



The Wyoming Department of Health, Division of Healthcare Financing (Division) intends to submit an application to amend the Community Choices Waiver program to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). Public comment on the draft waiver agreement opened on November 14th, 2025 and closed December 19th, 2025. The summary of public comment and responses are contained within this document.

General

1. **Clarification Needed:** The proposed changes are too general, lack specific direction, and there are a lot of details that still need to be clarified.
 - Number of Comments Received: 1
 - **Division Response:** Clarification will be provided before the Waiver's effective date through subregulatory guidance documents.

C1/C3 - Case Management Monthly Home Visits

2. **Participant Choice:** Some participants prefer to meet in the community rather than in their home. Participants should be given a choice on how often they interact with their case manager and where the visit takes place.
 - Number of Comments Received: 6
 - **Division Response:** Choice is indeed the foundation of Home and Community-Based Services. Individuals can choose their provider and case manager; however, monthly home visits are intended to ensure individuals served are satisfied with their services, and to review the health and safety of the individual. As has been stated in the CCW Case Management Manual, this review of health and safety extends beyond briefly interacting with the individual. It can also include evaluating the physical condition of the home, if the individual can safely navigate the home, and other key observations. Case management is the only required Waiver service. If individuals do not wish to have case management, they should evaluate the need for continued Waiver services.
3. **Travel Distance and Cost:** Some clients live long distances from their case manager, making frequent, in-person visits unfeasible. Traveling long distances each month will add to the case manager's expenses.
 - Number of Comments Received: 5
 - **Division Response:** The Division would like to note that the Case Management rate methodology includes a productivity adjustment that includes tasks such as driving to a participant's residence. The case manager must decide how far they are willing to travel to provide services for an individual prior to accepting that individual into services.



4. **Virtual Visits:** The Division should consider allowing virtual visits when the weather is poor, someone is ill, or if it is the participant's preference.
 - Number of Comments Received: 2
 - **Division Response:** The Division's intention in requiring the monthly home visit is to ensure the health and safety of CCW participants. This can be done more effectively during in-person visits rather than virtual visits. The in-person meeting can be performed any time within the month. The Division encourages planning ahead of time in case of inclement weather or illness.
5. **Scheduling Challenges:** Requiring the monthly home visit can be a barrier to services for participants who work or volunteer. Winter weather conditions are a concern for travel and could stop the home visit from happening. Monthly in-person visits would make rescheduling for travel issues, conflicting appointments, work, or illness challenging.
 - Number of Comments Received: 4
 - **Division Response:** The Division understands that participants may work or volunteer or that winter weather can cause travel disruptions. Planning home visits early in the month to ensure the home visit can be rescheduled can help alleviate these concerns. Case managers should contact the assigned Benefits and Eligibility Specialists to assist with possible solutions.
6. **Unnecessary Monthly Visits:** Monthly in-home visits are an unnecessary requirement for the waiver. There are currently enough checks and balances through the case management system and service utilization reports.
 - Number of Comments received: 2
 - **Division Response:** The Division appreciates this comment but disagrees. The Division has conducted a review of approximately 300 individuals receiving services on CCW; initial results indicate that the average time the case manager spent with these individuals is *between 15 and 30 minutes per quarter*. Additionally, the National Core Indicators In-Person Survey indicates that 43% of individuals served with unmet needs do not have conversations with case managers about their unmet needs. These statistics demonstrate a concerning trend and the need for increased contact and conversation between case managers and participants.
7. **Caseload Concerns:** Monthly visits along with other case manager responsibilities, like reviewing service utilization for each participant, would make managing all of the participants in a case manager's caseload difficult, especially when managing over 30 participants. Case Managers will need to reduce their caseloads.
 - Number of Comments Received: 5



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- **Division Response:** Case managers are responsible for determining and maintaining a caseload size that enables them to meet all Wyoming Medicaid rules and case management service expectations.

8. **Participant Not Aware of Case Manager:** Case management agencies should conduct their own client surveys and education to ensure clients know who their case manager is and their duties. While most case managers have positive relationships with participants, confusion can arise during NCI surveys, often because participants mistake the case manager role for others (like a nurse) or due to underlying memory/mental health issues. This lack of participant awareness regarding their case manager is primarily an individual case manager or case management agency concern.

- Number of Comments Received: 5
- **Division Response:** The NCI Surveys are conducted by trained professional surveyors. Each surveyor receives training to ensure the person providing the answers does so with the full understanding of what the question is asking and the response is valid. Agencies are free to conduct their own surveys as they wish. However, the Division will continue to rely on this data, as it comes directly from individuals served on the Waiver.

