



Wyoming HCBS Spending Plan and Narrative Update American Rescue Plan Act of 2021, Section 9817

The Wyoming Department of Health, Division of Healthcare Financing provides access to quality, cost-effective services for Wyoming citizens within available financial resources in order to promote self-sufficiency and positive health outcomes.

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Executive Summary

The Wyoming Department of Health, Division of Healthcare Financing (Division) is the Medical Assistance Unit within the Single State Agency and directly administers the Wyoming Medicaid home and community-based (HCBS) waiver programs. Wyoming's HCBS programs include:

- The Comprehensive Waiver and Supports Waiver, collectively referred to as the Developmental Disabilities (DD) Waivers. The DD Waivers serve participants who have an intellectual or developmental disability, or an acquired brain injury (ABI).
- The Community Choices Waiver (CCW). The CCW serves individuals who are 65 and older, or who are between the ages of 19 and 64 and are determined to have a disability, which is demonstrated through a disability determination by the Social Security Administration (SSA) or by the Department of Health or its agent using SSA determination criteria.
- The Care Management Entity (CME) and Children's Mental Health Waiver (CMHW), referred to as the CME/CMHW. The CME/CMHW serves youth between the ages of 4 and 21 who have a serious emotional disturbance or serious mental illness.
- Home health and rehabilitation services delivered through the Medicaid State Plan.

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA). Section 9817 of the ARPA provides a temporary 10 percent increase to the Federal Medical Assistance Percentage (FMAP) for specified Medicaid HCBS expenditures. On May 13, 2021, the Division received guidance from the Centers of Medicare and Medicaid Services (CMS) related to the implementation of Section 9817 of the ARPA. This guidance included the requirement that states submit an initial and quarterly spending plan and narrative on the activities that the state has implemented or intends to implement to enhance, expand, or strengthen HCBS under the Medicaid program.

The following spending plan and narrative updates information on the activities the Division intends to implement, the projected cost of each activity, and the overall estimated funds attributable to the increase in the FMAP that the Division anticipates claiming between April 1, 2021 and March 31, 2022. The Division has developed an ARPA webpage, which includes spending plans, information on upcoming stakeholder engagement sessions, and recordings from previous stakeholder engagement sessions. The website is located at <https://health.wyo.gov/healthcarefin/hcbs/hcbsarpa/>.

Ongoing Stakeholder Input and Engagement

In an effort to involve HCBS stakeholders in the process, the Division continues to hold community engagement sessions to seek feedback from participants, providers, case managers, and other stakeholders of the CCW and DD Waivers on how Wyoming could best utilize the temporary influx of federal funding that is anticipated to be available through Section 9817 of the ARPA. The following sessions have been conducted, and recordings of the sessions are available on the Wyoming HCBS ARPA webpage.

Stakeholder Feedback

- Increase provider rates
- Expand assistive technology and home modifications
- Fund transition services
- Conduct person-centered training
- Translate participant resource documents

- Wednesday, April 7, 2021, 1:00PM – 2:00PM – Providers and Case Managers
- Wednesday, April 7, 2021, 3:00PM – 4:00PM – Participants and Other Stakeholders
- Thursday, April 8, 2021, 6:00PM – 7:00PM – Interested Stakeholders
- Thursday, July 29, 2021, 2:00PM – 3:30PM – Interested Stakeholders
- Friday, August 6, 2021, 10:00AM – 11:30AM – Interested Stakeholders

Stakeholder input sessions continue to generate ideas on how to expend the additional funding that Wyoming will receive as a result of the implementation of Section 9817 of the ARPA, including:

- Increasing provider reimbursement rates;
- Expanding assistive technology and home modification services;
- Funding transition services;
- Providing education and skill building for case managers and direct support professionals, including education on person-centered practices;
- Funding waitlists;
- Funding additional supported employment services; and
- Translating participant resource documents.

The Division has implemented several of these suggestions as part of its effort to enhance, expand, and strengthen HCBS in Wyoming.

Technical Assistance

Wyoming was selected as one of seven states to receive intensive, short-term technical assistance through an ADvancing States program generously supported by The SCAN Foundation, The John A. Hartford Foundation, the Peterson Center on Healthcare, and the Milbank Memorial Fund. This project was intended to provide the selected states with assistance to facilitate and expedite the implementation of their plans to expand, enhance and strengthen services for older adults and persons with disabilities using ARPA funding. The project, which ended on November 30, 2021, resulted in a comprehensive project plan that the Division will use to manage and track each identified ARPA activity.

