Teri Green, Medicaid Director  
Wyoming Department of Health  
6101 Yellowstone Road, Suite 259A  
Cheyenne, WY  82002  

RE: Community Choices Wavier, WY 0236.R06.00 renewal  

Dear Ms. Green:  

The Centers for Medicare & Medicaid Services (CMS) is approving the state’s request to renew Community Choices Wavier for persons who are aged or are disabled. The CMS Control Number for the renewal is WY 0236.R06.00 and should be referenced on all future correspondence relating to this waiver renewal.  

For this HCBS waiver, you have requested a waiver of 1902(a)(10)(B) of the Social Security Act in order to waive comparability of services. The waiver has been approved for a five year period with an effective date of July 1, 2021.  

This waiver will offer the following supports for waiver participants: Adult Day Services, Case Management, Personal Support Services, Respite, Home Health Aide, Skilled Nursing, Assisted Living Facility services, Home-Delivered Meals, Non-Medical Transportation, and Personal Emergency Response Systems (PERS). The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:  

<table>
<thead>
<tr>
<th>Waiver Year</th>
<th>C Factor Estimates</th>
<th>D Factor Estimates</th>
<th>D’ Factor Estimates</th>
<th>G Factor Estimates</th>
<th>G’ Factor Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>3271</td>
<td>$11,894.84</td>
<td>$6,206.79</td>
<td>$43,118.36</td>
<td>$1,829.77</td>
</tr>
<tr>
<td>Year 2</td>
<td>3464</td>
<td>$12,107.71</td>
<td>$6,355.75</td>
<td>$43,983.26</td>
<td>$1,862.66</td>
</tr>
<tr>
<td>Year 3</td>
<td>3669</td>
<td>$12,332.50</td>
<td>$6,508.29</td>
<td>$44,867.06</td>
<td>$1,896.20</td>
</tr>
<tr>
<td>Year 4</td>
<td>3886</td>
<td>$12,578.66</td>
<td>$6,664.49</td>
<td>$45,770.18</td>
<td>$1,930.41</td>
</tr>
<tr>
<td>Year 5</td>
<td>4116</td>
<td>$12,848.22</td>
<td>$6,824.44</td>
<td>$46,693.07</td>
<td>$1,965.30</td>
</tr>
</tbody>
</table>
This approval is subject to your agreement to serve no more individuals than those indicated in “C Factor Estimates” shown in the table above. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval. The state may renew the waiver at the end of the five-year period by providing evidence and documentation of satisfactory performance and oversight.

It is important to note that CMS’ approval of this waiver solely addresses the state’s compliance with the applicable Medicaid authorities. CMS’ approval does not address the state’s independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court’s Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at [http://www.ada.gov/olmstead/q&a_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm).

Thank you for your cooperation during the review process. If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Laurie Jensen at Laurie.Jensen@cms.hhs.gov or (303) 844-7126.

Sincerely,

George P. Failla, Jr., Acting Director
Division of HCBS Operations and Oversight

cc: Ford Blunt, CMS
Rory Howe, CMS
Kevin Patterson, CMS
Anthony Borges, CMS