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 that are specific to the Developmental Disabilities (DD) waivers, 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 Participant-directed employer Manual and this attachment, your Case Manager should review any required program forms with you and assist you in completing them so they can be submitted appropriately.

INFORMATION ABOUT THE PARTICIPANT-DIRECTED EMPLOYER:

Who can be the participant-directed employer?

Any of the following, who is 18 years of age or older:

- You as the participant, if you **do not** have a court appointed legally authorized representative
- Your court appointed legally authorized representative,

For participants who are under 18 years of age:

- The biological, adoptive, or step-parent,
- The court appointed legally authorized representative

If you as the participant have a court appointed legally authorized representative, or someone who is responsible for making legally binding decisions on your behalf such as your parent or guardian, you **cannot** act as the employer for your participant directed services. Your legally authorized representative must act in that role in order for you to receive services through the participant directed service model.

Who cannot be the participant-directed employer?

Anyone who is not listed in the section above.

What trainings or certifications are a participant-directed employer required to take?

There are no required trainings or certifications for a participant-directed employer, however the person filling that role 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 participant-directed employer 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.

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, including your parent, step-parent, guardian, spouse, or power of attorney (except if the situation has been reviewed and approved by the Division's ECC Process before services are provided)
- 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 the Participant-directed employee?

CPR and First Aid Certification that include in-person (not virtual or via computer) hands-on skills tests must be in place at the time of FMS enrollment and must be renewed prior to the expiration date of the certification while the person is employed to provide PD services to you. Proof of a renewed certification must be given to the FMS vendor before the old certification is expired to avoid any delays in payroll or gaps where services provided to you by the employee cannot be paid for by the FMS.

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 DD 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 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 personal 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. If the participant who is receiving services is under the age of 18, the enrolling employee cannot begin providing services until all background screening results have been received and confirmed by the FMS agency as "passed."

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? (DD 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 DD 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.

CHILD HABILITATION SERVICES (AGES 0-12, AGES 13-17):

The Child Habilitation Service allows a participant-directed employee to provide regularly scheduled activities and supervision to children for a portion of their day. Services may be provided at various times of the day in multiple settings, when other waiver services would not be as appropriate. The service may occur in a single physical environment or in multiple environments, including settings in the community. Transportation may be provided as part of this service.

Exclusions and Limitations:

- Services that are available through specific public education programs may not be provided as part of this service.
- Child Habilitation Services are limited to children under age 18.
- For participants on the Comprehensive Waiver, there is an annual cap of 9,400 units a year.
- Approved activities are based on the participant's assessed need and must fit within the participant's assigned budget.
- Participant-directed employees may submit shifts for up to two (2) participants within the same age group at the same time using the group rate, but must limit the total combined number of people to whom they are providing services to no more than three. The employee must follow the supervision levels identified in each participant's plan of care.
- Child Habilitation Services cannot overlap or be provided in the same time frame as other direct support waiver services.
- An employee may provide support with a participant's personal care needs, including medication assistance, but that may not make up the entirety of the service shift.

COMMUNITY LIVING:

Community Living Services (CLS) are individually-tailored supports to assist the participant with the learning, retaining, or improving skills related to living in the community. This service can include adaptive skill development, assistance with activities of daily living including medication assistance, light housekeeping, community inclusion, transportation, adult educational supports, and social and leisure skill development activities that assist the participant being able to reside in the most integrated setting appropriate for their needs.

The service includes personal care, protective oversight, supervision, and may include some level of ongoing 24-hour support as defined by the level of service and as indicated in the participant's plan of care. Transportation between the participant's residence, other service sites, or places in the community is included as part of the rate.

CLS is a "habilitation service" meaning that training on objectives is expected to be part of the service activities, and participant's progress must be documented and made available to the participant, legally authorized representative, and case manager each month.

Participants are encouraged to take vacations and travel. If a participant takes their participant-directed employee with them to receive CLS, the employee must adhere to all supervision and support requirements identified in the service definition and the participant's plan of care. If service definitions and supervision levels cannot be met, case managers must work with the plan of care team to identify an alternative waiver or non-waiver service. If the participant plans to travel without their participant-directed employee, the employee may submit shifts on the days that the participant leaves and returns if they provide services on those days.

Health related services may be provided if the employee is trained by the appropriate trainer or medical professional, and documentation of the training is submitted to the FMS and the Division.

Exclusions and Limitations

- Participants must be at least 18 years old to receive CLS.
- Participants must have one primary residence.
- Services must not duplicate or replace services covered under IDEA or through Department of Family Services (DFS) programs.
- There are limits on how many hours certain levels of CLS can be provided during a plan year.

COMPANION:

The Companion Service can be provided by a Participant-directed employee for an individual participant, or for a group of

two or three people at one time if approved as part of their plans of care. The service includes supervision, socializing, and providing assistance for a participant to maintain their safety in the home and community, and to enhance their independence. Participant-directed employees who provide this service may assist or supervise participants in doing tasks such as meal preparation, laundry, and shopping, and may perform light housekeeping tasks that are part of the care and supervision being provided. The Companion Service may include personal care activities such as prompting and the participant to take their medication, and assistance with activities of daily living, as needed.

Routine non-medical transportation can 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.

