Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities. This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: Wyoming

B. Waiver Title(s): Community Choices Waiver

C. Control Number(s):

| WY.0236.R06.01 |

D. Type of Emergency (The state may check more than one box):

| X | Pandemic or Epidemic |
| ○ | Natural Disaster |
| ○ | National Security Emergency |
| ○ | Environmental |
| ○ | Other (specify): |

E. Brief Description of Emergency. In no more than one paragraph each, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.
COVID-19 pandemic. This amendment will apply waiver-wide for the Community Choices Waiver, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.). This amendment, which temporarily increases provider rates for selected services to maintain an adequate provider pool and account for the increased costs related to the COVID-19 public health emergency, is additive to the previously approved Appendix K submissions and will be effective July 1, 2021.

F. Proposed Effective Date: Start Date: January 27, 2020 Anticipated End Date: 6 months after the PHE ends

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

I. Description of State Disaster Plan (if available) Reference to external documents is acceptable:

N/A

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state’s response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. Access and Eligibility:

i. Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. Temporarily modify additional targeting criteria.
b. ___ Services

i. ___ Temporarily modify service scope or coverage.
[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.
[Explanation of changes]

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).
[Complete Section A-Services to be Added/Modified During an Emergency]

iv. ___ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:
[Explanation of modification, and advisement if room and board is included in the respite rate]:

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state’s approved waiver). [Explanation of changes]

c. ___ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.
d. ___ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. ___ Temporarily modify provider qualifications.
   [Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii. ___ Temporarily modify provider types.
    [Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. ___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.
    [Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. ___ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

f. X ___ Temporarily increase payment rates.
   [Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]
The Division has temporarily increased provider rates for selected services to maintain an adequate provider pool and account for the increased costs related to the COVID-19 public health emergency. The following changes to Appendix K are effective July 1, 2021:

- Assisted Living Facilities – Standard Care - $70.44/day
- Assisted Living Facilities – Memory Care - $82.39/day
- Home Health Aide - $10.36/15 minute
- Skilled Nursing – provided by a Registered Nurse - $26.12/15 minute
- Skilled Nursing – provided by a Licensed Practical Nurse - $18.86/15 minute – new tier of skilled nursing services with separate provider qualifications, which has been added to the base waiver since the approval of the last Appendix K.

Accumulated increases for all Appendix K submissions do not exceed 50% of the rates in the base waiver.

g. Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.
[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.
[Specify the services.]

j. Temporarily include retainer payments to address emergency related issues.
[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]
k. ___ Temporarily institute or expand opportunities for self-direction.
[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

l. ___ Increase Factor C.
[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C.] 

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

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**Contact Person(s)**

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Shirley  
Last Name: Pratt  
Title: Policy and Communications Unit Manager  
Agency: Division of Healthcare Financing  
Address 1: 122 W. 25th Street, 4 West  
City: Cheyenne  
State: Wyoming  
Zip Code: 82002  
Telephone: (307) 777-2525  
E-mail: Shirley.pratt@wyo.gov  
Fax Number: (307) 777-8685  

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:
Signature: ____________________________ Date: 9/29/2021

State Medicaid Director or Designee

First Name: Lee
Last Name: Grossman
Title: Home and Community-Based Services Section Administrator
Agency: Division of Healthcare Financing
Address 1: 122 W. 25th Street, 4 West
Address 2: Click or tap here to enter text.
City: Cheyenne
State: Wyoming
Zip Code: 82002
Telephone: (307) 777-7460
E-mail: Lee.grossman1@wyo.gov
Fax Number: (307) 777-8685
Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

<table>
<thead>
<tr>
<th>Service Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</td>
</tr>
<tr>
<td>Service Definition (Scope):</td>
</tr>
<tr>
<td>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Provider Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Category(s) (check one or both):</td>
</tr>
<tr>
<td>Individual. List types:</td>
</tr>
<tr>
<td>Agency. List the types of agencies:</td>
</tr>
<tr>
<td>Specify whether the service may be provided by (check each that applies):</td>
</tr>
<tr>
<td>Legally Responsible Person</td>
</tr>
<tr>
<td>Relative/Legal Guardian</td>
</tr>
</tbody>
</table>

**Provider Qualifications (provide the following information for each type of provider):**

<table>
<thead>
<tr>
<th>Provider Type:</th>
<th>License (specify)</th>
<th>Certificate (specify)</th>
<th>Other Standard (specify)</th>
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**Verification of Provider Qualifications**

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<tr>
<th>Provider Type:</th>
<th>Entity Responsible for Verification:</th>
<th>Frequency of Verification</th>
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**Service Delivery Method**

<table>
<thead>
<tr>
<th>Service Delivery Method (check each that applies):</th>
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<tr>
<td>Participant-directed as specified in Appendix E</td>
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<tr>
<td>Provider managed</td>
</tr>
</tbody>
</table>


### Service Specification

**Service Title:**

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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**Specify whether the service may be provided by (check each that applies):**

- ☐ Legally Responsible Person
- ☐ Relative/Legal Guardian

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### Service Delivery Method

**Service Delivery Method (check each that applies):**

- ☐ Participant-directed as specified in Appendix E
- ☐ Provider managed

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1 Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage
CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.