



401 Hathaway Building • Cheyenne, WY 82002
Phone (307) 777-7656 • 1-866-571-0944
Fax (307) 777-7439 • www.health.wyo.gov



Stefan Johansson
Interim Director

Mark Gordon
Governor

BULLETIN

Date: January 14, 2022
To: All Supports and Comprehensive Waiver Providers
From: Lee Grossman, Home and Community-Based Services Section Administrator *LG*
Subject: HCBS DD Provider Rate Increase Attestation
Ref: **LG-2022-001**

On February 1, 2022, the Wyoming Department of Health, Division of Healthcare Financing (Division) will implement revised provider reimbursement rates for providers of Comprehensive and Supports Waiver (DD Waiver) services. This rate revision is based on a rate study and analysis that was conducted by Guidehouse Consulting, and has resulted in an increase to many of the provider reimbursement rates. These rate increases are funded with enhanced federal medical assistance percentage (FMAP) funding, which is available through the American Rescue Plan Act (ARPA), Section 9817.

In State Medicaid Director Letter #21-003 (SMD #21-003), the Centers for Medicare and Medicaid Services (CMS) provided additional guidance on activities that can be funded through ARPA, as well as actions that states must take in order to qualify for and receive this funding. In Appendix C of this communication, CMS authorizes ARPA funding to increase provider rates and benefits with the expectation that "...the agency, organization, beneficiary, or other individuals that receive payment under such an increased rate will increase the compensation it pays its home health workers or direct support professionals."

In accordance with CMS guidance and in response to widespread staffing shortages throughout Wyoming, the Division requires all providers to apply the entirety of increased funding received through the rate increases to the compensation of direct support professionals. Direct support professionals are defined as those individuals who were hired with the intent to provide direct services to DD Waiver participants.

In order to demonstrate compliance with this requirement, the Division requires all providers to complete and submit an initial HCBS DD Provider Rate Increase Attestation Form (Attestation Form), indicating the methods by which the entirety of the rate increase will be directed to direct support professionals. **All** DD Waiver providers are required to complete and submit this form.

If a provider does not pay employees, or does not provide services that received an increased rate, the provider must indicate that on the Attestation Form and submit the form as required.

Additionally, providers will be required to submit an annual report to the Division for each year in which they receive the increased rates. The HCBS DD Provider Rate Increase Annual Reporting Form (Annual Reporting Form), which will be provided by the Division, will include the following information:

- The reporting period, which will typically cover the provider's fiscal year;
- The total dollar amount of the increase to the provider's income that is attributable to the rate increase; and
- The methods by which the entirety of the rate increase will be directed to direct support professionals.

The Annual Reporting Form covers July 1 - June 30th of each year the increased funding is available. On July 1st of each affected year, the provider will receive a task in the Provider Portal to complete and submit the Annual Reporting Form. **The provider must complete and submit the Annual Reporting Form by July 31st of each year.**

The Attestation Form and Annual Reporting Form are available on the [HCBS Document Library](#) of the Division website, under the *DD Certification Forms* tab.

A provider's failure to complete and submit the Attestation Form and subsequent Annual Reporting Forms may result in a recovery of payment for the rate increase, as well as corrective or adverse action.

LG/slp/lid