

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☐/No limitations ☒/ With limitations*

- 2.a. Outpatient hospital services.

Provided: ☐/No limitations ☒/ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan).

☒/ Provided: ☒/ No limitations ☐/With limitations*

☐/ Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒/ Provided: ☒/ No limitations ☐/With limitations*

3. Other laboratory and x-ray services.

Provided: ☒/ No limitations ☐/With limitations*

*Description provided on attachment.

TN

TN # 95-002
Supersedes
TN # 92-02

Approval Date 09/04/96

Effective Date 01/01/95

State/Territory: WYOMING

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
Provided: X No limitations With limitations*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- 4.c. Family planning services and supplies for individuals of child-bearing age.
Provided: No limitations X With limitations*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
Provided: No limitations X With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
Provided: X No limitations With limitations*
6. Medical care and other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
Provided: No limitations With limitations*

* Description provided on attachment

TN # 95-004

Supersedes

TN # 93-009

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED

6. c. Chiropractors' services.

Wyoming Medicaid limits coverage of chiropractic services specifically to the following:

1. For clients age 21 and older, manual manipulation is limited to 20 treatments/visits per calendar year. Evaluation and management procedures are covered within the 12 visits per year and are subject to cost sharing.
2. For clients age 20 and younger, are unlimited per EPSDT guidelines and are not subject to a limit or cost sharing.

Limits may be exceeded for adult (clients age 21 and older) services if they are determined medically necessary.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED

6. d. Other Practitioners' services.

- Certified Registered Nurse Anesthetists
- All ordering and rendering providers of Medicaid-covered services as required under 42 CFR 455 Subpart E

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED

6. c. PAYMENT FOR CHIROPRACTORS' SERVICES

Reimbursement for chiropractic services is the lesser of charges or the Medicaid fee schedule amount. A maximum allowable fee is established by procedure code regardless of provider location. All public and private providers are reimbursed according to the same fee schedule. Providers may access the fee schedule on the agency website or upon request by calling the fiscal agent.

Chiropractic fees were determined by an RBRVS analysis of customary charges, prevailing charges, and average commercial rates. Charges were inflated to the SFY 2007 rate year using data from the Medicare Economic Index. The reasonable charge was identified as the lower of the inflated charges or the newly computed rate under each of the three approaches. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of July 1, 2015 and is effective for services provided on or after that date. All rates are published and can be found at http://wyequalitycare.acs-inc.com/fee_schedule.html.

New procedures are reimbursed at 90% of the Medicare's current rate until an analysis is completed and an RBRVS rate is established.

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

ATTACHMENT 3.1-A
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TO THE CATEGORICALLY NEEDY

9. Clinic services.
/X/ Provided: // No limitations /X/ With limitations*
// Not provided.
10. Dental services.
/X/ Provided: // No limitations /X/ With limitations*
// Not provided.
11. Physical therapy and related services.
- a. Physical therapy.
/X/ Provided: // No limitations /X/ With limitations*
// Not provided.
- b. Occupational therapy.
/X/ Provided: // No limitations /X/ With limitations*
// Not provided.
- c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

/X/ Provided: // No limitations /X/ With limitations*
// Not provided.

*Description provided on attachment.

TN No. 03-004
Supersedes
TN No. 91-11

Approval Date 1/29/04 Effective Date 07/01/03
HCFA ID: 0069P/9992P

STATE/TERRITORY WYOMING
AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in disease of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Dentures.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Prosthetic devices.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Eyeglasses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

TN No. 92-04
Supersedes No. 89-09 Approval Date 11/21/94 Effective Date 03/01/92
HCFA ID: 7986E

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Preventive services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

b. Skilled nursing facility services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Intermediate care facility services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

No. 85-5
ersedes
No. _____

Approval Date _____

Effective Date 11/85

HCFA ID: 5069P/0002P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WYOMINGAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for person determined, in accordance with section 1902(a) (31) (A) of the Act, to be in need of such care.

 x Provided: x No limitations With limitations*

 Not provided.