INDIVIDUAL HABILITATION TRAINING:

Individual Habilitation Training is a specialized 1:1 intensive training service intended to assist a participant with gaining or improving skills that would lead to more independence and a higher level of functioning. This service is available for participants who live with unpaid caregivers or who need les than 24-hour paid supervision and support.

Training objectives are required, must be meaningful to the participant, and may include things like adaptive skill development, assistance and training in activities of daily living, transportation safety and navigation,

building social connections, and hobby skill development for work on fine or gross motor skills. Objectives must be specific and measurable, and must be tracked and able to be analyzed for trends. Summary reports on progress must be provided to the case manager and participant or legal representative monthly. Objectives must be revised as needed and when skills are acquired or the objective is not yielding any progress.

Individual Habilitation Training may be provided in the participant's home, a provider setting, or in the community and may include supporting the participant to be included and involved in associations and community groups, and a broad range of community activities including opportunities to pursue social and cultural interests, decision making, and volunteering.

Transportation related to the participant's objective is included as part of the service and must be provided when necessary.

This service includes services that are not available through other public education programs in the participant's local area, including after school supervision, daytime services when school is not in session, and services to preschool age children.

Exclusions and Limitations

- This service is available to participants age 0 through 20 based on the participant's needs as identified in their plan of care.
- It is limited to 4 hours a day and cannot be overlap with other direct care services.
- It cannot be provided by a single Participant-directed employee to multiple participants at the same time, or by a participant's biological, adoptive, or step parent.
- Training is expected to occur at all times the service is being provided.
- If the participant needs supervision but cannot manage intensive training, the plan of care must identify an alternate service to be used during times when training is not being conducted.

PERSONAL CARE SERVICES:

Personal Care Services (PCS) is available to participants of any age and covers a range of assistance that supports participants in accomplishing tasks they would normally do for themselves if they did not have a disability. This may include hands-on assistance or prompting the participant to perform a task. PCS may be provided on an "as needed" or ongoing basis.

PCS may include assistance in performing activities of daily living (ADLs) (e.g., bathing dressing, personal hygiene, bathroom assistance, transferring, maintaining continence) and more complex instrumental activities of daily living (IADLs) on the participant's property (e.g., light housework, laundry, meal preparation exclusive of the cost of the meal, medication and money management). Health related services may be provided as part of this service after staff are trained by the appropriate trainer or medical professional and have received and can show appropriate documentation. These services include care relating to medical or health protocols, medication assistance or administration, and range of motion exercises.

Personal support services may also consist of general household tasks when those tasks are part of the personal support 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.

Exclusions and Limitations

- Incidental chore type tasks may not comprise the entirety of this service.
- 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 may not be provided by a single Participant-directed employee to multiple participants at the same time.
- For participants on the Comprehensive Waiver, PCS shall not exceed 7,280 fifteen-minute units per plan period, and must be provided in the participant's home or on their property. There is no plan period cap for this service for participants on the Supports Waiver.
- PCS must be essential to the health and welfare of the participant rather than that participant's family.
- Transportation is not included as part of this service.
- PCS may not be provided by a biological, adoptive, step parent, or legally authorized representative through the participant directed service model.

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, that may be provided in the participant's or caregiver's home, or in a community setting when the participant requires assistance with activities of daily living to participate in community activities or to access other services. Routine transportation can be provided as part of the service.

Exclusions and Limitations

- There are limitations to how many participants may be supported by an individual participant-directed employee. (refer to the DD Service Index or discuss with your Case Manager if you have questions).
- Respite may not be used to substitute care when a primary caregiver is at work or if other services are available through public education programs, including education and supervised after school activities, daytime services when school is not in session, or services to preschool age children.
- Respite cannot be used to relieve a Community Living, Community Supports or Adult Day Services provider.
- It cannot be provided to individuals under the age of 18, and individuals 18 or older at the same time unless participants are members of the same family and the situation has been approved by the Agency.
- For participants on the Comprehensive Waiver, Respite shall not exceed 5,616 fifteen-minute units per plan period, and must be provided in the participant's home or on their property. There is no plan period cap for this service for participants on the Supports Waiver.
- Biological, adoptive and step parents cannot provide this service.
- It cannot be overlap with other waiver services.

SUPPORTED EMPLOYMENT:

Supported Employment Services are intended to help a participant find and keep a job that meets their personal and career goals. Supported Employment offers a variety of supports to assist a participant who is age 18 or older and who, because of a disability needs intensive support to find and keep self-employment or a job in a integrated work setting for which the participant is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by an individual without a disability.

Services can be conducted in a variety of settings, particularly work places where people without disabilities are employed. Services can include activities needed for a participant to sustain paid work, such as supervision and training. Payment through this service is only for adaptations, supervision, and training required by participants as a result of their disability. It does not include payment for supervisory activities necessary as a normal part of doing business.

Supported Employment should be provided in a way that reflects the participant's choice and goals related to employment, and in the most integrated setting appropriate. For more information about the Supported Employment Service refer to the DD Service Index or discuss with your Case Manager if you have questions.

For the most current version of the complete DD Service Waiver with traditional agency service information, go to:

https://health.wyo.gov/wp-content/uploads/2026/07/DD-Waiver-Service-Index-Effective-July-22-2026-1-1-A.pdf