Total Funds to be Claimed

The Division estimates that approximately \$17,601,000 in state general funds will be diverted between April 1, 2021 and March 31, 2022, which will result in a total of approximately \$35,202,000 attributable to the increase in FMAP. These amounts are calculated based on actual costs experienced in State Fiscal Year 2020. All amounts are estimates, and may change as projections are finalized.

Table 1
Service Category Expenditures that Qualify for 10% HCBS FMAP

Service Categories	FFY 21	FFY 21	FFY 22	FFY 22	Total
	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	
Home and Community Based Services	\$37,519,221	\$37,519,221	\$ 37,519,221	\$ 37,519,221	\$150,076,884

Home Health/Rehabilitation Services	\$5,501,000	\$5,501,000	\$5,501,000	\$ 5,501,000	\$22,004,000
Care Management Entity	\$982,160	\$982,160	\$ 982,160	\$ 982,160	\$3,928,640
Subtotal: Qualifying Expenditures	\$44,002,381	\$44,002,381	\$ 44,002,381	\$ 44,002,381	\$176,009,524
Funds Attributable to 10% HCBS FMAP Increase					\$17,601,000

Table 2
State Match Totals and Percentages, by Year

	Year 1 4/1/21 - 3/31/22	Year 2 4/1/22 - 3/31/23	Year 3 4/1/23 - 3/31/24	Total
State Match Share By Year	20.00%	47.00%	33.00%	100%
State Match by Year	\$3,520,200	\$ 8,272,500	\$ 5,808,300	\$ 17,601,000

Table 3
Anticipated Supplemental Funding

	Year 1 4/1/21 - 3/31/22	Year 2 4/1/22 - 3/31/23	Year 3 4/1/23 - 3/31/24	Total
Reinvested State Match	\$3,520,200	\$ 8,272,500	\$ 5,808,300	\$ 17,601,000
Federal Match	\$3,520,200	\$ 8,272,500	\$ 5,808,300	\$ 17,601,000
Supplemental Funding	\$7,040,400	\$ 16,545,000	\$ 11,616,600	\$ 35,202,000

Narrative of Planned Projects and Expenditures

In accordance with Section 9817(b) of the ARPA, the Division has identified several projects that will enhance, expand, or strengthen HCBS. These projects include short-term activities that will be implemented in response to the COVID-19 public health emergency (PHE), as well as longer term strategies that will sustain promising and effective programs and services.

Wyoming’s initial spending plan and narrative grouped the identified projects into five key categories. These categories are expanded home and community-based services, community transitions, expanding provider workforce and capacity, adopting enhanced care coordination, and structural planning, analysis, and accessibility. These projects have been further categorized into phases that outline timeframes by which each project will be implemented. The proposed timeline, as well as reformatted tables that detail progress and expenditures made on each activity, are detailed below. [Updated activities are included in the “Spending Narrative Update - 1/17/2022” section for each activity. The Division is managing and tracking these activities in accordance with the project plan developed in November 2021 as a result of the ADvancing States technical assistance project](#)

Table 4
ARPA Activities Timeline by Phase

Activity Timeline	Phase I April 2021 - March 2022	Phase II April 2022 - March 2023	Phase III April 2023 - March 2024
Increase provider reimbursement rates	■		
Create and incentivize case manager training			
Adopting enhanced care coordination			
Document translation			
Create/enhance assistive technology services		■	
Create transition services			
Plan and implement IT services			
Level of Care (FASI) planning			
Customer experience tool			
Enhance supported employment services			■
Implement DSP certification reimbursement			

Phase I - April 2021 - March 2022 Implementation

➤ Expanding Provider and Workforce Capacity - Increase provider reimbursement rates			
Projected expenditure	Expended to date	Percentage expended	Completion percentage
\$21,446,632	\$0.00	0%	0%