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

 x Provided: x No limitations With limitations*

 Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

 x Provided: No limitations x With limitations*

 Not provided.

17. Nurse-midwife services.

 x Provided: x No limitations With limitations*

 Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

 x Provided No limitations x Provided in accordance with

Section 2302 of the Affordable Care Act With limitations*

 Not provided

*Description provided on attachment.

TN# 13-005

Supersedes

TN# 95-005

Approval Date 11/27/13

Effective Date September 1, 2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: WYOMING

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
☒ Provided: ☒ With Limitations
☐ Not provided.
 - b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.
☒ Provided: ☒ With Limitations*
☐ Not provided.
20. Extended services for pregnant women
- a. Pregnant-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day fails.
☐ Additional coverage ++
 - b. Services for any other medical conditions that may complicate pregnancy.
☐ Additional coverage ++
- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 95-008
Supersedes
TN No. 95-005

Approval Date 07/24/95

Effective Date 07/01/95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WYOMING

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a eligible provider (in accordance with section 1920 of the Act).
- X Provided: X No limitations With limitations*
 Not provided.
22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).
- Provided: No limitations With limitations*
X Not provided.
23. Certified pediatric or family nurse practitioners' services.
- X Provided: X No limitations With limitations*

State/Territory: WYOMING

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Reserved

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

* Description provided on attachment

TN No. 01-005

Supersedes

TN No. 91-13

Approval Date 07/31/01 Effective Date 7/1/01

State: WYOMING

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided XX not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

 Provided: State Approved (Not Physician) Service Plan Allowed
 Services Outside the Home Also Allowed
 Limitations Described on Attachment

 X Not Provided.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
EXPLANATION OF LIMITATIONS

1. INPATIENT HOSPITAL SERVICES OTHER THAN THOSE PROVIDED IN AN INSTITUTION
FOR MENTAL DISEASE

ALL SERVICES MUST BE MEDICALLY NECESSARY AND ARE SUBJECT TO UTILIZATION
REVIEW.

MEDICALLY NECESSARY SERVICES ARE SERVICES REQUIRED TO DIAGNOSE, TREAT,
CURE AN ILLNESS, INJURY OR DISEASE WHICH HAS BEEN DIAGNOSED OR IS
REASONABLY SUSPECTED. THE SERVICE MUST BE: CONSISTENT WITH THE DIAGNOSIS
AND TREATMENT OF THE RECIPIENT'S CONDITION; FURNISHED IN ACCORDANCE WITH
GOOD MEDICAL PRACTICE AMONG THE PROVIDERS PEER GROUP AND PERFORMED IN THE
LEAST COSTLY SETTING REQUIRED BY THE RECIPIENT'S CONDITION.

EXPRESSLY EXCLUDED ARE SERVICES WHICH THE STATE DEEMS CLINICALLY UNPROVEN
OR EXPERIMENTAL, INEFFECTIVE, PROVIDED FOR PATIENT CONVENIENCE, PROVIDED
FOR ADMINISTRATIVE OR LEGAL PURPOSES, PLASTIC SURGICAL PROCEDURES
PERFORMED FOR COSMETIC REASONS AND OTHER PROCEDURES DETERMINED NOT TO BE
MEDICALLY NECESSARY.

EFFECTIVE MARCH 1, 1992, INPATIENT HOSPITAL SERVICES ARE LIMITED TO
SERVICES PROVIDED DURING A TOTAL OF 20 COVERED DAYS PER CALENDAR YEAR.
RECIPIENTS IN THE HEALTH CHECK (EPSDT) PROGRAM ARE NOT BENEFIT LIMITED.

EFFECTIVE FOR ADMISSION ON OR AFTER JULY 1, 1994, THE 20 DAY LIMIT ON
INPATIENT HOSPITAL DAYS IS REMOVED.

TN # 94-013
SUPERSEDES
TN # 92-04

APPROVAL DATE 11/22/94 EFFECTIVE DATE 7/1/94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

2.A. OUTPATIENT HOSPITAL SERVICES

ALL SERVICES MUST BE MEDICALLY NECESSARY AND ARE SUBJECT TO UTILIZATION REVIEW.

