Slide 1

Relative Providership

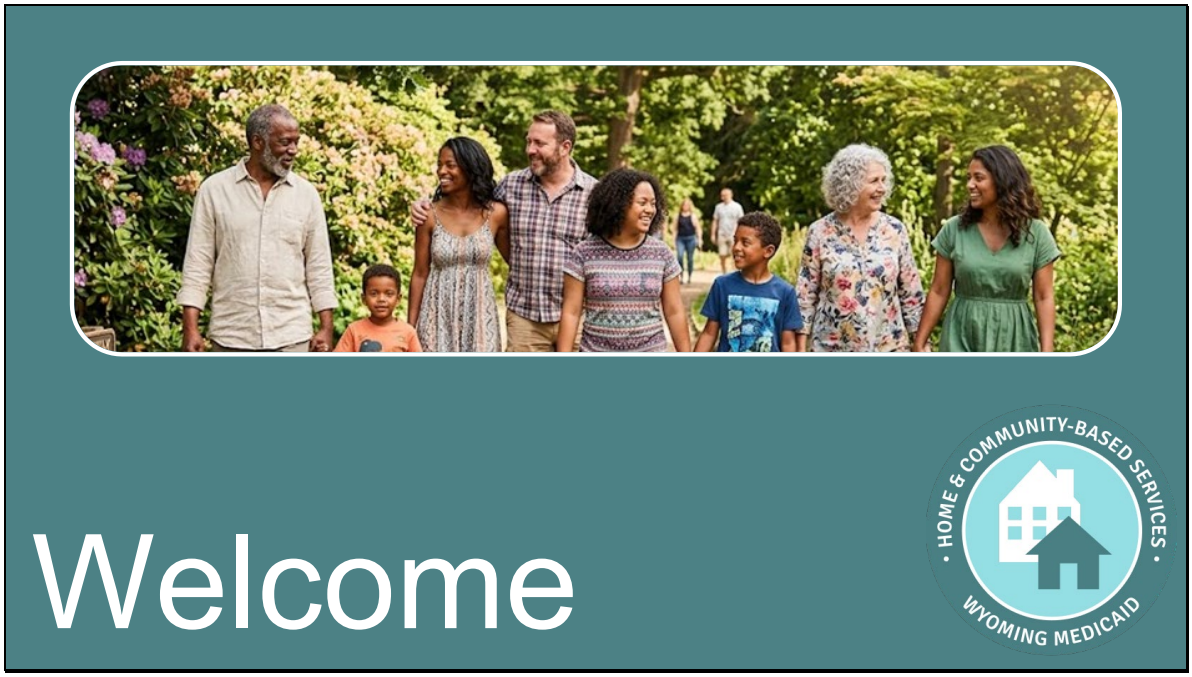
Supports and Comprehensive Waiver Providers Support Call

October 26th, 2026

WYOMING MEDICAID
DEPARTMENT OF HEALTH



Slide 2



Welcome everyone to today's training session on Relative Providership under Wyoming's Developmental Disabilities (DD) Waivers. I'm Andrea Highland, Provider Certification Specialist 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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Agenda

- Who is Considered a Relative Provider?
- Relative Providers are Providers
- Relative Provider Age-Based Restrictions & Limitations
- Approval Process & Roles
- Relative Disclosure & Acknowledgement Form



Our goal today is to give provider agencies, case managers, and the relative providers a clear understanding of state policies regarding relative providership. Today, we will provide the definition of a relative provider that the Division uses; navigate through the philosophy of relative providership; review the age-based restrictions, limitations, and allowable activities for relative providers; define the roles of the relative provider, case manager, and certified provider agency; and walk through the new Relative Disclosure & Acknowledgement Form. Our goal is to equip you with information to ensure policy compliance to supporting participants and provide high-quality care.

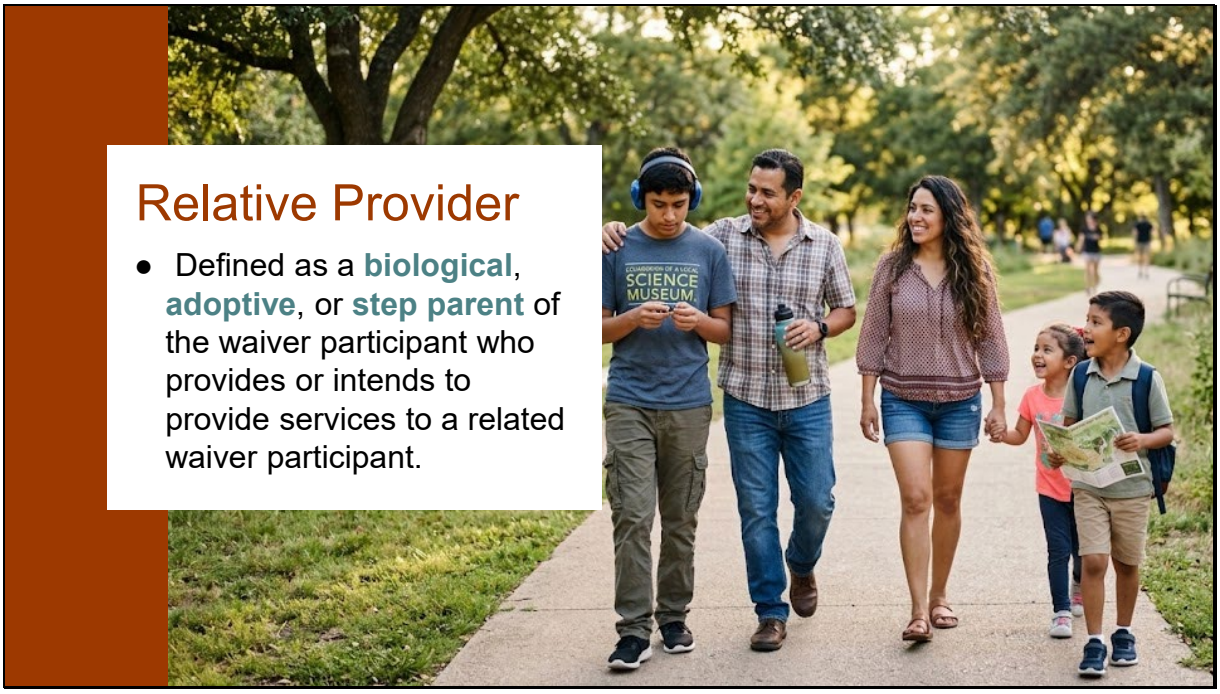
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Before we get started, we'd like to go over some of the acronyms and abbreviations we will be using in today's training. The Medicaid system in general, and the home and community-based services program, use a lot of acronyms. Although most of you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

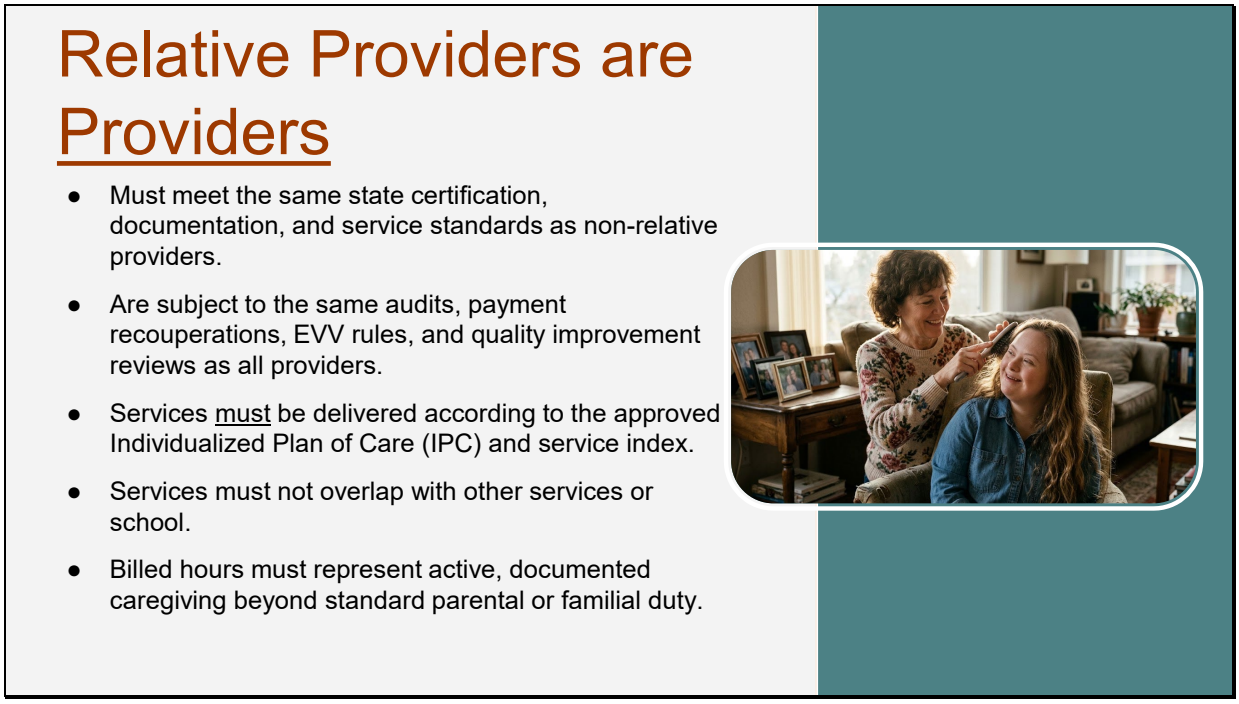
- We will often refer to the HCBS Section or HCBS program. HCBS stands for Home and Community-Based Services.
- The HCBS Section is organized under the Division of Healthcare Financing, which is a Division of the Wyoming Department of Health. We will sometimes refer to the Division or Department, which 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.
- EVV means Electronic Visit Verification.
- An ICAP is the Inventory for Client and Agency Planning. It is a nationally standardized assessment tool that estimates an individual's adaptive functioning, and the extent to which behavior challenges may limit their inclusion in various settings.
- And finally ABQ stands for Adaptive Behavior Quotient. This is a score on the ICAP that determines if a participant has high enough need for a relative provider to deliver Personal Care Services to a participant under 18 years of age.

