PARTICIPANT DIRECTION EMPLOYER AGREEMENT

This form is to be completed by the person who has been identified as the Participant-Directed Employer, regardless of if that person is the participant, the participant's representative, or (CCW) other designated third party.

Participant direction is an optional way for participants in the waiver program to get the services they need, rather than through a traditional provider agency. Participant direction means the participant (their guardian, legal representative, or (CCW) the person designated to act as the participant-directed employer, as appropriate) is given authority by the Agency to make certain decisions about the participant's waiver services and who provides them, and takes a direct role and responsibility for managing them.

EMPLOYER AUTHORITY COMPLIANCE:

As a participant-directed employer, it is your responsibility to conduct the following tasks as it relates to employing individuals to provide services through the participant-directed service delivery option:

1. Create a job description for each employee;
2. Recruit, select, and hire employees to provide participant-directed services;
3. Verify that minimum employee qualifications are met, as required by the waiver program;
4. Ensure each employee has completed enrollment for Financial Management Services (FMS) and required approvals have been received before the employee begins providing services;
5. Ensure all employees have and maintain the program-required certifications and complete mandatory trainings, recertification, and retraining, throughout their employment;
6. Determine and communicate any additional qualifications, certifications, or trainings employees must have in place prior to providing services to the participant;
7. Set employee wages within the Agency-set limits and program guidelines;
8. Define employee duties in alignment with the corresponding Waiver Service Index and within the limits of the program;
9. Orient, train, and instruct employees in their duties;
10. Supervise, evaluate, and manage employees and their performance;
11. Schedule and manage service delivery to ensure the participant can receive appropriate services throughout their plan of care period, without exceeding the Agency-approved participant-directed budget;
12. Verify service delivery and time worked for each employee by reviewing and approving shifts/visits or timesheets within the FMS online portal or mobile application prior to submitting for processing of payroll;
13. Discipline, discharge, or terminate employees, as warranted.

EMPLOYER AGREEMENT:

By signing this form, I acknowledge that:

1. I have received and read the Participant Direction Employer Manual, and the attachments that are applicable to the waiver in which the participant is enrolled;

2. I understand and agree to comply with the guidelines and responsibilities cited in this document, and in the Participant Direction Employer Manual and its associated attachments now and as revised or updated in the future.
4. I understand that non-compliance with waiver standards may result in disciplinary action up to and including removal from the role of Participant-Directed Employer.
4. I understand that I serve as the legal employer of individuals hired to provide care to the participant, and I do not have the authority to assign or delegate the employer duties or responsibilities to another person or entity.
5. I am responsible for managing services within the authorized participant-directed budget. I understand that shifts/visits, or timesheets submitted in excess of the authorized budget or service limits will not be paid by the Financial Management Services (FMS) agency.
6. I shall not represent myself as an employee or agent of the State of Wyoming or the FMS agency.
7. I may be held personally responsible under applicable state and federal laws for any fraudulent, false, or misleading claim that I, or my employees, make or present to Wyoming Medicaid, and may be responsible for repayment of any funds paid to my employees for shifts/visits that are not compliant with the Waiver Service Index, or have been based on fraudulent, false, or misleading submissions of shift/visit, or timesheet information.

SIGNATURE AND ACKNOWLEDGMENT

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PD Employer Signature Date

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PD Employer Name Printed