MEDICALLY NECESSARY SERVICES ARE SERVICES REQUIRED TO DIAGNOSE, TREAT, CURE AN ILLNESS, INJURY OR DISEASE WHICH HAS BEEN DIAGNOSED OR IS REASONABLY SUSPECTED. THE SERVICES MUST BE: CONSISTENT WITH THE DIAGNOSIS AND TREATMENT OF THE RECIPIENT'S CONDITION; FURNISHED IN ACCORDANCE WITH GOOD MEDICAL PRACTICE AMONG THE PROVIDERS PEER GROUP AND PERFORMED IN THE LEAST COSTLY SETTING REQUIRED BY THE RECIPIENT'S CONDITION.

EXPRESSLY EXCLUDED ARE SERVICES WHICH THE STATE DEEMS CLINICALLY UNPROVEN OR EXPERIMENTAL, INEFFECTIVE, PROVIDED FOR PATIENT CONVENIENCE, PROVIDED FOR ADMINISTRATIVE OR LEGAL PURPOSES, PLASTIC SURGICAL PROCEDURES PERFORMED FOR COSMETIC REASONS AND OTHER PROCEDURES DETERMINED NOT TO BE MEDICALLY NECESSARY.

THERAPY SERVICES ARE LIMITED TO THOSE REHABILITATIVE AND RESTORATIVE SERVICES PROVIDED FOLLOWING PHYSICAL DEBILITATION DUE TO ACUTE TRAUMA OR PHYSICAL ILLNESS.

OUTPATIENT PSYCHIATRIC SERVICES ARE COVERED ONLY WHEN: AN EVALUATION HAS BEEN PERFORMED BY A TEAM INCLUDING A PHYSICIAN; THERE IS SUFFICIENT EVIDENCE THAT TREATMENT IN AN ORGANIZED OUTPATIENT SETTING WILL BE EFFECTIVE; AND THERE IS AN APPROPRIATE TREATMENT PLAN BASED ON THE INDIVIDUAL RECIPIENT'S NEED.

Effective March 1, 1992

- OUTPATIENT HOSPITAL CLINIC AND/OR EMERGENCY ROOM VISITS ARE LIMITED TO TWELVE (12) VISITS A YEAR. THIS YEARLY LIMIT IS BASED ON THE CALENDAR YEAR (JANUARY 1 THROUGH DECEMBER 31). THE BENEFIT LIMIT FOR CALENDAR YEAR 1992 WILL BE CALCULATED BEGINNING WITH SERVICES PROVIDED ON OR AFTER MARCH 1, 1992. THE BENEFIT LIMIT WILL BE CONSIDERED IN CONJUNCTION WITH THE BENEFIT LIMIT ESTABLISHED FOR PHYSICIAN OFFICE VISITS AND OPTOMETRIST OFFICE VISITS. RECIPIENTS WILL BE ALLOWED TWELVE (12) VISITS PER CALENDAR YEAR FOR OUTPATIENT HOSPITAL CLINIC AND/OR EMERGENCY ROOM VISITS, PHYSICIAN OFFICE VISITS AND OPTOMETRIST OFFICE VISITS. FOR PHYSICIAN OFFICE VISITS, OPTOMETRIST OFFICE VISITS AND OUTPATIENT HOSPITAL CLINIC AND/OR EMERGENCY ROOM VISITS BEYOND THE 12 VISIT LIMIT, EXTENSIONS WILL BE PROVIDED IF MEDICALLY NECESSARY. EMERGENCY VISITS TO THE EMERGENCY ROOM AND VISITS INVOLVING PROVISION OF FAMILY PLANNING SERVICES ARE AUTOMATICALLY EXEMPT FROM THESE LIMITS. RECIPIENTS IN THE HEALTH CHECK SERVICES (EPSDT) PROGRAM ARE NOT BENEFIT LIMITED.