<p>Waiver(s) involved: Children’s Mental Health Waiver (CMHW) Comprehensive Waiver Supports Waiver</p>	<p>Federal and State authority changes: 1915(b) waiver agreement (CMHW only) 1915(c) waiver agreements Wyoming Medicaid Chapter 47 (CMHW only)</p>
<p><u>Activity to be completed</u> <i>Outcome Statement: Providers of selected services that employ direct support professionals, including independent providers, will increase the compensation for direct support professionals.</i></p> <p>The Division will increase provider reimbursement rates of selected HCBS, including CME/CMHW, for the purpose of elevating the compensation for direct support professionals, improving provider recruitment and retention, and ensuring network adequacy. This will be achieved through the submission of the appropriate waiver amendments to revise rate methodologies and increase provider reimbursement rates. This increase will only apply to services that are specifically categorized as HCBS, which are outlined in SMDL #21-003, Appendix B.</p>	
<p>Spending Narrative Update - 10/27/2021</p>	<p>The Division submitted an amendment to the 1915(c) Children’s Mental Health Waiver and associated 1915(b) waiver on September 28, 2021. Additionally, the contract for the prepaid ambulatory health plan (PAHP) contractor is in review with the Attorney General’s office and is slated for final signature. These waivers are anticipated to be effective sometime in State Fiscal Year 2022, quarter 1.</p> <p>The Division posted draft Comprehensive and Supports Waiver amendments for public comment on October 10, 2021, and will hold a public forum to obtain feedback on October 28, 2021. This amendment increases provider reimbursement rates for selected services. These increased rates are the result of an updated rate methodology that was developed as part of a 18-month rate study and rebasing project led by Guidehouse Consulting. The Division plans to submit these amendments to CMS on or around November 10, 2021, and anticipates an effective date of February 1, 2022.</p>
<p>Spending Narrative Update - 1/14/2022</p>	<p>The Division worked with CMS to identify and mitigate a maintenance of effort (MOE) violation associated with case management and assisted living facility services reimbursement rates on the Community Choices Waiver. This MOE paused forward progress on Children’s Mental Health Waiver amendment. Now that the MOE has been mitigated, this amendment has been approved and will be effective on January 1, 2022.</p> <p>The Division submitted an amendment for the Comprehensive and Supports Waivers on November 12, 2021. CMS sent an informal request for additional information, to which the Division responded on December 13, 2021. The Division still anticipates an effective date of February 1, 2022.</p>

➤ **Expanding Provider and Workforce Capacity - Create and incentivize case manager**

training			
Projected expenditure	Expended to date	Percentage expended	Completion percentage
\$1,319,235	\$0.00	0%	0%
Waiver(s) involved: Community Choices Waiver Comprehensive Waiver Supports Waiver		Federal and State authority changes: 1915(c) waiver agreements	
<p><u>Activity to be completed</u></p> <p><i>Outcome Statement: Case managers will implement person-centered planning and best practices in case management services.</i></p> <p>The Division will develop and implement a case manager training and incentivization program. Training focus will include, but is not limited to:</p> <ul style="list-style-type: none"> ■ Person-centered planning; ■ Best practices in case management services; ■ Communication and leadership skills; and ■ Developing and maintaining cross system partnerships. <p>The training program will include incentivized rates for case managers who complete the program. This will be achieved through the submission of the appropriate waiver amendments to increase provider reimbursement rates.</p>			
Spending Narrative Update - 10/27/2021	The Division is pursuing a partnership with the Wyoming Institute for Disabilities (WIND), Wyoming’s University Center for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD) to develop, present, and track case management training that focuses on person-centered planning and best practices in case management services. The Division posted draft Comprehensive and Supports Waiver amendments for public comment on October 10, 2021, and will hold a public forum to obtain feedback on October 28, 2021. This amendment increases provider reimbursement rates for case managers who complete this training. The Division plans to submit these amendments to CMS on or around November 10, 2021, and anticipates an effective date of February 1, 2022. An amendment for the Community Choices Waiver is forthcoming.		
Spending Narrative Update - 1/14/2022	The Division has developed and is finalizing an interagency agreement with WIND. Once this agreement is in place, WIND will begin developing the training for this activity.		