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To kick us off, we'll begin with defining what the Division means by a relative provider. A relative provider is defined in Chapter 45 as a biological, adoptive, or step parent of the waiver participant who provides or intends to provide services to the related waiver participant. Throughout this training, when we discuss relative providers, we are focusing on biological, adoptive, or step parents. While a cousin, brother, or aunt may be related, they are not considered a relative in this specific context.

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We'd like to remind everyone that relative providers are waiver providers. When a relative is clocked in for waiver services and receives Medicaid reimbursement for providing services, their professional status as a waiver provider comes before their family role during billing hours. If, for example, while clocked in for services they notice that the participant (their child) has a fever, they cannot provide medication if they have not completed the Medication Assistance Training or if the provider agency has signed a declination of medication assistance form. Although this is something they would likely do in a parental role, they must act in the role of the waiver provider.

Relative providers must adhere to every regulation, documentation deadline, and EVV requirement that is required of all waiver provider. They are subject to the same audits, payment recouperations, and quality improvement reviews as all providers. Relative providers must deliver approved services according to the participant's Individualized Plan of Care (IPC) and they must adhere to the service index for each service they deliver.

The hours they bill for must represent active, documented caregiving. Relative providers cannot view waiver reimbursement as a kind of allowance for providing care to their family member. Relative providers are reimbursed for delivering services that are beyond the standard parental or familial duty. Chapter 45, Section 31 states that, "Payment to a relative provider [...] shall only be made when the service provided is not a function that the relative would normally provide for the individual without charge as a matter of course in the usual relationship among family members, and the service would otherwise need to be provided by a qualified provider."

Medicaid is the payer of last resort. Waiver funds cannot pay for any direct services that is the legal responsibility of the school district. Services must not duplicate or replace services covered under IDEA (Individuals with Disabilities Education ACT) or other public programs. Relative provided waiver services for participants aged 21 and under cannot overlap with regular school hours, even for homeschooled students.

Relative providers must understand their role as a provider and separate it from their role as a family member. Certified provider agencies who employ relative providers must also treat them as they would any other employee. There are no informal allowances or relaxed rules for family providing services.

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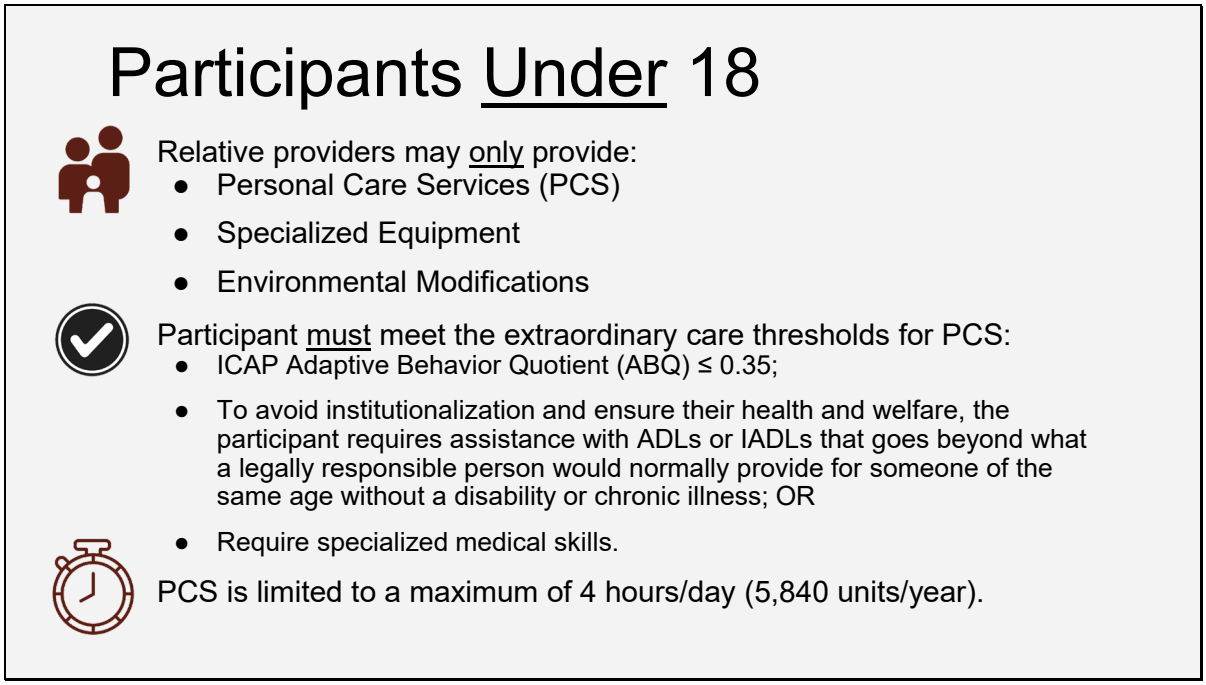
Requirements & Limits Based on Age





Now that we have established the Division's definition of a relative and that relative providers are waiver providers who must adhere to the rules every waiver provider must follow, let's review some of the requirements for relative providers based on the age of the participant. There are differences in the services relative providers can deliver, service caps, and assessing the participant's need for relative provided services.

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For minors, children under the age of 18, Medicaid reimbursement to relative providers is restricted to Personal Care Services (PCS), specialized equipment, and environmental modifications.

Parents have a legal and parental duty of care under Wyoming law. Therefore, Personal Care Services can only be provided if the participant meets 'Extraordinary Care' standards. As outlined in the Service Index, to qualify the child must meet the following criteria:

- An ICAP needs to be completed for a participant that is dated within the last 5 years where the Adaptive Behavior Quotient (ABQ) score is less than or equal to 0.35.
- The participant needs assistance with ADLs or IADLs exceeding the range of expected activities that a legally responsible individual would ordinarily perform on behalf of a person without a disability or chronic illness of the same age, that are necessary to assure the health and welfare of the participant, and that will avoid institutionalization. For example: a 12-year-old needing assistance with dressing and bathing, whereas the average 12-year-old does not; or
- The participant requires care from a person with specialized medical skills relating to the participant's diagnosis or medical condition as determined appropriate by the participant's medical professional and DHCF.

Furthermore, relative PCS for minors is capped at 4 hours per day (5,840 units/year) unless additional time is approved by the Extraordinary Care Committee.

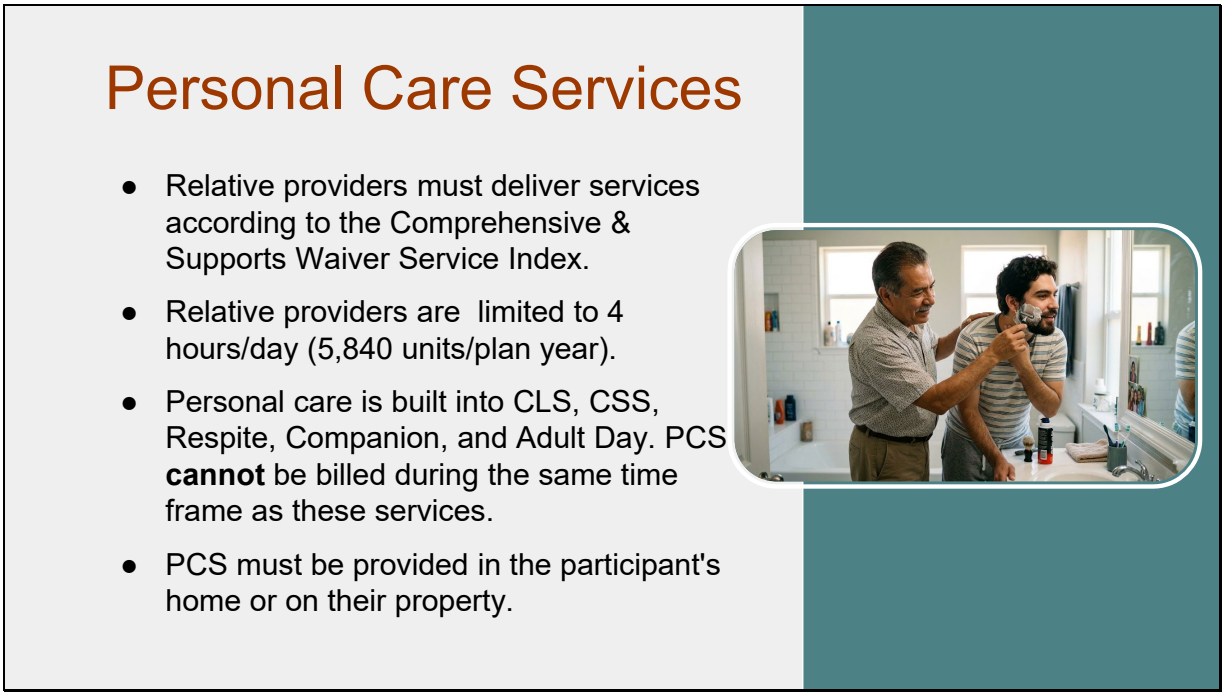
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Conversely, for adult participants who are 18 years or older, relative providers can deliver Adult Day Services, Community Living Services, Community Support Services, Environmental Modifications, Personal Care, and Specialized Equipment. Personal Care Services is limited to four (4) hours a day for participants over 18 as well. Please note that the relative provider cannot reside in the same residence as the participant if they are providing Community Living Services.

