DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

Medicaid and CHIP Operations Group

July 22, 2026

Lee Grossman, Medicaid Agent
Wyoming Division of Health Care Financing
61010 Yellowstone Road, Suite 210
Cheyenne, WY 82002

RE: 1915(c) Waiver Amendments WY.1060.R02.02 and WY.1061.R02.03

Dear Lee Grossman:

The Centers for Medicare & Medicaid Services (CMS) is approving your request to amend both the 1915(c) Supports and Comprehensive Waivers, with respective control numbers WY.1060.R02.02 and WY.1061.R02.03. Please use these numbers in future correspondence relevant to this waiver action.

The 2026 Wyoming State legislature passed an appropriations bill providing additional funding for providers on the Comprehensive and Supports Waiver, and additional funds were appropriated to decrease the waitlist for the Supports Waiver. The Department also updated Appendix J projected service utilization for waiver years three through five to account for provider rate increases, waitlist funding, and to reflect recent utilization trends. Additionally, with this amendment, the state is now requiring monthly case management in-person visits for the 15-minute rate. To align with current utilization, the Comprehensive waiver (WY.1061) decreases the factor C unduplicated count and approved point in time limit for waiver years three through five.

The effective date for the amendments is July 22, 2026. The waivers continue to be cost-neutral. The average per capita cost of waiver services estimates (Appendix J.1) have been approved.

This approval is subject to your agreement to serve no more individuals than the total number of unduplicated participants indicated in Appendix J.2 of the waivers. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval.

It is important to note that CMS' approval of this waiver amendment solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision.

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Elizabeth Heintzman at elizabeth.heintzman@cms.hhs.gov or (206) 615-2596.

Sincerely,

GEORGE P. FAILLA JR -S

Digitally signed by GEORGE P. FAILLA JR -S
Date: 2026.07.22 15:28:45 -04'00'

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

cc: Jessic Loehr, CMS