9. **Implement Case Manager Survey:** Case managers and case management agencies should also be required to complete surveys to ensure no bias. Participant only surveys can yield skewed results.

- Number of Comments Received: 1
- **Division Response:** Case managers and case management agencies are highly encouraged to participate in the appropriate avenues of feedback, including public feedback sessions for upcoming Waiver changes. Case managers and case management agencies are solicited to participate in the CCW Rate Study, which has historically low provider participation rates.

The Division utilizes data from a variety of different sources as appropriate. This includes but is not limited to NCI data, provider and case management system data, and public comment forums.

10. **Length of Visit:** The Division should clarify the amount of time a case manager is expected to spend with their participants during the monthly home visit.

- Number of Comments Received: 1
- **Division Response:** Clarification on the amount of time a case manager is expected to spend with their participants will be provided before the Waiver's effective date through subregulatory guidance documents.

11. **Review CMS Requirements and Colorado's HCBS Requirements:** The Division should review case management requirements of neighboring states whose case



management requirements focus on services coordination as opposed to reviewing service utilization. The Division should review the requirements for Case Management Agencies that are mandated by CMS. Unnecessary requirements on case managers could lead to negative impacts on participants' ability to access services.

- Number of Comments Received: 1
- **Division Response:** The Division frequently reviews CMS requirements to ensure compliance with federal regulations. While there are similarities between HCBS programs in neighboring states, each is unique and faces different challenges. The Division's intent is to create a program that best meets the needs of participants in Wyoming.

C1/C3 - Personal Support Services

12. **Household Tasks:** To support an individual's independence in the community, household tasks should be included in Personal Support Services (PSS) and not only be allowed when they are incidental. Household tasks need to be completed in order to safely and hygienically complete Activities of Daily Living (ADLs). Not completing household tasks can become a liability for Home Health Agencies.

- Number of Comments Received: 1
- **Division Response:** The Division agrees that household tasks are important to support an individual's independence in the community. If a Home Health Agency employee notices an individual's need for assistance with household tasks, they should contact the case manager regarding adding Homemaker or other Waiver services to the plan of care. A Waiver service cannot duplicate other Waiver services. As there are other chore type services available on CCW, Personal Support Services cannot duplicate those services.

C1/C3 - Non-Medical Transportation

13. **Limited Service:** There are limited options for service providers in some parts of the state. Limiting transportation to non-medical purposes is a barrier as many participants need the service for medical appointments.

- Number of Comments Received: 1
- **Division Response:** Medical Transportation is covered through the Medicaid State Plan. The Waiver cannot duplicate State Plan services. The Division's intention is to expand access to transportation through this Waiver Renewal. The service will be available for participant-direction and the 15-minute unit is intended to be more straightforward for billing than the "one-way trip". The multi-pass option will cover all public transit.



C1/C3 - Current Service Issues

14. **Difficult to Utilize Services:** Some current services, like Transition Setup Expenses, are difficult and confusing to utilize.

- Number of comments received: 1
- **Division Response:** The Division consistently works to improve services on the CCW to make them more accessible to participants. The Division encourages case managers or providers to reach out to the HCBS section for assistance in understanding how to utilize or provide services.

15. **Lack of CCW Providers:** Expanding services will broaden participants' choice of providers, but there is still a lack of providers of CCW services for the services already on the waiver. There are currently services on the waiver that have no providers (environmental modifications).

- Number of comments received: 1
- **Division Response:** The Division understands the lack of providers for some services is frustrating. The Division continues to work to attract providers for such services like environmental modifications and streamline the Medicaid and provider enrollment process.

C1/C3 - DD Providers Certification for CCW

16. **Process Unclear:** The process for DD Waiver providers to become certified to provide CCW services is unclear. More clarification on this process is needed.

- Number of Comments Received: 1
- **Division Response:** Clarification will be provided before the Waiver's effective date through subregulatory guidance documents.

I/J - CCW Service Rates

17. **Rates:** In order for the Division to be transparent, the full CCW Fee Schedule effective July 1, 2026 should be published, including the Case Management rates.

- Number of Comment Received: 2
- **Division Response:** The rate methodology for the CCW is outlined in Appendix I and the breakdown of the rates for each service are located in Appendix J of the Waiver application. The current fee schedule is published, and any changes will be published in a timely manner.