It is important to remember that Legally Authorized Representatives (LARs) cannot be paid to provide services for participants over 18.

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Because relative providers are providers, all relative-provided services must align with the Comprehensive and Supports Waiver Service Index. We'd like to highlight Personal Care Services as there are specific limitations for relative providers. Personal Care Services consist of hands-on assistance or prompting for Activities of Daily Living (ADLs) like bathing, dressing, grooming, and mobility. Personal care does not include watching TV, playing games, attending events outside of the home, transportation to and from school, attending medical appointments, etc.

Personal care services can cover more complex instrumental activities of daily living (IADLs), including tasks like light housework, laundry, or meal preparation, but the IPC must clearly outline the need for the assistance during personal care services. We'd like to remind everyone that personal care services provided by a relative provider must help meet the needs of the participant that go beyond the normal expectations of a family member. For example, 4-year-olds–no matter their abilities–do not do their own laundry, so personal care services cannot be billed by a relative provider for completing laundry. If a parent must prepare specialized meals that go beyond normal meal prep for a 4-year-old, then the relative provider may be allowed to bill for personal care services for that task.

All relative provided personal care services is capped at four (4) hours per day (5,840 units per plan year) for participants under 18 and over 18 years old. This does not mean that the plan should include the maximum amount. The IPC should cover the appropriate number of units to fulfill the person's needs. The Division reserves the right to recoup funds for any billed units that

exceed a participant's documented need. If the participant's IPC and supporting documentation do not substantiate the requested units, those funds may be recovered. Before adding units to the IPC for a relative provider, please consider if the relative provider suddenly becomes unavailable, would a non-relative provider be added to the plan using the same unit allocation?

Personal care is built into some services. Community Living Services (CLS), Community Support Services (CSS), Companion Services, Respite, and Adult Day Services all include assistance with personal care. Federal requirements prohibit services from providing overlapping services. PCS cannot be billed during the same time frame as these services. Case Managers must review monthly provider billing logs to prevent billing overlap.

Keep in mind that waiver services cannot duplicate or replace coverage under the IDEA act for participants aged 21 and under. Waiver services, including personal care services, cannot be provided at the same time as regular school hours. There are no exceptions for homeschooled participants or relative provided services.

You may recall that on May 21st, 2026, the Division sent a reminder that Personal Care Services must be delivered in the participant's home or on their property. This service cannot be delivered in the community or while on vacation.

Overall, relative providers must be familiar with the service definitions and limitations of the services they are providing.

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Roles & Approval Process



Now that we have established that relative providers are waiver providers and must adhere to the rules every waiver provider must follow, let's dive into the Division approval process for relative providers and the roles of the case manager, relative provider, and the agency that employs a relative provider.

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Case Manager's Role



- Confirm the necessity for a relative provider.
- Ensure relative care serves the participant's best interest.
- No Medicaid reimbursement for LARs or legal guardians of adult participants.
- Verify residency of relatives providing CLS to adults.
- Ensure an ICAP has been completed within the last 5 years for participants under 18 receiving person care.

The case manager plays a critical role in the relative provider approval process. The case manager helps to identify the need for a relative provider and verify the participant's eligibility to receive relative provided services. Case managers must ensure that utilizing a relative provider is in the best interest of the participant and does not restrict participant choice. Relatives cannot deliver services through the participant-directed (self-directed) service model.

Case managers ensure that state regulations that prohibit Legally Authorized Representatives (LARs) or adult legal guardians from receiving Medicaid reimbursement as paid service providers for their adult wards are adhered to. Case managers must also prevent authorization of services that do not allow relative providers, like Respite, Companion, Homemaker, Supported Employment, Child Habilitation, Individual Habilitation Training, or Specialized Therapies. If Community Living Services (CLS) will be delivered by a relative, the Case Manager must verify that the relative provider does not reside in the same residence as the adult participant.

Case managers ensure that participants under 18 years of age who would like to receive relative provided Personal Care Services has an ICAP that is dated within the last 5 years that has an Adaptive Behavior Quotient of less than or equal to 0.35 and including justification in the IPC on how the participant requires assistance that substantially exceeds expected age-appropriate parenting care.

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Case Manager's Role continued

- Facilitate and submit Relative Disclosure Form to DHCF before adding provider to IPC.
- Ensure provider training on IPC goals, protocols, and behavior support plans.
- Enforce standard provider compliance and performance expectations.
- Monitor relatives identically to non-relative providers.
- Review monthly documentation to verify service delivery.
- Conduct required monthly home visits and service observations.



The case manager facilitates the completion of the Relative Disclosure and Acknowledgement Form, ensuring that all required rationale, service details, initials, and signatures are collected. The case manager submits the form to the Division and obtains the required signature from the authorized Division representative **prior** to adding the relative provider to the Individualized Plan of Care (IPC). Once approved by the Division, the Relative Disclosure and Acknowledgement form is valid for a maximum of three (3) years. The case manager must facilitate the completion of a new disclosure form sooner than the three (3) years if any of the information on the form changes.

Once approved by the Division, the case manager must continue to monitor the relative provider in the same way they would a non-relative provider. The case manager ensures that the relative provider, whether acting as an independent LLC or an agency employee, receives full training on all IPC goals, protocols, and positive behavior support plans. As relative providers are providers, they must adhere to the IPC, work towards the goals listed in the IPC, and follow all protocols and behavior plans. The case manager reviews monthly documentation to verify that waiver services are not being providing during overlapping time-frames and that they are being delivered according to the services index and the participant's IPC. Finally, the case manager conducts the required monthly home visit and quarterly service observations to monitor the participant's health, welfare, and satisfaction with their services.

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Relative Provider's Role



- Choose a pathway to providership
  - Form an LLC/Corporation and complete Division initial certification.
  - Obtain employment through a certified provider agency.
- Work with the case manager to complete the Relative Disclosure Form.
- Transparently disclose relative status during team meetings.
- Notify case manager immediately if becoming an LAR (LARs cannot receive Medicaid reimbursement).

The relative provider must decide which route they would like to take to deliver services to their relative. One route is that they may form an LLC or Corporation and complete the initial certification through the Division, which includes obtaining CPR and First Aid certification, and pass the Medication Assistance Training (MAT). More information on how to become a certified DD provider can be found on the HCBS DD Initial Certification page. Or they can choose to seek employment through a certified provider agency where they will need to obtain CPR and First Aid certification, pass the MAT training, and complete any of the provider's employee requirements.

The relative provider is responsible for working with the participant's case manager to complete the relative disclosure form and ensure they understand all of the compliance requirements for relative providers. They must disclose their relationship to the participant transparently during team meetings and immediately let the case manager know if they are planning on becoming or have become the legally authorized representative (LAR) for the participant. LARs may not be reimbursed for providing waiver services.

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Relative Provider's Role

continued

- Follow all IPC requirements, protocols, and positive behavior support plans.
- Comply with service-index rules and relative-provider limitations.
- Complete detailed service documentation for all delivered services.
- Agency Employees: Follow agency-specific documentation submission processes.
- Independent LLCs/Corporations: Submit monthly documentation to the case manager by the 10th business day.
- Adhere to Wyoming Medicaid billing regulations (Chapters 1, 3, and 45).



Again, as relative providers are providers, they are responsible for delivering services like any other provider. They must be trained on and follow the participant's IPC, carry out any protocols within the IPCS, and, if applicable, implement the positive behavior support plan. They must also be knowledgeable of the service index description of the service and adhere to the limitations of the service, especially the limitations that apply to relative providers.

Like all providers, they must complete detailed service documentation. If they are employed by a provider organization, they must follow the provider organizations processes for submitting completed documentation. If they have created their own LLC or Corporation, they are responsible for submitting service documentation to the participant's case manager by the 10th business day of each month. They should familiarize themselves the Wyoming Medicaid Rules regarding billing and HCBS services, including but not limited to Chapter 1 Section 3, Chapter 3, Chapter 44, Chapter 45, and Chapter 46.

