



Summary of Public Comment - Comprehensive and Supports Waiver Amendment Effective 7/1/2026

The Wyoming Department of Health, Division of Healthcare Financing (Division) intends to submit an application to amend the Comprehensive and Supports 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 April 24th, 2026 and closed May 25th, 2026. The summary of public comment and responses are contained within this document.

C1/C3 - Case Management Monthly Home Visits

- 1. Participant Choice:** Public feedback heavily emphasized that forcing a monthly home visit conflicts with the core principles of person-centered planning and participant choice. Many participants and families actively do not want the intrusion of a mandatory monthly visit, as they function perfectly well with quarterly visits and prefer to have the option to choose the frequency of their care.
 - Number of Comments Received: 12
 - **Division Response:** The Division maintains that monthly in-person contact is a standard requirement necessary to ensure health, safety, and proper care for all participants. While the value of participant choice and person-centered planning is acknowledged, these principles must operate within the framework of the Division's oversight responsibilities. To remain compliant with program requirements, regular monthly visibility is required.
- 2. Travel Distance and Cost:** Requiring monthly face-to-face visits is highly impractical in rural Wyoming due to long travel distances, extreme winter weather, and hazardous road conditions. Fulfilling these requirements to outlying areas creates an immense operational and financial strain on providers.
 - Number of Comments Received: 9
 - **Division Response:** The Division acknowledges that rural travel distances and unpredictable Wyoming weather present logistical and financial hurdles for case managers. Fortunately, the case management rate methodology accounts for travel through a built-in productivity adjustment, which covers necessary non-billable activities like driving to a participant's residence. By factoring these indirect care components directly into the overall reimbursement rates, the financial impact of travel time is successfully absorbed. Case managers are encouraged to review best practices in time management in order to account for road conditions. For example, a case manager may block out the first week of every month for home visits, reserving the rest of the month for other case management tasks. In the event of inclement weather, the visits can then be rescheduled while still falling within the required monthly timeframe.



Summary of Public Comment - Comprehensive and Supports Waiver Amendment Effective 7/1/2026

3. **Virtual Visits:** For many families, a phone call or virtual check-in is just as effective, more practical, and significantly less invasive than a mandatory in-person home visit. The Division should clarify if providers can conduct and bill for virtual or telephonic visits when a participant is out of the home.
 - Number of Comments Received: 6
 - **Division Response:** The Division appreciates these comments but disagrees that phone calls or virtual check-ins are just as effective as home visits. Case managers are responsible for evaluating the needs of the individual, and part of that evaluation includes assessing unstated needs, such as the condition of the home and other types of observations that are not possible via telephone or video call. The Division has established a monthly contact requirement to align standards across all three of the state's home and community-based waivers: the Comprehensive Waiver, the Supports Waiver, and the Community Choices Waiver. While the convenience of virtual visits is acknowledged, this regulatory alignment ensures consistent oversight across all programs.

4. **Scheduling Challenges:** Participants and their caregivers already juggle overloaded schedules filled with work, medical therapies, extracurricular activities, and volunteer commitments. Mandating a monthly home visit is viewed as an unnecessary burden, and case managers noted additional difficulties scheduling around summer vacations and joint custody arrangements.
 - Number of Comments Received: 5
 - **Division Response:** The Division acknowledges the scheduling complexities faced by participants, caregivers, and case managers—including managing therapies, work commitments, vacations, and custody arrangements. Case managers are encouraged to review best practices in time management in order to account for varying schedules. For example, a case manager may block out the first week of every month for home visits, reserving the rest of the month for other case management tasks. In the event of vacations or changing schedules, the visits can then be rescheduled while still falling within the required monthly timeframe.

5. **Unnecessary Monthly Visits:** Mandatory monthly visits place an unsustainable burden on families and case managers. While the current flexible, quarterly virtual system works well, strict monthly mandates disrupt family privacy and create excessive administrative strain. In a rural state like Wyoming, travel distances and unpredictable weather make this requirement entirely impractical, forcing dedicated case managers to resign and ultimately diverting time away from critical client needs.
 - Number of Comments Received: 18
 - **Division Response:** The Division appreciates these comments but disagrees that monthly visits create excessive administrative strain or invasion of privacy.



Summary of Public Comment - Comprehensive and Supports Waiver Amendment Effective 7/1/2026

Monthly visits are required for other units of case management, which account for 98% of case management administered through the Comprehensive and Supports Waivers. The requirement for monthly visits is feasible and currently performed by case managers on a regular basis.

