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

**Renewal Effective 1/1/2025**

**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:**

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