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Provider Agency's Role



- Verify age (18+), clear background checks (Central Registry, OIG, criminal), and maintain valid driver's license/auto insurance if transporting.
- Confirm active hands-on CPR/First Aid, MAT, and crisis intervention training (e.g., CPI, MANDT).
- Certify the service location (subject to Division on-site inspection).
- Complete, sign, and initial the Relative Disclosure and Acknowledgment form.

If a provider chooses to seek employment through a certified provider agency instead of creating their own LLC or corporation, the provider agency that hires the relative provider also plays an important role in the approval process. Before a relative employee delivers services, the agency must verify and maintain documentation that the relative meets all standard qualifications. The provider agency will ensure the relative is at least 18 years old and passes all mandatory background screenings including Central Registry, Office of Inspector General [OIG] exclusion lists, and criminal background. They verify current CPR and First Aid certifications (with hands-on components), Medication Assistance Training (MAT), and approved crisis intervention/restraint usage certifications (e.g., CPI or MANDT), if applicable. They also maintain proof of a valid driver's license and current vehicle insurance if the relative provides transportation during service delivery.

Provider agencies must certify the location where the relative provider provides personal care services to a child. Providers that deliver services in a setting that own or operate, **including employee homes**, if that is where services are provided, are required to meet the rules outlined in Chapter 45, Section 13 of Wyoming Medicaid Rules. The Division retains the right to an on-site inspection of services locations. Chapter 45, Section 13(e)(i) states, "For each location where services are provided to a participant, the provider shall obtain an inspection of the service setting by an outside entity at least once every twenty-four (24) months. The Division may require more frequent inspections if the Division suspects that the service setting would not pass the inspection." If providers do not report provider owned or operated locations, including employee homes where services are being provided, they will be subject to corrective or

adverse action. Before services are rendered in the location, please insure to update the WHP portal and ensure that it has been reported accurately.

The agency must also assist the case manager to complete the Relative Disclosure and Acknowledgment form. They must sign and initial the form along with the case manager and relative provider. The agency must understand all of the compliance requirements for relative providers.

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Provider Agency's Role

continued

- Verify the qualifications of the prospective relative provider.
- Assist with completing the Relative Disclosure form.
- Be knowledgeable of the compliance requirements for relative providers.
- Supervise and provide oversight of the relative provider.
- Set policies to ensure compliance with relative provider rules and regulations.



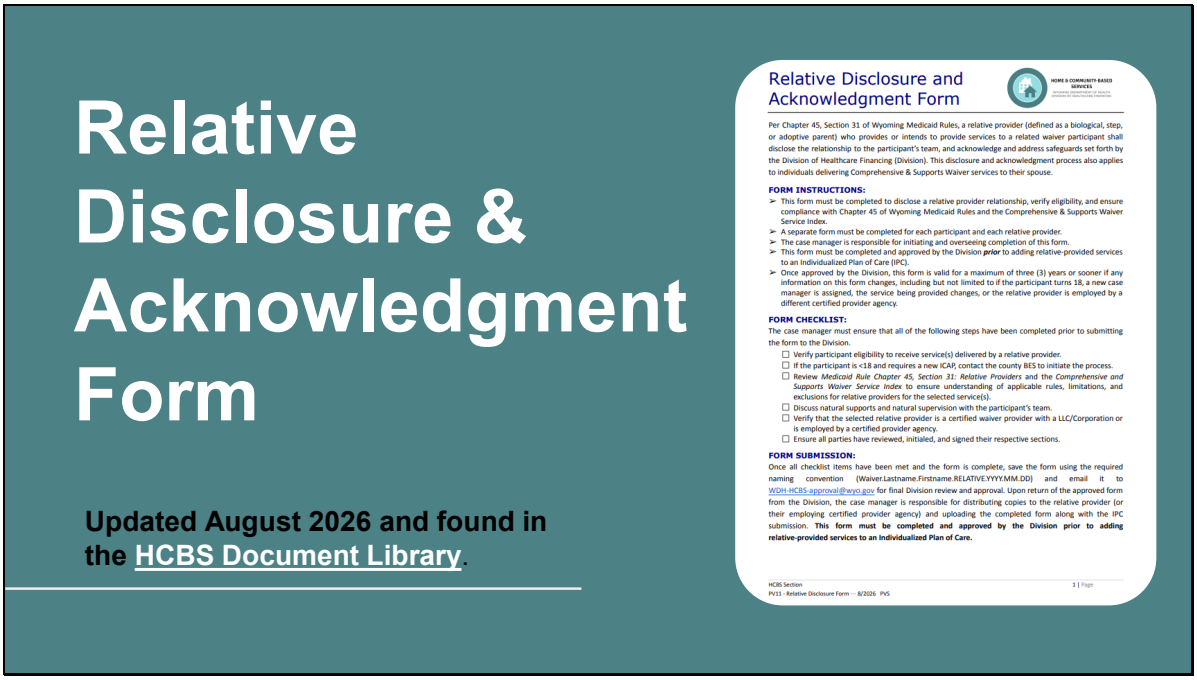
The agency must maintain an objective employer-employee relationship to ensure services are delivered professionally and in compliance with the IPC and service index. The agency—not the family—is responsible for supervising the relative employee, conducting performance reviews, and ensuring shift compliance. The agency must review, verify, and approve timesheets and service documentation before submitting claims to Medicaid. The agency is also responsible for ensuring the relative employee uses the EVV system to log service start/end times, dates, and location for EVV-mandated services (such as Personal Care or Respite).

Chapter 45, Section 31 of Wyoming Medicaid Rules states that, "If a provider permits the hiring of a legally authorized representative of a participant receiving services from the provider, or if a provider permits the hiring of relatives of provider employees working for the organization, the provider shall have a written policy on how it addresses potential conflicts that arise from these relationships and how the conflict of interest is mitigated. The policy shall be shared with the participant and legally authorized representative(s)." Agencies must establish clear policies addressing the unique dynamics of employing relative caregivers to prevent improper service delivery, timecard inflation, or other non-compliance issues. They must remind the relative providers that to the agency, they are an employee like any other. They must follow the provider's organizational policies as well as comply with State Rules and Regulations. The agency must enforce all state service caps and prohibitions regarding the services that relative providers deliver.

Employing relative providers presents unique compliance challenges. Service providers must understand their responsibilities, and employers must be equipped to enforce Division rules, DD

Waiver regulations, and internal workplace standards. Please note that the Division reserves the right to restrict agencies from hiring relative providers if State Rules and Regulations are not consistently applied.

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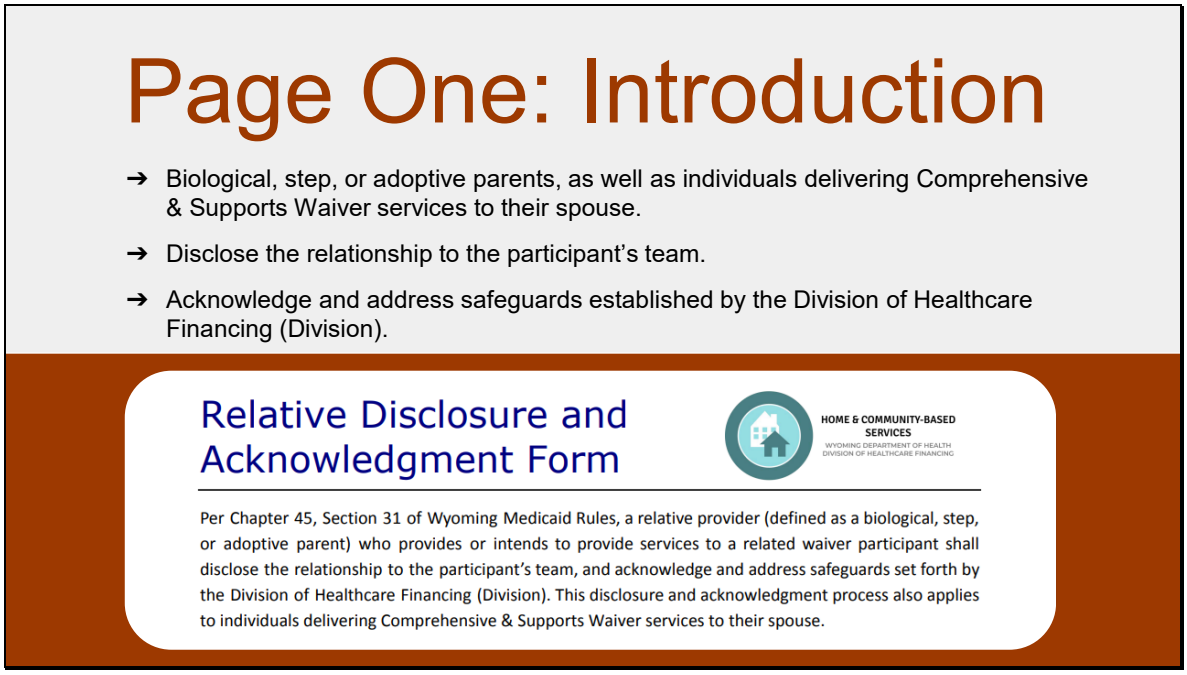
Throughout the discussion of the roles of the case manager, relative provider, and provider agency, we mentioned the Relative Disclosure & Acknowledgment form. This form is required for any DD waiver participant receiving services from a relative provide. The case manager is responsible for initiating and overseeing completion of this form, and all involved parties (case manager, provider, and participant or their legally authorized representative) should have a copy of the Division-approved form prior to beginning relative-provided services. The Division updated this document in August 2026 and is located in the HCBS Document Library.