➤ Adopting Enhanced Care Coordination			
Projected expenditure	Expended to date	Percentage expended	Completion percentage
\$10,424	\$0.00	0%	0%

Waiver(s) involved: Children’s Mental Health Waiver	Federal and State authority changes: 1915(b) waiver agreement 1915(c) waiver agreements Wyoming Medicaid Chapter 47
<p><u>Activity to be completed</u> <i>Outcome Statement: Participants of CME/CMHW will have access to care coordination while waiting for Supports Waiver services.</i></p> <p>Currently, children and youth who are served by, or applying for participation in, the CME/CMHW program may not be served by the CME if they are on the waitlist for another waiver. The Division will amend the CME program’s 1915 (b)/(c) waivers to permit participants with co-occurring disorders the choice to either continue to receive CME/CMHW HCBS services or receive state funded targeted case management services while they are waiting for Supports Waiver services. CME enrollment will terminate at the point in time that a youth is moved from the waitlist to funded status on the other waiver.</p>	
Spending Narrative Update - 10/27/2021	The Division submitted an amendment to the 1915(c) Children’s Mental Health Waiver and associated 1915(b) waiver on September 28, 2021. Additionally, the contract for the prepaid ambulatory health plan (PAHP) contractor is under review with the Attorney General’s office and is slated for final signature. These waivers are anticipated to be effective sometime in State Fiscal Year 2022, quarter 1.
Spending Narrative Update - 1/14/2022	The Division worked with CMS to identify and mitigate a maintenance of effort violation associated with case management and assisted living facility services rates on the Community Choices Waiver. This MOE paused forward progress on Children’s Mental Health Waiver amendment. Now that the MOE has been mitigated, this amendment has been approved and will be effective on January 1, 2022. The 1915 (b) combination waiver contract amendment for the PAHP contractor has been executed and submitted to CMS regional and central office for review

➤ Structural Planning, Analysis, and Accessibility - Document translation			
Projected expenditure \$35,000	Expended to date \$0.00	Percentage expended 0%	Completion percentage 0%
Waiver(s) involved: Community Choices Waiver Comprehensive Waiver Supports Waiver		Federal and State authority changes: None	
<p><u>Activity to be completed</u> <i>Outcome Statement: Participants, legally authorized representatives, and other stakeholders will have immediate access to spanish and Braille translations of written materials.</i></p>			

<p>The Division will translate HCBS written materials that may be utilized by participants, including but not limited to program rules, participant manuals, fact sheets, service indices, and documents related to participant-directed services. These materials will be translated to, at a minimum, Spanish and Braille. The Division will accomplish this by expanding its current contract for translation services to include these materials.</p>	
<p>Spending Narrative Update - 10/27/2021</p>	<p>The Division has inventoried and prioritized all public facing documents for translation into Spanish, and will begin translation activities once Wyoming’s initial spending plan is approved. Ongoing efforts are being made to identify Braille translation services.</p>
<p>Spending Narrative Update - 1/14/2022</p>	<p>The Division is waiting for conditional approval of its spending plan in order to begin this work.</p>

Phase II - April 2022 - March 2023 Implementation

<p>➤ Expanded Home and Community-Based Services - Create or enhance Assistive Technology Services</p>			
<p>Projected expenditure \$6,160,560</p>	<p>Expended to date \$0.00</p>	<p>Percentage expended 0%</p>	<p>Completion percentage 0%</p>
<p>Waiver(s) involved: Community Choices Waiver Comprehensive Waiver Supports Waiver</p>		<p>Federal and State authority changes: 1915(c) waiver agreements Chapters 34, 44, and 45 of Wyoming Medicaid Rule</p>	
<p><u>Activity to be completed</u> <i>Outcome Statement: Participants will have increased access to their providers through the use of technology.</i></p> <p>The Division will expand participant access to needed technology devices, which will increase their access to telehealth and virtual services.</p> <p>This will be achieved through the submission of the appropriate waiver amendments to add services, or to revise the scope of services to specifically allow the purchase of smartphones, computers, or other technology that can be used by the participant to access telehealth and virtual services. The Division will develop necessary limitations to services to ensure that items are purchased in a reasonable and efficient manner.</p>			
<p>Spending Narrative Update - 10/27/2021</p>	<p>This activity is slated for future waiver amendments.</p>		

Spending Narrative Update - 1/14/2022	This activity is slated for future waiver amendments.
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➤ Expanded Home and Community-Based Services - Create Transition Services			
Projected expenditure \$1,760,100	Expended to date \$0.00	Percentage expended 0%	Completion percentage 0%
Waiver(s) involved: Community Choices Waiver		Federal and State authority changes: 1915(c) waiver agreements Chapters 34 of Wyoming Medicaid Rule	
<p><u>Activity to be completed</u> <i>Outcome Statement: Individuals will receive the initial financial support needed to transition from a nursing facility to their community.</i></p> <p>In accordance with Application for a §1915(c) Home and Community-Based Waiver Instructions, Technical Guide and Review Criteria [Version 3.6, January 2019], the Division will fund initial set up costs that individuals incur when they transition from nursing facilities back into their community. Covered costs may include security deposits, utility activation fees, and basic furnishings. Room and board costs, including food and rent costs, will not be covered under this service. This will be achieved through an additional Community Transition Services option, which will be included as part of a submission of Community Choices Waiver amendment.</p>			
Spending Narrative Update - 10/27/2021	The Division has conducted research on transition services that exist in other states. This activity is scheduled for future waiver amendments.		
Spending Narrative Update - 1/14/2022	This activity is scheduled for future waiver amendments.		