- OUTPATIENT HOSPITAL PHYSICAL THERAPY VISITS ARE LIMITED TO TWENTY (20) VISITS A YEAR. THIS YEARLY LIMIT IS BASED ON THE CALENDAR YEAR (JANUARY 1 THROUGH DECEMBER 31). THE BENEFIT LIMIT FOR CALENDAR YEAR 1992 WILL BE CALCULATED BEGINNING WITH SERVICES PROVIDED ON OR AFTER MARCH 1, 1992. THE BENEFIT LIMIT WILL BE CONSIDERED IN CONJUNCTION WITH THE BENEFIT LIMIT ESTABLISHED FOR INDEPENDENT PHYSICAL THERAPIST VISITS OR PHYSICIAN PHYSICAL THERAPY VISITS. RECIPIENTS WILL BE ALLOWED TWENTY (20) VISITS PER CALENDAR YEAR FOR OUTPATIENT PHYSICAL THERAPY VISITS, INDEPENDENT PHYSICAL THERAPIST VISITS OR PHYSICIAN PHYSICAL THERAPY VISITS. FOR OUTPATIENT PHYSICAL THERAPY VISITS, INDEPENDENT PHYSICAL THERAPIST VISITS OR PHYSICIAN PHYSICAL THERAPY VISITS BEYOND THE 20 VISIT LIMIT, EXTENSIONS WILL BE PROVIDED IF MEDICALLY NECESSARY. RECIPIENTS IN THE HEALTH CHECK SERVICES (EPSDT) PROGRAM ARE NOT BENEFIT LIMITED.

TN # 92-04
SUPERSEDES
TN # 91-13

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

Amounts, Duration and Scope of Medical and Remedial Care and Services Provided

Explanation of Limitations

- 4.b The following expanded EPSDT services, which are not currently covered elsewhere in the state plan are available to treat conditions detected in children and young adults under the age of 21. A prior authorization process will determine the medical necessity and most cost effective setting for the service.

Expanded EPSDT Services:

- Medical care, or any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law, i.e. services provided by a chiropractor, podiatrist, psychiatric nurse practitioners, psychologist, social worker or nutritionist.
- Private duty nursing services;
- Occupational and speech therapy services;
- Dentures;
- Case management services as defined in section 1915(g)(2);
- respiratory care services as defined in section 1902(e)(9)(C);
- Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are: (A) authorized for the individual by a physician in accordance with a plan of treatment or (at the option of the state) otherwise authorized for the individual in accordance with a service plan approved by the state; (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home or other location; and,
- other diagnostic, screening, preventive, and rehabilitative services including any medical or remedial services (provided in a facility, a home or other setting) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level, which are not currently covered.

Service Limitations:

Any limits on services or treatments are not applicable to EPSDT recipients if the service is determined to be medically necessary as a result of an EPSDT referral and is prior authorized.

TN # 95-004

Supersedes

TN # NONE

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ATTACHMENT 3.1A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

Amount, Duration and Scope of Medical and Remedial Care and Services Provided

Explanation of Limitations

4.c. FAMILY PLANNING SERVICES AND SUPPLIES

Family planning services and supplies are defined as services to delay or prevent pregnancy. Infertility services are non-covered services.

TN # 91-13
Supersedes
TN # 89-09

Approval Date 1/14/92 Effective Date 12/1/91

Tobacco Cessation Counseling Services for Pregnant Women

4. d. 1) Face-to-Face Counseling Services provided:

- ☒ (i) By or under supervision of a physician;
- ☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services, * or
- ☒ (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

*describe any limits on who can provide these counseling services

2) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Provided ☒ No limitations ☐ With limitations*

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

5. PHYSICIAN SERVICES WHETHER FURNISHED IN THE OFFICE, THE PATIENT'S HOME, A HOSPITAL, A SKILLED NURSING FACILITY OR ELSEWHERE

ALL SERVICES MUST BE MEDICALLY NECESSARY AND ARE SUBJECT TO UTILIZATION REVIEW.