The form only authorizes that the relative provider can provide the service to the participant. Remember that the provider agency must still ensure that the locations are certified and fulfill the other obligations related to being hiring a relative provider as an employee. If the relative provider has created their own LLC or corporation, they must complete all of the Division's requirements to become a DD Waiver provider.

Please remember that everyone signing the form is responsible for understanding what they are agreeing to. All those signing will be held accountable for understanding and complying with the regulations and requirements for relative providers.

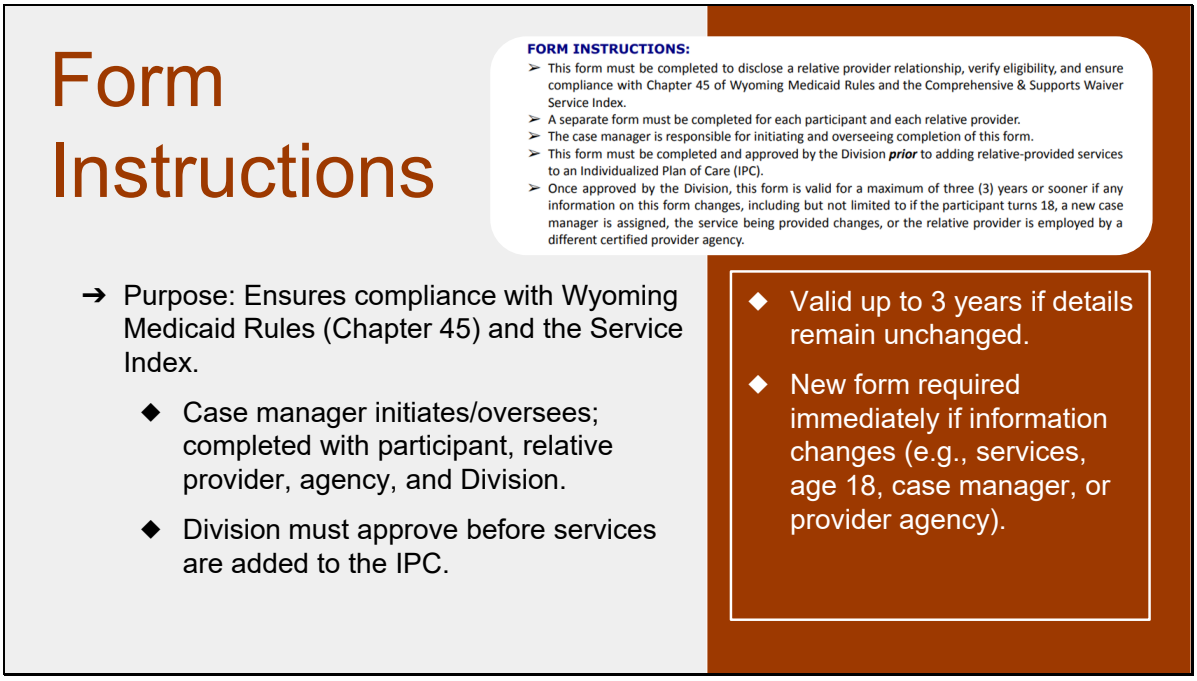
Let's review this form to better understand how to complete and submit it.

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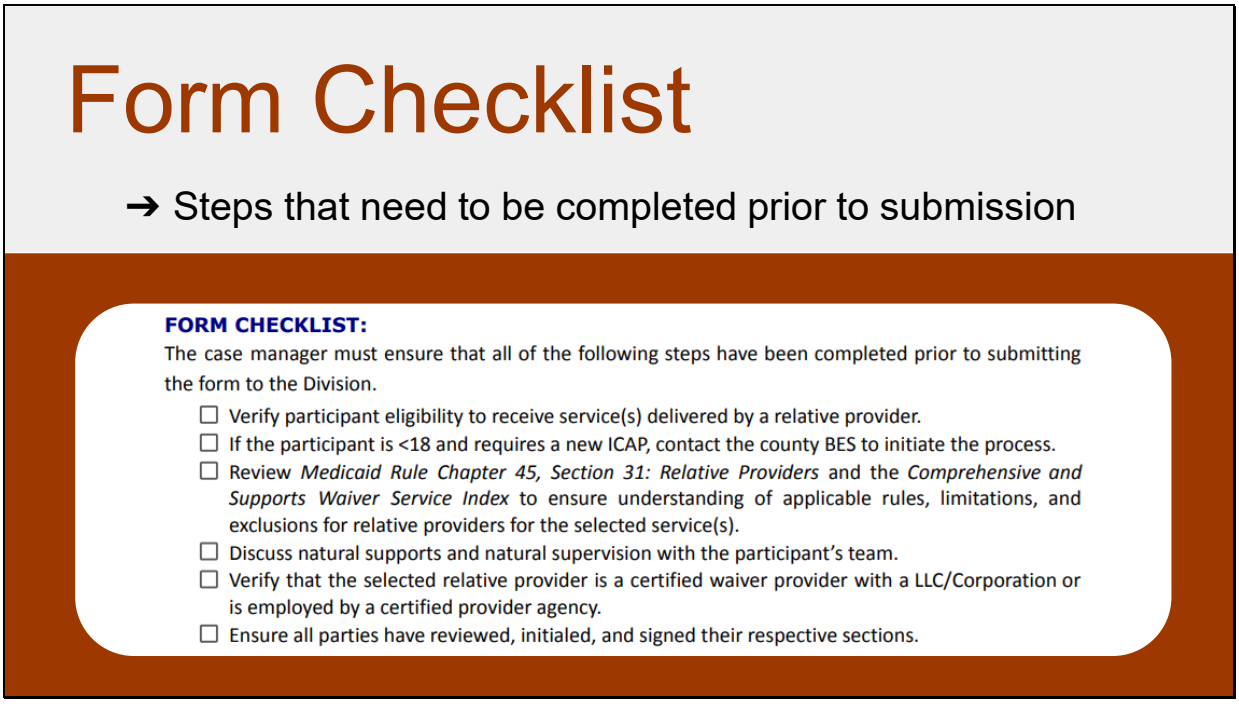
Page one (1) of the Relative Provider and Acknowledgement form begins with the statement that, "per Chapter 45, Section 31 of Wyoming Medicaid Rules, a relative provider (defined as a biological, step, or adoptive parent) who provides or intends to provide services to a related waiver participant shall disclose the relationship to the participant's team, and acknowledge and address safeguards set forth by the Division of Healthcare Financing (Division). This disclosure and acknowledgment process also applies to individuals delivering Comprehensive & Supports Waiver services to their spouse."

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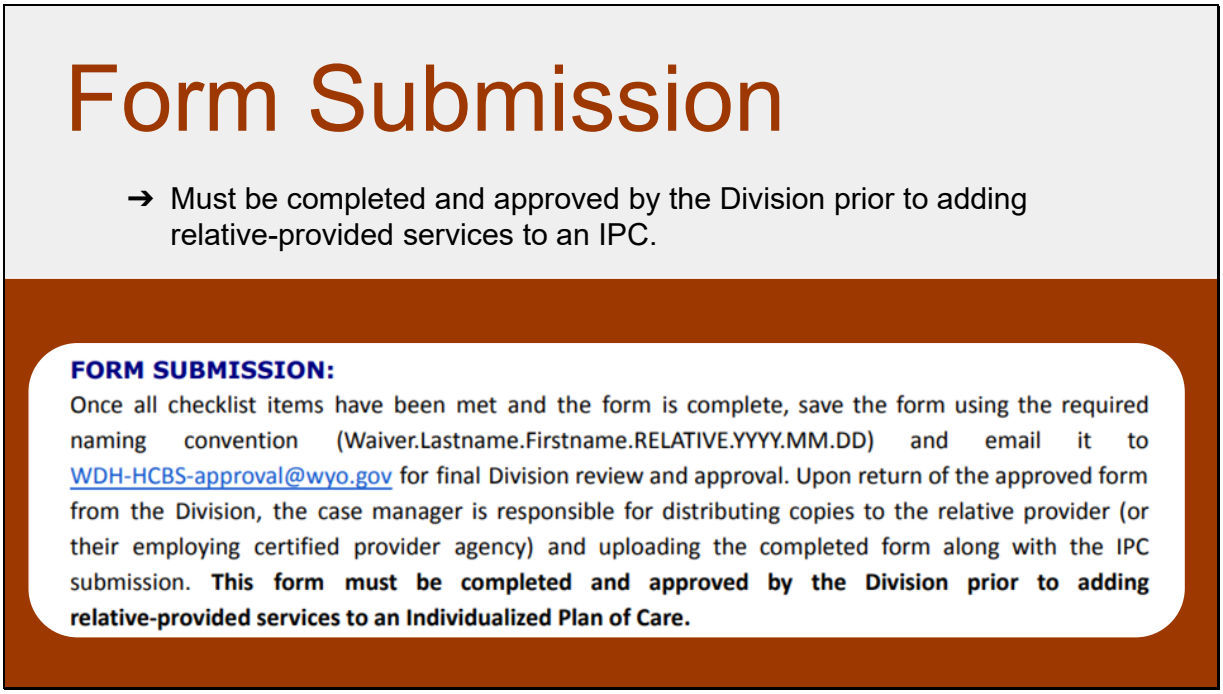
The instructions section outlines why the form needs to be completed–to ensure compliance with Chapter 45 of Wyoming Medicaid Rules and the Service Index. It outlines who needs to be involved in completing the form–the case manager, the participant, relative provider, provider agency, and the Division. The case manager is responsible for initiating and overseeing the completion of the form. The from must be completed and Division approved ***before*** adding relative-provided services to the IPC. And finally, it states when a relative provider form needs to be updated. Once approved by the Division, the form is only valid for a maximum of three (3) years if none of the information on the more changes. If any of the information on the form changes, like the services the relative provider is going to deliver, the participant turns 18, a new case manager is selected, or the relative provider is employed by a different certified agency, a new form needs to be completed and submitted to the Division for approval.

