Community Choices Waiver Renewal Summary of Proposed Changes

Renewal Effective Date: July 1, 2026

The Division of Healthcare Financing (DHCF), Home and Community-Based Services (HCBS) Section intends to seek approval from the Centers for Medicare and Medicaid Services (CMS) to renew the Community Choices Waiver Program. CMS approves waivers on a five-year cycle, at the end of which the state must submit a renewal. This renewal will include new services, necessary program changes to the definitions and limitations of waiver services, and updates to performance measures. The proposed effective date for the Waiver renewal is July 1, 2026. A summary of proposed changes are listed below:

- Appendix A:
    - A-3
        - Updated the language to mention DHCF collaboration with the Wyoming Department of Health, Aging Division.
        - Updates were made to the Qualified Provider Enrollment statement.
        - Updated statements regarding contracted entities DHCF uses for waiver administration and operation.
        - Added that the DHCF maintains a contract with a consulting agency for the purpose of conducting regular provider reimbursement rate studies and establishing the statewide rate methodology.
    - A-6 - Updated the language and corrected grammatical errors.
    - A-Quality Improvement - Updated performance measures to reflect current DHCF practices.
- Appendix B:
    - B-3-a - Updated the Total Unduplicated Number of Participants
    - B-a-ii - Updated to reflect current DHCF practices.
- Appendix C:
    - C1/C3
        - **Companion Services & Assistive Technology:** Added to the waiver (C1/C3).
        - **Adult Day Services:**
            - Combined Health and Social models with an updated definition (C1/C3)
            - Included transportation in the rate for the service (C1/C3).
            - Created a daily unit in addition to the 15-minute unit (C1/C3).
            - Updated provider types to allow DD-qualified providers to provide the service on CCW (C1/C3).
        - **Homemaker Services:**
            - Updated provider types to allow DD-qualified providers to provide the service on CCW (C1/C3).
            - Updated provider types to allow for the participant-directed service option (C1/C3).
            - Updated service limitations for the participant-directed option and to ensure no duplication with Personal Support Services or Home Health Aide (C1/C3).
        - **Respite Services:**
            - Updated qualifications to allow DD-qualified providers to provide the service on CCW (C1/C3).

- Removed out-of-home option and facility provider types (C1/C3).
- Added a daily unit (C1/3).
- Updated limitations for the participant-directed service option and to clarify the 15-minute and daily unit (C1/C3).
- Updated provider types to allow for the participant-directed service option (C1/C3).

■ **Case Management:**
- Updated definition and limitations (C1/C3).
- Added a 15-unit (C1/C3).
- Removed service plan development/annual update unit (C1/C3).
- Added the independent provider type (C1/C3).

■ **Personal Support Services:**
- Updated service limitations for the participant-directed service option and to ensure there is no duplication with Homemaker (C1/C3).

■ **Home Health Aide:**
- Updated service limitations to ensure no duplication with Homemaker (C1/C3).

■ **Non-Medical Transportation:**
- Updated provider types to allow for the participant-directed service option (C1/C3).
- Updated definition and limitations for participant-directed service option, the 15-minute, and public transit multipass options (C1/C3).

■ **Assisted Living Facility Services:**
- Updated provider qualifications to state that providers must be able to support a participant based on their person-centered service plan (C1/C3).
- Updated the definition to include transportation in the rate (C1/C3).

■ **Home-Delivered Meals:**
- Updated language in the definition to describe mail-delivered and home-delivered meals (C1/C3).

■ **Personal Emergency Response System:**
- Updated verification of provider qualifications to align with the current DHCF practices (C1/C3).

■ **Participant-Directed Provider Specifications:**
- Updated the "Other Standard" to allow a participant-directed employer to hire a spouse if there is no evidence of financial decision-making authority (C1/C3).
- Updated the frequency of verification to align with current DHCF practices (C1/C3).

○ C-2-e - Updated the list of services where relatives or spouses can be reimbursed.
○ C-2-a - Updated the list of services requiring a criminal history and background investigation.
○ C-2-b - Updated the list of services requiring a central registry check.
○ C-QI-b - Removed performance measure C.b1 as metric is covered by A.a1.

- Appendix D:
  - D-1-d - Updated the language and corrected grammatical errors.
  - D-2-a - Updated the statement on service plan monitoring visits.
- Appendix E:
  - E - Replaced “employer of record” with “participant-directed employer” throughout the appendix.

- E-1-a - Updated the language to clarify roles of of the case manager and participant-directed employer
- E-1-g - Updated the language and added clarification to the case manager's responsibilities if a participant-directed employer is removed from their role.
- E-1-j - Update the language to clarify the role of Financial Management Services (FMS).
- E-1-m - Updated the language and corrected grammatical errors.
- E-1-n - Replaced "terminated" with "removed" and updated the language to reflect the current DHCF practices.
- E-2-b - Updated the language to clarify roles of the case manager, participant, and participant-directed employer in budget oversight.

- Appendix F:
  - F-2-b - Updated the language to reflect the current DHCF practices.
- Appendix G:
  - G-1-b - Updated to include Wyoming statues for abuse, neglect, and exploitation.
  - G-2-ii - Updated the language to state that DHCF maintains a memorandum of understanding (MOU) with the Department of Family Services.
- Appendix H:
  - H-1-b - Updated to reflect the current DHCF practices.
- Appendix I:
  - I-2-a - Updated to include the rate methodology for Companion Services.
- Appendix J:
  - Updated the Demonstration of Cost-Neutrality table.
  - Updated Table J-2-a: Unduplicated Participants.
  - J-2-b - Updated the text to align with the new Average Length of Stay estimates.
  - J-2-c - Updated the text to align with the new Factor D, D', G, and G' estimates.
  - J-2-d-i - Updated the tables for Waiver Years 1-5 to align with the new service component units, estimates, and component costs.

Public Comment

Public comments will be accepted during the public comment period through December 19, 2025 by contacting:

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A meeting will be conducted via virtual conference on Thursday, December 4, 2025 from 1:00 p.m. – 2:00 p.m. Join the meeting by using the meeting link or by dialing 1-253-215-8782 and use the Zoom Meeting ID # 925 6352 9951. The purpose of this meeting is to take verbal feedback. Tribal members and representatives are encouraged to submit comments through this process as well.