MEDICALLY NECESSARY SERVICES ARE SERVICES REQUIRED TO DIAGNOSE, TREAT, CURE AN ILLNESS, INJURY OR DISEASE WHICH HAS BEEN DIAGNOSED OR IS REASONABLY SUSPECTED. THE SERVICES MUST BE: CONSISTENT WITH THE DIAGNOSIS AND TREATMENT OF THE RECIPIENT'S CONDITION; FURNISHED IN ACCORDANCE WITH GOOD MEDICAL PRACTICE AMONG THE PROVIDERS PEER GROUP AND PERFORMED IN THE LEAST COSTLY SETTING REQUIRED BY THE RECIPIENT'S CONDITION.

EXPRESSLY EXCLUDED ARE SERVICES WHICH THE STATE DEEMS CLINICALLY UNPROVEN OR EXPERIMENTAL, INEFFECTIVE, PROVIDED FOR PATIENT CONVENIENCE, PROVIDED FOR ADMINISTRATIVE OR LEGAL PURPOSES, PLASTIC SURGICAL PROCEDURES PERFORMED FOR COSMETIC REASONS AND OTHER PROCEDURES DETERMINED NOT TO BE MEDICALLY NECESSARY.

PREVENTIVE SERVICES DEEMED BY THE STATE TO BE APPROPRIATE FOR POPULATIONS AT RISK ARE COVERED SERVICES.

OFFICE VISITS:

Effective March 1, 1992

- PHYSICIAN OFFICE VISITS ARE LIMITED TO TWELVE (12) VISITS A YEAR. THIS YEARLY LIMIT IS BASED ON THE CALENDAR YEAR (JANUARY 1 THROUGH DECEMBER 31). THE BENEFIT LIMIT FOR CALENDAR YEAR 1992 WILL BE CALCULATED BEGINNING WITH SERVICES PROVIDED ON OR AFTER MARCH 1, 1992. THE BENEFIT LIMIT WILL BE CONSIDERED IN CONJUNCTION WITH THE BENEFIT LIMIT ESTABLISHED FOR OPTOMETRIST OFFICE VISITS, OUTPATIENT HOSPITAL CLINIC AND/OR EMERGENCY ROOM VISITS. RECIPIENTS WILL BE ALLOWED TWELVE (12) VISITS PER CALENDAR YEAR FOR PHYSICIAN OFFICE VISITS, OPTOMETRIST OFFICE VISITS AND OR OUTPATIENT HOSPITAL CLINIC AND/OR EMERGENCY ROOM VISITS. FOR PHYSICIAN OFFICE VISITS, OPTOMETRIST VISITS AND OUTPATIENT HOSPITAL CLINIC AND/OR EMERGENCY ROOM VISITS BEYOND THE 12 VISIT LIMIT, EXTENSIONS WILL BE PROVIDED IF MEDICALLY NECESSARY. EMERGENCY VISITS TO THE EMERGENCY ROOM AND VISITS INVOLVING PROVISION OF FAMILY PLANNING SERVICES ARE AUTOMATICALLY EXEMPT FROM THESE LIMITS. RECIPIENTS IN THE HEALTH CHECK SERVICES (EPSDT) PROGRAM ARE NOT BENEFIT LIMITED.

- PHYSICIAN PHYSICAL THERAPY VISITS ARE LIMITED TO TWENTY (20) VISITS A YEAR. THIS YEARLY LIMIT IS BASED ON THE CALENDAR YEAR (JANUARY 1 THROUGH DECEMBER 31). THE BENEFIT LIMIT FOR CALENDAR YEAR 1992 WILL BE CALCULATED BEGINNING WITH SERVICES PROVIDED ON OR AFTER MARCH 1, 1992. THE BENEFIT LIMIT WILL BE CONSIDERED IN CONJUNCTION WITH THE BENEFIT LIMIT ESTABLISHED FOR OUTPATIENT PHYSICAL THERAPY, INDEPENDENT PHYSICAL THERAPIST VISITS AND PHYSICIAN PHYSICAL THERAPY. RECIPIENTS WILL BE ALLOWED TWENTY (20) VISITS PER CALENDAR YEAR FOR PHYSICIAN PHYSICAL THERAPY VISITS, OUTPATIENT PHYSICAL THERAPY VISITS AND INDEPENDENT PHYSICAL THERAPIST VISITS. FOR PHYSICIAN PHYSICAL THERAPY VISITS, OUTPATIENT PHYSICAL THERAPY VISITS AND INDEPENDENT PHYSICAL THERAPIST VISITS BEYOND THE 20 VISIT LIMIT, EXTENSIONS WILL BE PROVIDED IF MEDICALLY NECESSARY. RECIPIENTS IN THE HEALTH CHECK SERVICES (EPSDT) PROGRAM ARE NOT BENEFIT LIMITED.

