medical transportation service to multiple participants may choose to drive more than one participant at a time, but is only allowed to submit shift information for one participant for that time period.

PERSONAL SUPPORT SERVICE:

The personal support service includes part-time or occasional assistance in enabling or helping participants accomplish activities of daily living, such as eating, bathing, grooming, dressing, using the restroom, and functional mobility tasks that they would normally do for themselves if they did not have a disability. Personal support assistance may take the form of hands-on assistance (actually performing a task for the person) or prompting the participant to perform a task.

Personal support services may also consist of general household tasks when those tasks are incidental or part of the personal support service being provided during the visit, such as washing the dishes after helping the

participant eat, or putting used clothes and linens into the hamper when assisting the participant with dressing. These supports may be provided as part of this service when the participant is unable to manage the home and care for themselves, and the individual regularly responsible for these activities is temporarily absent or unable to conduct these activities. However, incidental chore type tasks shall not comprise the entirety of this service.

Personal support services may be provided in the home or in the community when the participant requires assistance with activities of daily living while participating in community activities or accessing other supports. This is considered a direct support service, meaning that the participant must be present during the delivery of personal support services.

Exclusions and Limitations

- Personal support services may not duplicate services that are available through the Medicaid State Plan, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage, other waiver services, or other funding sources, and may not be provided at the same time as other direct services.
- This is a Direct Care Service, meaning that the participant must be physically present during this service and that this service cannot overlap with other Direct Care type services.
- This service cannot overlap or be provided at the same time as other direct support waiver services..
- An employee who is providing this service is not allowed to submit shifts for more than one participant during the same time frame.

RESPITE:

Respite is a short-term service provided to participants while the individual who would normally provide care for the participant is absent or is otherwise unable to provide the care. Respite services may be provided in the participant's home or in the community when the participant requires assistance with activities of daily living to participate in community activities or to access other services.

Exclusions and Limitations

- Limited to the equivalent of thirty (30) calendar days per plan 12-month year (refer to the CCW Service Index or discuss with your Case Manager if you have questions).
- Respite should not be used to substitute care when a primary caregiver is at work or if other services are available and more appropriate.
- The respite service does not include companionship or other primarily recreational or diversional activities.
- Participant transportation is not a covered activity and must be billed separately.
- This service cannot overlap or be provided at the same time as other direct support waiver services.
- An employee who is providing this service is not allowed to submit shifts for more than one participant during the same time frame.

For the most current version of the complete CCW Service Waiver with traditional agency service information, go to: https://health.wyo.gov/wp-content/uploads/2026/07/CCW-Waiver-Service-Index-Effective-7.1.26-1-A-1.pdf