



DD Waiver Amendment and Provider Rate Change Frequently Asked Questions (FAQs)

The Division will continue to update providers on implementation details as information becomes available.

1. Why are provider rates changing?

Since 2021, the Wyoming Department of Health, Division of Healthcare Financing (the Division), used funding made available through the American Rescue Plan Act (ARPA) to pay for a temporary increase to Comprehensive and Supports Waiver (DD Waivers) reimbursement rates. These rates went into effect on February 1, 2022, and were originally scheduled to sunset on March 31, 2025. However, the Department of Health was able to use their 2024 budget to extend these rates through June 30, 2025. Without a supplemental budget being passed during the recent 2025 state legislative session, the Division must continue to follow the 2024 budget which does not include funding to sustain all service rates for the coming year at ARPA levels.

2. Which rates will be impacted?

Only those rates impacted by the temporary 2022 ARPA funding will change as indicated in the [ARPA Expiration Rate Table](#).

Rates for the following services will **not** change as they were not funded using ARPA funds.

- Adult Day Services (Intermediate and High)
- Child Habilitation (Ages 13-17)
- Community Living Services Basic (Individual 15 minute unit)
- Community Support Services (Intermediate and High)
- Dietician
- Individual Habilitation Training
- Occupational Therapy
- Physical Therapy
- Skilled Nursing
- Speech, Language, and Hearing

Additionally, at the direction of the Department of Health's Director and the Wyoming State Governor, the Division will be able to sustain current rates for Community Living Services (CLS) Basic and Case Management services through June 30, 2026. Community Living Services (CLS) Basic and Case Management services were identified as being significantly impacted financially and affecting many individuals statewide.

3. Which waiver services will be eliminated?

At this time, the Division is not eliminating any waiver **service**. The Case Management Certificate Tier **rate** (T2022-UB and T1016-UB) for all waiver programs (CCW and DD) will expire, as originally planned and previously communicated, on June 30, 2025.

4. When will the rate change become effective?

To adjust rates resulting from the expiration of ARPA funding, a waiver amendment will be submitted to the Centers for Medicare & Medicaid Services (CMS) for approval. The amendment process includes a 30-day public comment period followed by a 60-day review by CMS. The target effective date of the proposed waiver amendment, including service rate adjustments, is September 1, 2025.

5. What is the visual timeline for the amendment process?

Date	Entity Responsible	Action
May 23, 2025	DHCF	Intent to Amend Waiver Announced and 30-day Public Comment Period Begins
June 12, 2025	DHCF	Public Forum - 12:30-1:30pm
June 23, 2025	DHCF	Public Comment Period Closes
June 27, 2025	DHCF	Waiver amendment requesting a change to service rates will be submitted to the Center for Medicare and Medicaid Services (CMS).
August 26, 2025	CMS	Unconfirmed date of CMS approval (60 days following submission)
September 1, 2025	CMS/DHCF	Effective date of new rates; Updated waiver documents, fee schedule and service index published

6. Will there be a change to the participant's individual budget amounts (IBAs)?

Yes – Individual Budget Amounts (IBA) are based on calculations of specific services, and are applied equitably across all participants. However, the decreased IBA will **not affect the participant's purchasing power**. IBAs for plan renewals effective September 1, 2025 will reflect all service rate adjustments. Ongoing plans will be prorated based on the units that are moved to the adjusted rate line for that plan year. Individual letters will be mailed to each participant, or LAR, as applicable, pertaining to their Individual Budget Amount at the end of the public comment period.

7. Will the Division request that billing be as current as possible by September 1, 2025 ?

Yes. The Division will be asking that provider's billing is up to date and is as accurate as possible before the end of August for services prior to September 1, 2025. This will help ensure that changes completed by the our system contractors are accurate as well as prevent multiple modifications being done to correct incorrect units in each participant's plan of care. We understand that it may not be feasible to submit all billing by this date, but we encourage providers to be proactive to ensure that the least amount of claims are left unbilled and allow for the system to fully implement the change.

8. Are participants at risk of losing community-based services or being institutionalized?

No. The focus of home and community-based services is to allow people to remain in their community of choice whenever possible. Participants will not lose purchasing power due to this rate change which means that the units a participant has prior to the rate change will remain the same allowing for the same choice that was present prior to the rate change. The HCBS Section has a firm belief in individuals being out in the community and having the necessary support to achieve independence at the highest level. Our Benefits and Eligibility Specialists are always available to work with case managers and participants on finding as many resources as possible to remain in the community. Our specialists do great work with helping people find solutions to a myriad of problems whenever possible.

9. Are further rate, service or program reductions anticipated following the September 1st amendment?

No. The only changes currently planned are the rates reverting to legislatively approved levels due to the end of federal ARPA funding. The Division has not been informed of or directed to make any additional changes or reductions at this time. The Department is monitoring federal and state discussions and collaborating with national and state associations to stay informed. If any further changes are directed, the Division will communicate with providers promptly.

10. How long will the proposed rates stay intact?

The Division's funding is determined by the Wyoming State Legislature's budget. The Division continues to operate under the 2024 budget appropriated by the Wyoming State Legislature. During the 2026 Legislative Session, a new budget will be appropriated. Please follow the 2026 Legislative Session for further information regarding budgetary discussion.