

# Community Choices Waiver Program Fact Sheet



## Program Background:

The Community Choices Waiver program is a Medicaid Home and Community-Based Services (HCBS) waiver program authorized under Section 1915(c) of the Social Security Act. HCBS Waiver programs allow a state to waive certain Medicaid requirements in order to offer additional services to a targeted population of Medicaid beneficiaries.

Wyoming Medicaid's Community Choices Waiver (CCW) program provides eligible individuals an alternative to nursing facility care through access to an array of community-based services, including:

- Adult Day Services
- Assisted Living Facility Services
- Case Management
- Home-Delivered Meals
- Home Health Aide
- Non-Medical Transportation
- Personal Emergency Response Systems (PERS)
- Personal Support Services
- Respite
- Skilled Nursing

## Program Objectives:

- Individual Authority Over Services & Supports – Provide program participants with the opportunity and authority to exert control over his/her services, supports, and other life circumstances to the greatest extent possible.
- Person-Centered Service Planning & Service Delivery – Acknowledge and promote the participant's strengths, goals, preferences, needs, and desires through a person-centered service planning process. Respect and support the participant's strengths, goals, preferences, needs, and desires through person-centered service delivery.
- Services – Offer services which complement and/or supplement the services that are available through the Medicaid State Plan and other federal, state, and local public programs as well as the supports that families and communities provide to individuals.
- Promote Community Relationships – Support and encourage the participant's self-determined goals to be active members of their communities. Recognize that the nature and quality of community relationships are central to participant health and wellness.
- Health & Safety – Effectively manage risk and balance the participant's ability to achieve independence and maintain health and safety.
- Responsible Use of Public Dollars – Demonstrate sound stewardship of limited public resources.

## Program Eligibility:

To qualify for CCW program enrollment, an individual must meet the general criteria and the criteria for all three target population groups detailed below.

### General Criteria:

- U.S. Citizenship/Immigration Status
- Resident of Wyoming

**Institutional Level of Care Group:**

To be determined eligible for the CCW program, an individual must be evaluated by a trained public health nurse using the Long-Term Care 101 (LT-101) assessment tool and be determined by the Department to require the nursing facility level of care. Level of care must be determined prior to CCW program enrollment and at least annually thereafter.

**Target Group:**

To be determined eligible for the CCW program, an individual must be determined by the Department to be:

- Aged (65 years or older), or
- An adult (19 to 64 years old) with a disability. Disability is verified through a Social Security Administration (SSA) disability determination or by the Department or its agent using the SSA criteria.

**Financial Eligibility Group:**

To be determined eligible for the CCW program, an individual must be otherwise eligible for Wyoming Medicaid (such as a Social Security Income recipient), or qualify for the “Special HCBS Waiver Group.” In general, the individual must have an income at or below 300% of the Federal Benefit Rate (FBR) and have limited countable resources. Contact the Long-Term Care Eligibility Unit for more information on financial eligibility criteria at 1-855-203-2936.

**For More Information or to Apply for the Community Choices Waiver Program:**

Wyoming Department of Health, Division of Healthcare Financing

Home and Community-Based Services (HCBS) Section

Phone: 1-800-510-0280

<https://health.wyo.gov/healthcarefin/hcbs/>

# Community Choices Waiver Program Application



The Home and Community Based Services (HCBS) Section has received notification that you may be interested in receiving community-based services as an alternative to the care provided in a nursing facility. If you would like to apply, please complete and return this application form. You may submit your application by mail, fax, email, or personal delivery to:

**Address:** Attn: Home and Community-Based Services Section – Community Choices Waiver  
Wyoming Department of Health  
122 West 25th Street, 4 West  
Cheyenne, WY 82002

**Fax:** (307) 777-8685

**Email:** [ccw.waivers@wyo.gov](mailto:ccw.waivers@wyo.gov)

If you are not already a Wyoming Medicaid member, you will also need to complete a Wyoming Medicaid application. For more information on the Medicaid application process, contact the Long-Term Care Eligibility Unit at 1-855-203-2936.

*Applicant Name:	_____	Medicaid ID or: (if applicable)	_____
*Date of Birth:	_____	*Social Security #:	_____
*Physical Address:	_____	*Phone Number:	_____
	_____	Email address:	_____
Mailing Address: (if different)	_____	Nursing Facility Discharge Date:	_____
	_____		(If applicable)

Applicants for the Community Choices Waiver program are required to select a case management agency from the list of providers in your county. Please indicate your choice of case management agency by writing the agency's name and signing below.

\*I confirm that I have contacted the agency and that they are currently accepting clients.

\* Case Management Agency: \_\_\_\_\_

Agency Phone #: \_\_\_\_\_

\* Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*A guardian or power of attorney may sign on behalf of the applicant - documentation is required.*

**\* Indicates a REQUIRED field. If these fields are not completed, the application cannot be processed.**