

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: WYOMING

Citation

42 CFR
430.10

As a condition for receipt of Federal funds under
title XIX of the Social Security Act, the

DEPARTMENT OF HEALTH
(Single State Agency)

submits the following State plan for the medical
assistance program, and hereby agrees to administer
the program in accordance with the provisions of this
State plan, the requirements of titles XI and XIX of
the Act, and all applicable Federal regulations and
other official issuances of the Department.

TN No. 91-13
Supersedes 90-14 Approval Date 1/14/92 Effective Date 12/1/91
TN No. 90-14 HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
 May 22, 1980

State Wyoming

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
 42 CFR 431.10
 AT-79-29

1.1 Designation and Authority

(a) The Department of Health

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN # 90-14

Supersedes

TN # 77-3

Approval Date 12/28/90

Effective Date 10/1/90

OFFICIAL

vision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wyoming

Citation
Sec. 1902(a)
of the Act

1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

IN # 77-3
Supersedes
IN #

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May 22, 1980

State Wyoming

Citation
Intergovernmental
Cooperation Act
of 1968

1.1(c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

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May 22, 1980

State Wyoming

Citation

42 CFR 431.10
AT-79-29

1.1(d)



The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.



Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

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May 22, 1980

State Wyoming

Citation
42 CFR 431.10
AT-79-29

1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.

(f) All other requirements of 42 CFR 431.10 are met.

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May 22, 1980

State/Territory: WYOMING

Citation
42 CFR 431.11
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Health Care Access and Resources Division, Office of Medicaid has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

____ Not applicable Only staff of the agency named in paragraph 1.1(a) make such determinations.

TN No. 00-003

Supersedes

Approval Date 02/01/00

Effective Date 12/01/99

TN No. 99-07 99-007

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wyoming

Citation
42 CFR
431.50 (b)
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

The plan is State administered.

The plan is administered by the political subdivisions of the State and is mandatory on them.

TN # 75-8
Supersedes _____
TN # _____

Approval Date 7/7/75

Effective Date 1/1/75

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

1.4 State Medical Care Advisory Committee (42CFR 431.12 (b))

There is an advisory committee to a Medicaid agency director on health and medical care services established in accordance with and meeting all requirements of 42 CFR 431.12.

Tribal Consultation Requirements

Section 1902 (a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to see advice on a regular, ongoing basis from designees of Indian health programs, whether operated by Indian Health Services (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCA). Section 2107 (e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian Health Programs and Urban Indian organizations.

The Department of Health, as a state agency, shall establish and promote a relationship of cooperation and coordination, open communication and good will. The Department will work in good faith to amicably and fairly resolve issues and differences. The Department staff will interact and consult with Tribal governments, and the parties noted above, on a government to government basis to provide services to Wyoming's American Indians.

Wyoming will use the process identified in the section to seek advice on a regular, ongoing basis from Indian Health Services located at Fort Washakie (IHS) and the federally recognized Wyoming tribes on matters related to the Medicaid and/or CHIP Program and for consultation on State Plan Amendments (SPA), waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects except for those involving minor technical amendment (e.g. taking out a reference to another chapter which had changed numbers or had been repealed), prior to submission to the Centers for Medicare and Medicaid Services (CMS).

- A) The State will assure that representatives of both the Eastern Shoshone and Northern Arapaho tribes and Indian Health Services (IHS) are notified at least 30 days prior to the above changes to being submitted to CMS. This will allow time for the tribes to review and provide recommendations and advice on current and future policy initiatives and pending changes to the Medicaid and/or CHIP programs.
- B) The Wyoming Department of Health, Division of Healthcare Financing will appoint a designated liaison for Medicaid and CHIP to facilitate the intergovernmental relationship between Medicaid, CHIP, the Wyoming Tribes and Wyoming IHS or other entities meeting the definition under the Act to assure compliance with the federal provisions for consultation and to expedite communications.

- C) The Medicaid Agency will implement the following process to seek advice on a regular and ongoing basis on matters related to Medicaid and/or CHIP
- (1) Up to four (4) times a year, Tribal Leadership Advisory Council meetings will be held in person or by another agreed upon means of communication (conference call, webinar, etc). The meetings will include two representatives from the Eastern Shoshone Tribal Leadership, two representatives from the Northern Arapaho Tribal Leadership, two representatives in a decision making capacity from IHS and/or their designees, one representative from each of the Department of Health divisions and/or other designated groups. The Department must be notified in writing if the designees change.
 - (2) Convene as needed additional face-to-face meetings with representatives from both Tribes, IHS and the State to discuss any items of importance to the parties.
 - (3) Provide both Tribes and IHS with a current list of Division contacts for the Medicaid and CHIP programs
 - (4) The Medicaid Agency will make an annual onsite visit to federally recognized Tribal Programs and/or facilitate collaboration and understanding among all parties.

Revision: HCFA-PM-94-3 (MB)
April 1994

State/Territory: WYOMING

Citation

1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of Federally vaccine-eligible children in accordance with Section 1928 as indicated below.
 - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with Section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under Section 1915(B) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN NO. 94-015

Supersedes

TN NO. NEW

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1/10/95

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10/1/94

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April 1994

State/Territory: WYOMING

Citation

1928 of the Act

- 2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
- 3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
- 4. The State agency with overall responsibility for the implementation and enforcement of the provisions of Section 1928 is:

- State Medicaid Agency
- State Public Health Agency

TN NO. 94-015
 Supersedes
 TN NO. NEW

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