



Summary of Public Comment - High Needs Model Comprehensive and Supports Amendments Waivers

- Recommendation that virtual supports to be extended to Case Management Services
 - Number of comments received: 2
 - **Division Response:** Case management home visits, service observations, and general monitoring are about more than what a participant says. A participant's physical condition, living environment, and interactions with providers and roommates cannot be adequately assessed through virtual systems. The Division believes that, in the absence of public health emergencies such as the COVID-19 pandemic, it is imperative for case managers to conduct home visits and service observations in person in order to ascertain the health and welfare of the participant. Therefore, the Division will not extend virtual support to case management services.
- Recommendation that case management documentation submissions be required by the 10th day of the following month, to align with other provider documentation requirements.
 - Number of comments received: 1
 - **Division Response:** The Division appreciates this comment and intends to remove this specification from case management services. Documentation requirements will be established in Wyoming Medicaid Rules and subregulatory guidance..
- Recommendation that rate increase be implemented retroactively to July 1, 2022
 - Number of comments received: 2
 - **Division Response:** Due to the substantive changes proposed in this amendment, the Division is unable to make this amendment effective retroactively. In accordance with 42 CFR 441.304(d)(1) - (2), waiver amendments that include changes that are substantive may take effect only on or after the date of CMS approval. Substantive changes include but are not limited to revisions to services available under the waiver including elimination or reduction of services or reduction in the scope, amount, and duration of any service; a change in the qualifications of service providers; changes in rate methodology, or a constriction in the eligible population .