

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



**Medicaid and CHIP Operations Group**

---

August 10, 2023

Lee Grossman, Medicaid Agent  
Wyoming Division of Health Care Financing  
61010 Yellowstone Road, Suite 210  
Cheyenne, WY 82002

RE: 1915(c) Waiver Amendments WY.1060.R01.12 and WY.1061.R01.11

Dear Lee Grossman:

The Centers for Medicare & Medicaid Services (CMS) is approving your request to amend both the 1915(c) Supports and Comprehensive Waivers, with respective control numbers WY.1060.R01.12 and WY.1061.R01.11. Please use these numbers in future correspondence relevant to this waiver action.

With these amendments, the state is updating rates related to the State of Wyoming's Legislature passage of a budget bill in March 2023, which appropriated additional funding to both agency and independent providers of developmental disability services, and an additional 2% for agency providers. The state is also revising the service definition for Community Living Services to increase access to full community integration, updated agency provider qualifications to include documented proof of legal payment to employees, updated the change in rate methodology for the rate increases and to update service lines, utilization rates, and reimbursement rates for all waiver services affected by the legislative appropriations.

The effective date of the amendments is October 1, 2023. The waivers continue to be cost-neutral. The average per capita cost of waiver services estimates (Appendix J.1) have been approved.

This approval is subject to your agreement to serve no more individuals than the total number of unduplicated participants indicated in Appendix J.2 of the waivers. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval.

It is important to note that CMS' approval of these waiver amendments 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).

The state has identified its intent to use money realized from section 9817 of the American Rescue Plan (ARP). Approval of this action does not constitute approval of the state's spending plan. The state must have an approved spending plan in order to use the money realized from section 9817 of the ARP.

If you have any questions concerning this information, please contact me at (206) 615-3814. You may also contact Elizabeth Heintzman at [elizabeth.heintzman@cms.hhs.gov](mailto:elizabeth.heintzman@cms.hhs.gov) or (206) 615-2596.

Sincerely,

Wendy Hill Petras, Acting Director  
Division of HCBS Operations and Oversight

cc: Anthony Borges Nazari, CMS  
Dominique Mathurin, CMS