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The checklist is there to ensure that the case manager verifies all of the information, works with the County BES for an ICAP (if necessary), reviews rules and regulations with the relative provider, discusses natural supports and supervision with the participant's team, and ensures all parties have completed their section of the form. Remember that all who sign the form are going to be held responsible for understanding and complying with the rules and regulations regarding relative providers.

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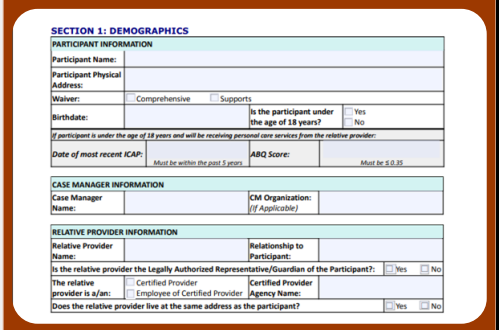
The last section of page one details how to submit the form to the Division once all of the checklist items have been met and the form is complete. It outlines the naming convention for the document and where to send the form for approval (WDH-HCBS-approval@wyo.gov). This section also has a reminder that relative provided services cannot be added to the plan until the case manager uploads the completed form with Division approval to the IPC.

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Page Two: Demographics

➔ Captures age, address, waiver type, recent ICAP date, and ABQ score (for Personal Care Services).

- ◆If missing, case manager must request one from County BES before completing the form or adding services to the IPC.
- ◆Captures manager's name and organization.
- ◆Captures relationship, LAR status, certification details, agency name, and same-address status.



SECTION 1: DEMOGRAPHICS

PARTICIPANT INFORMATION			
Participant Name:			
Participant Physical Address:			
Waiver:	☐ Comprehensive ☐ Supports		
Birthdate:		Is the participant under the age of 18 years?	☐ Yes ☐ No
If participant is under the age of 18 years and will be receiving personal care services from the relative provider:			
Date of most recent ICAP: *Must be within the past 5 years*		*ABQ Score:* *Must be ≤ 0.35*	

CASE MANAGER INFORMATION			
Case Manager Name:		CM Organization: *(If Applicable)*	

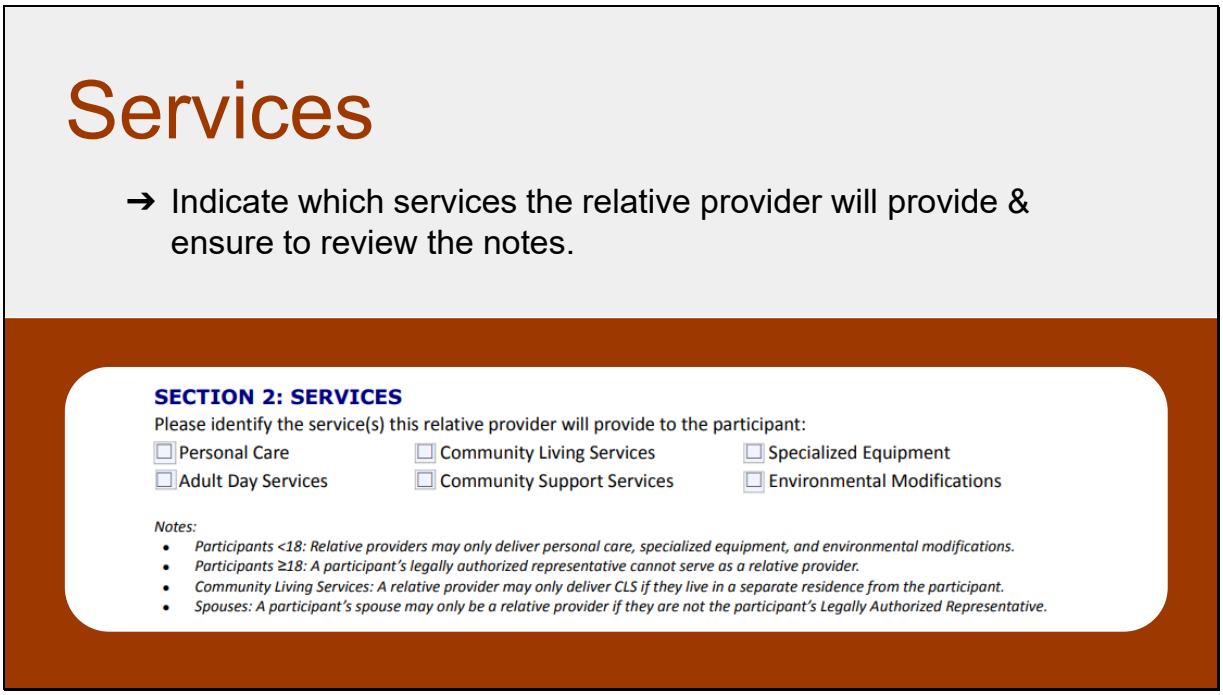
RELATIVE PROVIDER INFORMATION			
Relative Provider Name:		Relationship to Participant:	
Is the relative provider the Legally Authorized Representative/Guardian of the Participant?:			☐ Yes ☐ No
The relative provider is a/an:	☐ Certified Provider ☐ Employee of Certified Provider	Certified Provider Agency Name:	
Does the relative provider live at the same address as the participant?			☐ Yes ☐ No

◆CLS Restriction: Relatives residing at the same address cannot provide CLS.

Page two (2) of the from is where the case manager will start to work with the team to complete the information requested. Section 1: Demographics asks for information on the participant, case manager, and relative provider. It starts with some basic information on the participant like where they live, which waiver they are on, and how old they are. This section is where case managers will include the date of the most recent ICAP that was completed and the ABQ score, if a relative provider wants to provide Personal Care Services. If an ICAP has not been completed, the case manager must reach out to the assigned County BES to request that one is completed. The case manager will have to follow the necessary steps to assist with completing the ICAP before the Relative Disclosure form can be completed and relative provided services can be added to the IPC.

Below the Participant Information, the case manager will include their name and, if applicable, their case management organization. Then, the relative provider information is entered. This includes their relationship to the participant, if they are the LAR, if they are an employee of a certified provider or have become a certified provider themselves, and the certified provider agency name. In this section there is a check box that asks if the relative provider lives at the same address as the participant. Please remember that relative providers cannot provide CLS if they live at the same address as the participant.