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SUPERSEDES
TN # 91-13

APPROVAL DATE 11/21/94

EFFECTIVE DATE 03/01/92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

6.b. OPTOMETRISTS SERVICES

- COVERED SERVICES INCLUDE VISION SERVICES WHICH ARE REASONABLE AND MEDICALLY NECESSARY FOR THE DIAGNOSIS AND TREATMENT OF EYE DISEASE OR EYE INJURY. ROUTINE EYE EXAMINATIONS ARE NOT COVERED. RECIPIENTS IN THE HEALTH CHECK SERVICES (EPSDT) PROGRAM ARE NOT BENEFIT LIMITED FROM ROUTINE EYE EXAMINATION.

Office Visits:

Effective March 1, 1992

- OPTOMETRIST OFFICE VISITS ARE LIMITED TO TWELVE (12) VISITS A YEAR. THIS YEARLY LIMIT IS BASED ON THE CALENDAR YEAR (JANUARY 1 THROUGH DECEMBER 31). THE BENEFIT LIMIT FOR CALENDAR YEAR 1992 WILL BE CALCULATED BEGINNING WITH SERVICES PROVIDED ON OR AFTER MARCH 1, 1992. THE BENEFIT LIMIT WILL BE CONSIDERED IN CONJUNCTION WITH THE BENEFIT LIMIT ESTABLISHED FOR PHYSICIAN OFFICE VISITS AND OUTPATIENT HOSPITAL CLINIC AND/OR EMERGENCY ROOM VISITS. RECIPIENTS WILL BE ALLOWED TWELVE (12) VISITS PER CALENDAR YEAR FOR PHYSICIAN OFFICE VISITS, OPTOMETRIST OFFICE VISITS AND OR OUTPATIENT HOSPITAL CLINIC AND/OR EMERGENCY ROOM VISITS. FOR PHYSICIAN OFFICE VISITS, OPTOMETRIST VISITS AND OUTPATIENT HOSPITAL CLINIC AND/OR EMERGENCY ROOM VISITS BEYOND THE 12 VISIT LIMIT, EXTENSIONS WILL BE PROVIDED IF MEDICALLY NECESSARY. EMERGENCY VISITS TO THE EMERGENCY ROOM AND VISITS INVOLVING PROVISION OF FAMILY PLANNING SERVICES ARE AUTOMATICALLY EXEMPT FROM THESE LIMITS. RECIPIENTS IN THE HEALTH CHECK SERVICES (EPSDT) PROGRAM ARE NOT BENEFIT LIMITED.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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6d. Other Practitioners .

Certified Registered Nurse Anesthetists

TN # 91-13
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

Amount, Duration and Scope of Medical and Remedial Care and Services Provided

Explanation of Limitations

7.c. MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES FOR USE IN THE HOME

Medical supplies and equipment are limited to those items which are ordered by a physician; which the State deems appropriate and consistent with the patient's condition.

TN # 91-13
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Approval Date 1/14/92 Effective Date 12/1/91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

Amount, Duration and Scope of Medical and Remedial Care and Services Provided

Explanation of Limitations

- 7.d. PHYSICAL THERAPY, OCCUPATIONAL THERAPY, OR SPEECH PATHOLOGY AND AUDIOLOGY SERVICES PROVIDED BY A HOME HEALTH AGENCY OR MEDICAL REHABILITATION FACILITY

Limited to physical therapy, speech pathology, occupational therapy as provided by a home health agency.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

Amount, Duration and Scope of Medical and Remedial Care and Services Provided

Explanation of Limitations

9. CLINIC SERVICES

Clinic services are limited to outpatient ambulatory centers that provide medical care which is preventive, diagnostic, therapeutic, rehabilitative, or palliative.