6. **Caseload Concerns:** Due to the time and energy constraints of traveling for monthly visits, case managers stated that they will be unable to take on new participants, including the influx of individuals coming off the newly funded waitlist. This amendment may divert resources away from participants with higher needs who require more intensive coordination and oversight.
 - Number of Comments Received: 5
 - **Division Response:** Thank you for the response. The Division recognizes that case managers perform necessary and important work for participants. In order to not overwhelm the system, the Division allocates funding opportunities over several months in order to allow for system stabilization rather than flooding the system with individuals looking for a new case manager.

7. **Length of Visit:** The Division should clarify the proposed language for the 15-minute billing unit. It appears to mirror the monthly billing requirements almost exactly, raising questions about how a required home visit realistically fits into a 15-minute service structure.
 - Number of Comments Received: 5
 - **Division Response:** The Division of Healthcare Financing appreciates the comments from stakeholders regarding the proposed changes to the requirements for 15-minute units of case management (T1016) for the Comprehensive and Supports Waivers.

The content of these comments have prompted review and discussion regarding the use of this service, and whether the requirement of a monthly visit for clients receiving a 15-minute unit is appropriate. The public comment received regarding this topic indicated that the proposed requirement of an in-person home visit for individuals receiving a 15-minute unit is not appropriate. The public comment also highlighted that the 15-minute unit is being used inappropriately; therefore, based on the public comment received, the Division clarifies the following:

-The intent of the 15-minute unit is to assist in short-term transition periods, such as when an individual decides to transition from one case manager to another in the middle of a month. In this scenario, 15-minute units are required to ensure both case managers are able to bill for the work performed during a transitional period.



Summary of Public Comment - Comprehensive and Supports Waiver Amendment Effective 7/1/2026

-“Maxing out” the 15-minute unit is defined as having a client served only through 15-minute units for the plan year rather than the intended monthly unit. The intent of the 15-minute unit is not for a provider to “max out” the 15-minute unit to serve a client while avoiding a monthly visit due to case manager convenience, caseload overcommitment, or other administrative burden. This use of the 15-minute unit is not in alignment with the intent of the service. The Division will update the necessary documentation to ensure that the 15-minute unit is used appropriately moving forward.

-The Division agrees that the monthly visit during a partial month during a short-term transitional period may not be the appropriate use of resources to support the client. The adjustment to the maximum use of the 15-minute unit will avoid the concerns voiced by stakeholders.

-To support the appropriate use of the 15-minute unit, the Division will not require a monthly in-person visit with the use of this unit. Instead, the use of the 15-minute unit will be limited to 48 units per client, per case manager in a plan year.

-The Division will allow for a three (3) month transition period for the handful of individuals who are currently being served with 15-minute unit case management in a manner inconsistent with the updated intent and service definition.

8. **Lack of DD Providers:** Commenters highlighted an existing, severe shortage of case managers across the state. They noted that current case managers are already overworked, and agencies face extreme difficulties finding and hiring new staff to take on additional clients.
 - Number of Comments Received: 5
 - **Division Response:** Thank you for the response. The Division hears and recognizes the important work that case managers perform for clients. In review of the total number of clients impacted by the change to 15-minute unit requirements, it was found that 43 individuals were served solely through the 15-minute unit. As this total represents fewer than 2% of the total population served on the Comprehensive and Supports Waivers, the Division has determined that the impact on overall case management provision will not be widespread.
9. **Difficult to Utilize Services:** Mandated monthly visits create an additional barrier to accessing support, particularly for individuals living in remote rural areas or families who



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have had negative past experiences with state agencies and are hesitant to allow quarterly, let alone monthly, home visits.

- Number of Comments Received: 9
- **Division Response:** The Division acknowledges that individuals may be hesitant to receive case management services, and the reluctance may be heightened through a monthly home visit. However, as the number of individuals impacted by this change is smaller than 2% of the overall population served on the Comprehensive and Supports Waivers, the Division will continue with this change. Individuals who may not want case management may discuss hesitance with Division staff, who may be able to clarify the intent of case management services.

I/J - DD Service Rates

1. **Rates:** Providers expressed concern over the unfair rate disparities between agencies and independent providers. They emphasized that the proposed financial structures fail to support independent providers, jeopardizing their ability to cover basic operational expenses, travel costs, and staffing needs.
 - Number of Comments Received: 6
 - **Division Response:** Thank you for this response. The Division continues to examine the best way to allocate limited resources in an equitable manner. Please stay tuned for additional information regarding agency and independent provider rates.