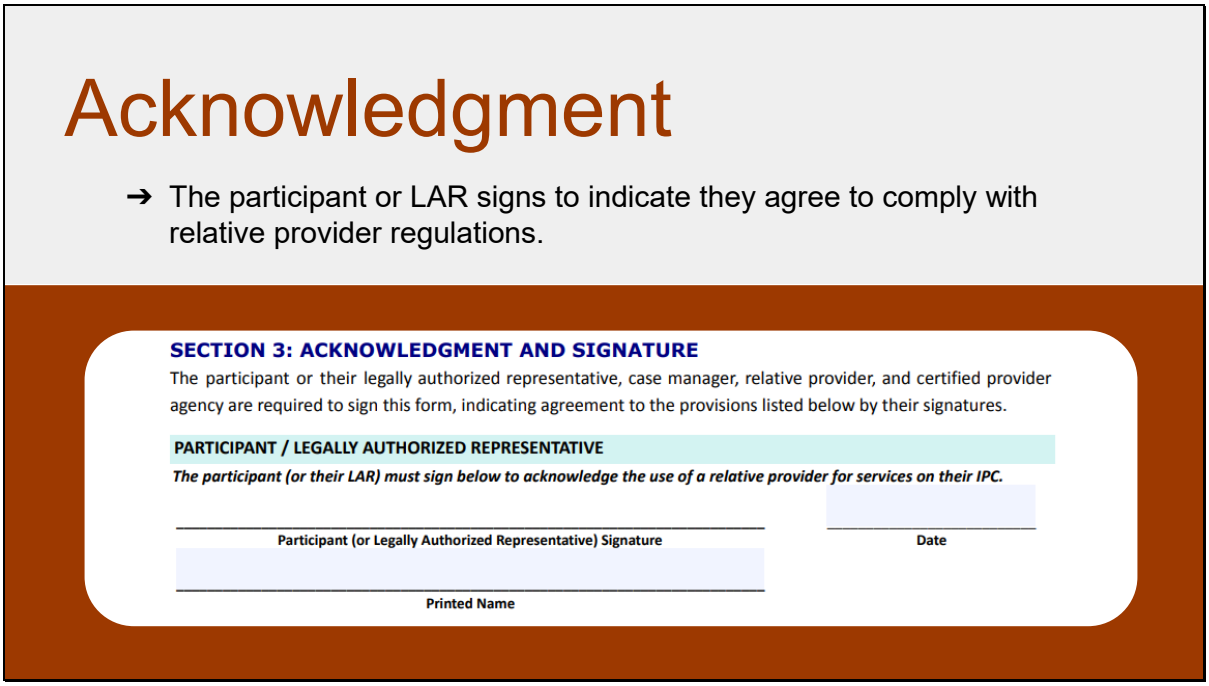
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Section 2 of the form is where the case manager needs to identify which service or services the relative provider will deliver to the participant. This section includes a few reminders on the limitations of relative providers including:

- For participants under 18, relative providers may only deliver personal care, specialized equipment, and environmental modifications.
- For participants 18 or older, a participant's legally authorized representative cannot serve as a relative provider.
- A relative provider may only deliver Community Living Services if they live in a separate residence from the participant.
- A participant's spouse may only be a relative provider if they are not the participant's Legally Authorized Representative.

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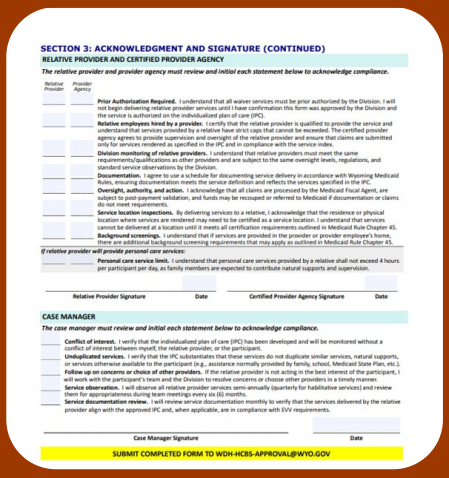
Section 3 on the bottom of the page begins the acknowledgment and signature section. On page 3, the form needs to include the printed name of the participant or LAR and their signature with the date the form was signed. This section indicates that the participant or LAR understands and agrees to comply with the Division's regulations regarding relative providers.

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Page Three: Acknowledgement

➔ **Acknowledgement and Signature (continued)**

- ◆Relative Provider, Certified Provider Agency, and Case Manager
  - ● Must review and initial that they understand and will comply with each statement.
  - ● They must sign and date.
- ◆Case manager sends the completed form to the Division for review WDH-HCBS-APPROVAL@WYO.GOV



SECTION 3: ACKNOWLEDGMENT AND SIGNATURE (CONTINUED)

RELATIVE PROVIDER AND CERTIFIED PROVIDER AGENCY

The relative provider and provider agency must review and initial each statement below to acknowledge compliance.

Relative Provider | Provider Agency

Prior Authorization Required. I understand that all waiver services must be prior authorized by the Division. I will not begin delivering relative provider services until I have confirmation this form was approved by the Division and the service is authorized on the individualized plan of care (IPC).

Relative employees hired by a provider. I certify that the relative provider is qualified to provide the service and understand that services provided by a relative have strict caps that cannot be exceeded. The certified provider agency agrees to provide supervision and oversight of the relative provider and ensure that claims are submitted only for services rendered as specified in the IPC and in compliance with the service index.

Division monitoring of relative providers. I understand that relative providers must meet the same requirements/qualifications as other providers and are subject to the same oversight levels, regulations, and standard service observations by the Division.

Documentation. I agree to use a schedule for documenting service delivery in accordance with Wyoming Medicaid Rules, ensuring documentation meets the service definition and reflects the services specified in the IPC.

Oversight, authority, and action. I acknowledge that all claims are processed by the Medicaid Fiscal Agent, are subject to post-payment validation, and funds may be recouped or referred to Medicaid if documentation or claims do not meet requirements.

Service location inspections. By delivering services to a relative, I acknowledge that the residence or physical location where services are rendered may need to be certified as a service location. I understand that services cannot be delivered at a location until it meets all certification requirements outlined in Medicaid Rule Chapter 45.

Background screenings. I understand that if services are provided in the provider or provider employee's home, there are additional background screening requirements that may apply as outlined in Medicaid Rule Chapter 45.

If relative provider will provide personal care services:

Personal care service limit. I understand that personal care services provided by a relative shall not exceed 4 hours per participant per day, as family members are expected to contribute natural supports and supervision.

Relative Provider Signature | Date | Certified Provider Agency Signature | Date

CASE MANAGER

The case manager must review and initial each statement below to acknowledge compliance.

Conflict of interest. I verify that the individualized plan of care (IPC) has been developed and will be monitored without a conflict of interest between myself, the relative provider, or the participant.

Unduplicated services. I verify that the IPC substantiates that these services do not duplicate similar services, natural supports, or services otherwise available to the participant (e.g., assistance normally provided by family, school, Medicaid State Plan, etc.).

Follow up on concerns or choice of other providers. If the relative provider is not acting in the best interest of the participant, I will work with the participant's team and the Division to resolve concerns or choose other providers in a timely manner.

Service observation. I will observe all relative provider services semi-annually (quarterly for habilitative services) and review them for appropriateness during team meetings every six (6) months.

Service documentation review. I will review service documentation monthly to verify that the services delivered by the relative provider align with the approved IPC and, when applicable, are in compliance with EVV requirements.

Case Manager Signature | Date

SUBMIT COMPLETED FORM TO WDH-HCBS-APPROVAL@WYO.GOV

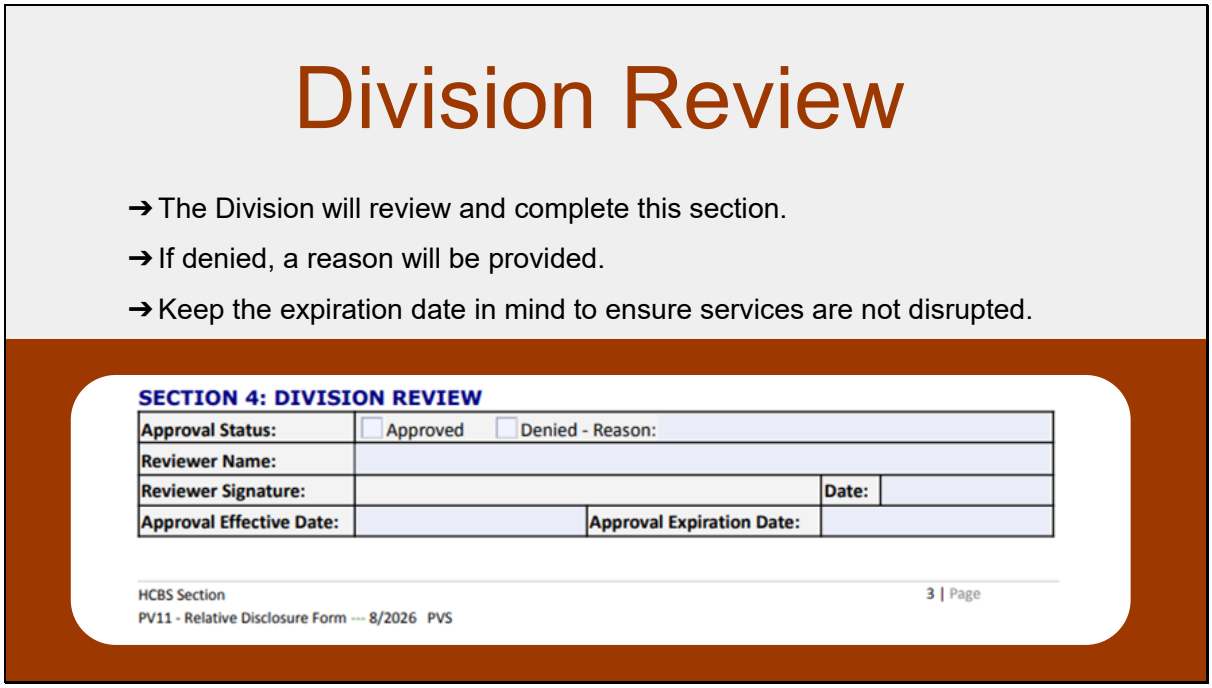
Relatives **cannot** provide services until the Division approves the form, the CM updates the IPC with the services and approved form, and the IPC is approved.

