**Community HealthChoices (CHC) Waiver Amendment Comments**

**Amendment Effective 4/1/2023**

**Please fill in the information below when submitting your comments, including the specific sections of each Appendix on which you are commenting.**

**Name:**

**Agency:**

**Date Submitted:**

|  |  |
| --- | --- |
| **Section of Application** | **Comment** |
| Main Module: |  |
| Appendix A: |  |
| Appendix C: |  |
| Appendix C-1/C-3 Service Definitions: |  |
| Appendix D: |  |
| Appendix E: |  |
| Appendix H: |  |
| Performance Measures: |  |
|  |  |
|  |  |