➤ Structural Planning, Analysis, and Accessibility - Plan and implement IT services			
Projected expenditure \$600,000	Expended to date \$0.00	Percentage expended 0%	Completion percentage 0%
Waiver(s) involved: Community Choices Waiver Comprehensive Waiver Supports Waiver		Federal and State authority changes: None	
<p><u>Activity to be completed</u> <i>Outcome Statement: The Division will plan, design, and implement necessary IT enhancements that will improve the administration of HCBS programs.</i></p>			

The Division presently maintains two IT systems that are focused on Medicaid HCBS. The Division intends to modernize its platform for service planning, provider management, and critical incident reporting.	
Spending Narrative Update - 10/27/2021	The Division is preparing to procure an IT solution to meet the needs described in this activity.
Spending Narrative Update - 1/14/2022	The Division continues to follow the procurement process in order to secure an IT solution to meet the needs described in this activity.

➤ Structural Planning, Analysis, and Accessibility - Level of Care planning			
Projected expenditure \$100,000	Expended to date \$0.00	Percentage expended 0%	Completion percentage 0%
Waiver(s) involved: Comprehensive Waiver Supports Waiver		Federal and State authority changes: None - 1915(c) waiver agreements and Chapter 46 of Wyoming Medicaid Rule will require amendments if the FASI is implemented after March 2024.	
<p><u>Activity to be completed</u></p> <p><i>Outcome Statement: Functional Assessment Standardized Items (FASI) will be implemented as the level of care assessment for participants of the CCW and DD Waiver programs.</i></p> <p>Prior to the COVID-19 PHE, the Division consulted with Public Consulting Group (PCG) to review the Division’s current level of care assessments, and make recommendations for implementing FASI. PCG developed a work plan that identifies the activities needed to transition Wyoming to the use of the FASI for institutional level of care assessments.</p> <p>In order to align with national efforts to create exchangeable data across Medicare and Medicaid programs, the Division will continue to evaluate and plan for the implementation of the FASI as the new institutional level of care assessment for Wyoming Medicaid. The FASI will not be implemented prior to April 1, 2024.</p>			
Spending Narrative Update - 10/27/2021	The Division is in conversations to receive technical assistance on this activity.		
Spending Narrative Update - 1/14/2022	The Division has received initial technical assistance, and is working internally to determine next steps.		

➤ Structural Planning, Analysis, and Accessibility - Customer Experience Tool			
Projected expenditure	Expended to date	Percentage expended	Completion percentage

\$400,000	\$0.00	0%	0%
Waiver(s) involved: Community Choices Waiver Comprehensive Waiver Supports Waiver		Federal and State authority changes: None	
<p><u>Activity to be completed</u> <i>Outcome Statement: A customer experience tool, such as NCI or CAHPS, will be implemented for all HCBS populations in order to measure the participant’s experience with services.</i></p> <p>The NCI Aging and Disabilities Survey will provide information about the experiences of participants receiving Community Choices Waiver (CCW) services. This data will be analyzed and compared to national trends, and will be examined by the Quality Improvement Committee for potential areas of improvement in waiver services and administration.</p> <p>This is the first time that Wyoming will participate in the NCI-AD, so data collected in the first year of implementation will be used to establish baseline information on participants of the CCW.</p>			
Spending Narrative Update - 10/27/2021		The Division has begun the procurement process in order to select a vendor to oversee the National Core Indicators (NCI) survey process. A request for proposal and corresponding requirements is being developed and is slated to be published on or around November 15, 2021. The NCI Aging and Disabilities Survey is scheduled to be implemented during Phase II. The NCI In-Person Survey for individuals with intellectual or developmental disabilities is scheduled to be implemented during Phase III.	
Spending Narrative Update - 1/14/2022		The Division is drafting a procurement for a vendor to conduct the survey collection. This activity is still scheduled for a Phase II implementation.	