Page three (3) continues the Acknowledgement and Signature section from page two (2). The first part requires the relative provider and the certified provider agency to review each statement and initial that they understand and will comply with each statement. There is a statement at the bottom that is related to a relative provider who will provide personal care services. It asks for confirmation that the relative provider understands that personal care services provided by a relative shall not exceed 4 hours per participant per day, as family members are expected to contribute to natural supports and supervision. At the bottom of the section, the relative provider and the certified provider agency must sign and date.

Below their signatures is the case manager's acknowledgement section. Like the participant or LAR, relative provider, and certified provider agency, the case manager must read through each statement and initial to acknowledge that they understand and that they agree to comply. The case manager must then sign and date their section. If anyone responsible for completing the form as a question on compliance, the case manager should contact the assigned County Incident Management Specialist for clarification.

Once the form has been completed, the case manager will need to send the form to the Division for review. An email address has been created specifically for the approval of this form; it is WDH-HCBS-APPROVAL@WYO.GOV. It is important to remember that relatives cannot provide services to the participant until the Division has approved the form, the services and the approved form have been added to the IPC by the case manager, and the IPC has been approved by the Division.

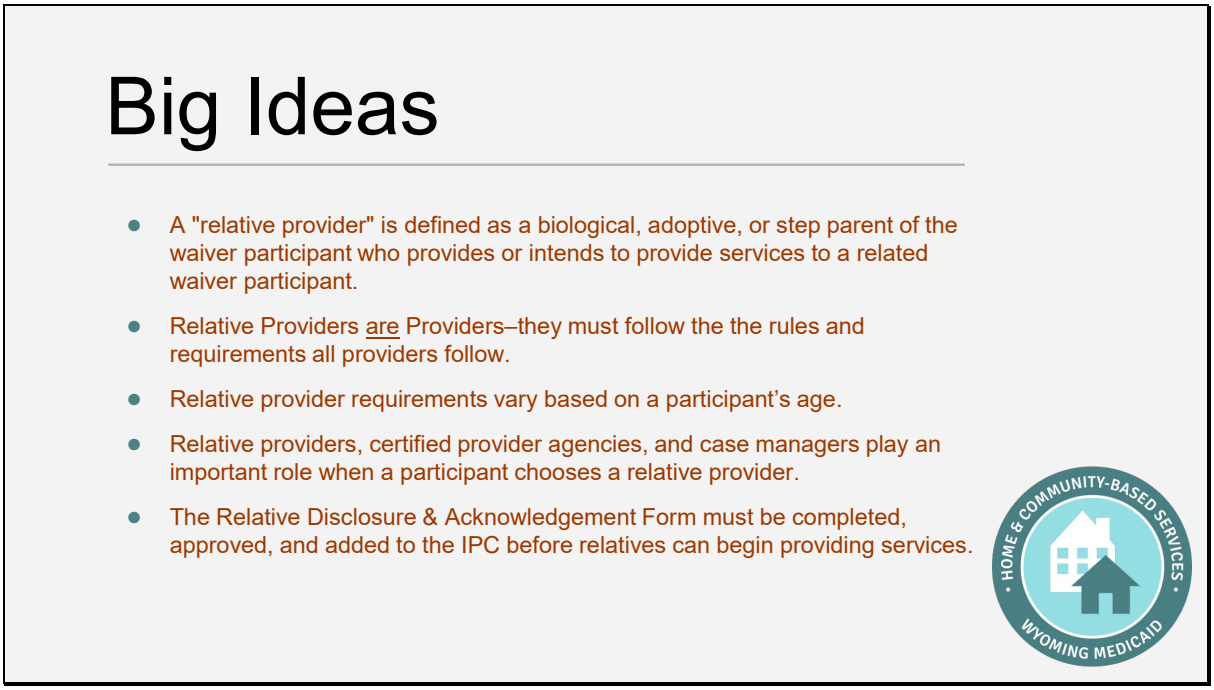
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The final section of page three (3) is section four (4), the Division review. This section includes weather or not the relative provider has been approved to provide the proposed services or not. If the Division determines that the proposed relative provider cannot provide services to the participant, the reason will be stated in the form. It also includes the Division reviewer's name, their signature, and the date they reviewed. We've included the approval effective date and approval expiration date in the updated form to make it easier to remember when the form needs to be updated. We hope this will ensure that services are not disrupted.

Once the case manager receives the completed form back from the Division, they may update the IPC to include the relative provided services and the approved form. Again, the IPC needs to be reviewed and approved by the Benefits and Eligibility Unit before the relative can begin providing services.

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As we wrap up today's training, we want to review some of the most important ideas to keep in mind regarding relative providership. A relative provider is defined as a biological, adoptive, or step parent of the waiver participant who provides or intends to provide services to a related waiver participant. Relative providers are considered standard providers. They must meet all standard state certification, training, background check, and EVV rules. They are subject to the same audits and billing rules as non-relative providers. They must provide services as if they were not related to the participant. Certified agencies that employ relative providers must also treat them as they would treat any other employee.

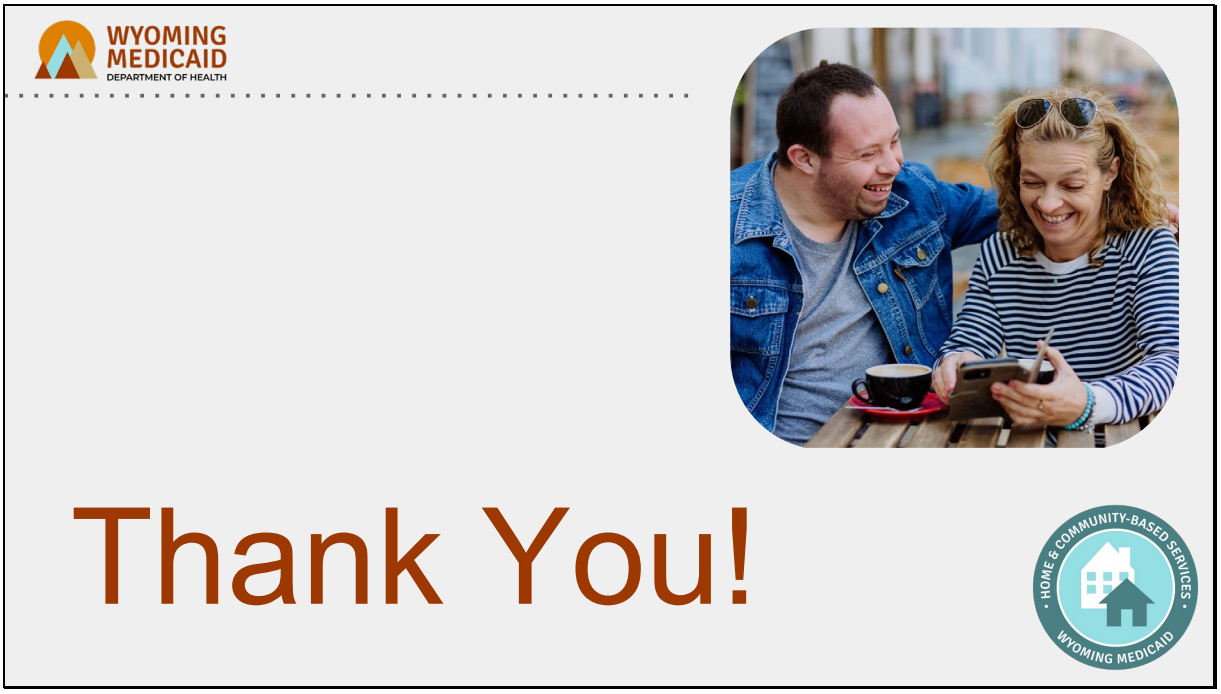
There are different services available, requirements to receive those services, and who can provide those services based on the participant's age.

- Minors under 18 are limited to Personal Care Services (PCS), specialized equipment, and environmental modifications. Personal care services requires meeting the "extraordinary care" criteria. This is the ABQ score that is less than or equal to 0.35 on the ICAP and documented care needs exceeding typical age-appropriate parental duties or the participant requires specialized medical skills.
- Adults aged 18 or older have more service options for relatives to preform, but LARs cannot be reimbursed for waiver services and they cannot reside in the same residence when delivering Community Living Services.
- PCS is capped at 4 hours/day (5,840 units/year) across all ages and must be delivered in the participant's home or on their property.

In order for a relative to provide waiver services, they must decide if they want to start their own LLC or corporation and become a certified waiver provider or they can choose to seek employment from a certified provider agency. In either situation, the relative provider and certified provider agency must work with the case manager who will facilitate the completion of the Relative Disclosure & Acknowledgement form.

Remember that the form is a pre-approval requirement for relative providers. The Relative Disclosure & Acknowledgement Form must be fully completed and approved by the Division before relative-provided services can be added to an IPC or billed. Approved forms are valid for up to 3 years unless details change sooner.

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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. If you have credentialing questions, please email the credentialing unit at wdh-hcbs-credentialing@wyo.gov.