Phase III - April 2023 - March 2024 Implementation

➤ Expanded Home and Community-Based Services - Enhance Supported Employment Services			
Projected expenditure \$2,589,989	Expended to date \$0.00	Percentage expended 0%	Completion percentage 0%
Waiver(s) involved: Comprehensive Waiver Supports Waiver		Federal and State authority changes: 1915(c) waiver agreements Chapters 45 of Wyoming Medicaid Rule	
<p><u>Activity to be completed</u> <i>Outcome Statement: Participants will have increased access to supported employment services in order to obtain and maintain integrated employment.</i></p>			

<p>The Division will increase the amount of supported employment services available to participants. This strategy has been specifically requested by stakeholders during stakeholder input sessions.</p> <p>This will be achieved through the submission of the appropriate waiver amendments. Services will be added to support individuals who choose to work, or will be revised to establish how a participant can request additional funding for supported employment in addition to their established individual resource allocation.</p>	
Spending Narrative Update - 10/27/2021	This activity is slated for future waiver amendments.
Spending Narrative Update - 1/14/2022	This activity is slated for future waiver amendments.

➤ Expanding Provider and Workforce Capacity - Implement DSP certification reimbursement			
Projected expenditure	Expended to date	Percentage expended	Completion percentage
\$780,060	\$0.00	0%	0%
Waiver(s) involved: Comprehensive Waiver Supports Waiver		Federal and State authority changes: None	
<p><u>Activity to be completed</u></p> <p><i>Outcome Statement: Direct support professionals will demonstrate exemplary skill and knowledge while supporting people with disabilities.</i></p> <p>The Division will reimburse providers for the cost of direct support professional certification through a nationally recognized entity such as the National Alliance of Direct Support Professionals (NADSP) or NADD. Certification focus will include, but is not limited to:</p> <ul style="list-style-type: none"> ■ Person-centered practices; ■ Crisis prevention and intervention; ■ Safety; and ■ Health and wellness. 			
Spending Narrative Update - 10/27/2021	The Division has participated in several webinars and panels that have addressed workforce issues and strategies for building skills and capacity among direct support professionals. This activity is scheduled as a Phase III project, but the Division will continue to gather information in preparation for implementing this activity.		
Spending Narrative Update - 1/14/2022	The Division completed participation in the DSW Learning Collaborative in December 2021. Participation in the Collaborative was helpful in examining the strategies that other states are planning and executing regarding DSW		

workforce issues, and will help to inform this activity. Analysis is underway regarding the curricula provided by NADSP and NADD, as well as those that are endorsed by these organizations to determine the best fit for Wyoming.

Spending Plan Projection

The following spending plan demonstrates the expenditures the Division expects to incur for the identified projects. Projected expenditures are reported by fiscal quarter. Figures are updated and specific information on identified activities have been presented as funds are expended and the Division is able to more accurately pinpoint planned expenditures.

Table 5
Total Wyoming Planned and Expended Funds Attributable to Enhanced FMAP - Updated 1/3/2022

Federal Fiscal Year	Totals	Q1: Oct to Dec	Q2: Jan to Mar	Q3: Apr to Jun	Q4: Jul to Sep
2021					
Planned Expenditures	\$ -			\$ -	\$ -
Actual Amount Expended	\$ -			\$ -	\$ -
2022					
Planned Expenditures	\$6,340,717		\$880,623 -	\$2,730,047	\$ 2,730,047
Actual Amount Expended	\$ -	\$ -	\$ -	\$ -	\$ -
2023					
Planned Expenditures	\$ 16,961,610	\$ 4,215,997	\$ 4,215,989	\$ 4,264,812	\$ 4,264,812
Actual Amount Expended	\$ -	\$ -	\$ -	\$ -	\$ -
2024					
Planned Expenditures	\$ 11,899,673	\$ 5,949,836	\$ 5,949,837		
Actual Amount Expended	\$ -	\$ -	\$ -		

Total Amount Planned	\$ 35,202,000
Total Amount Expended	\$ -
Total Amount Remaining	\$ 35,202,000

Attestations

In accordance with the requirements of ARPA, Section 9817, the State of Wyoming attests to the following statements:

- Wyoming is using the federal funds attributable to the increased Federal Medical Assistance Percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- Wyoming is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- Wyoming is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;

- Wyoming is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- Wyoming is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.