Covered clinic services include:

- a) Family Planning Clinics providing services which meet the Wyoming Medicaid definition of family planning services.
- b) Free-standing Ambulatory Surgical centers that meet the conditions for Medicare coverage and as evidenced by an agreement with Health Care Financing Administration.
- c) End Stage Renal Disease Clinics include free-standing clinics which participate in Medicare.
- d) County Health Department Clinics in Wyoming which provide preventive, diagnostic or therapeutic services which are rendered under the supervision of a physician and a written physician protocol.
- e) Indian Health Service Clinics located in Wyoming.

TN # 94-014

Supersedes

TN # 89-09

Approval Date 03/15/95

Effective Date 01/01/95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

CHILDRENS DENTAL SERVICES

Those services under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) are covered for children ages 0-21, including orthodontics.

Procedures common to dentistry and medicine are covered when performed by a dentist. The application of fluoride as a preventive protocol is covered when performed by a trained healthcare provider in addition to dentists.

ADULT DENTAL SERVICES (21 & older) - Maternity (MATR) Benefit Plan, Acquired Brain Injury (ABI) Benefit Plan, and Developmentally Disabled Adult (DDAW) Benefit Plan.

In addition to dental services to provide emergency relief of pain, adults may also receive the following services:

- Preventive visits- 1 per 6 months
- Full mouth debridement- 1 per 24 months
- Basic restorative services
- Extractions
- Partial or full denture

Limits may be exceeded for adult dental services if they are determined medically necessary.

ADULT DENTAL SERVICES (21 & older) - Aged/Disabled SSI (ADSS) Benefit Plan, Employed Individual Disabled (EID) Benefit Plan, Hospice (HSPC) Benefit Plan, Inpatient Psychology Services (IP65) Benefit Plan, Standard Full Coverage Adult (MCAD) Benefit Plan, Nursing Home (NH) Benefit Plan, No Nursing Home or Waiver (NONH) Benefit Plan, Tuberculosis Infected (TBI) Benefit Plan, and Waiver Long Term Care (WLTC) Benefit Plan.

In addition to dental services to provide emergency relief of pain, adults may also receive the following services:

- Preventive visits- 1 per 12 months
- Basic restorative services
- Extractions
- Partial or full denture

Limits may be exceeded for adult dental services if they are determined medically necessary.

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WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

11.A. PHYSICAL THERAPY

PHYSICAL THERAPY SERVICES ARE LIMITED TO THOSE REHABILITATIVE AND RESTORATIVE SERVICES WHICH ARE PRESCRIBED BY A PHYSICIAN; WHICH THE STATE DEEMS APPROPRIATE CONSISTENT WITH THE PATIENT'S CONDITION; AND WHICH ARE PROVIDED FOLLOWING PHYSICAL DEBILITATION DUE TO ACUTE TRAUMA OR PHYSICAL ILLNESS.

Effective March 1, 1992

- INDEPENDENT PHYSICAL THERAPIST VISITS ARE LIMITED TO TWENTY (20) VISITS A YEAR. THIS YEARLY LIMIT IS BASED ON THE CALENDAR YEAR (JANUARY 1 THROUGH DECEMBER 31). THE BENEFIT LIMIT FOR CALENDAR YEAR 1992 WILL BE CALCULATED BEGINNING WITH SERVICES PROVIDED ON OR AFTER MARCH 1, 1992. THE BENEFIT LIMIT WILL BE CONSIDERED IN CONJUNCTION WITH THE BENEFIT LIMIT ESTABLISHED FOR OUTPATIENT PHYSICAL THERAPY AND PHYSICIAN OFFICE PHYSICAL THERAPY VISITS. RECIPIENTS WILL BE ALLOWED TWENTY (20) VISITS PER CALENDAR YEAR FOR PHYSICIAN PHYSICAL THERAPY VISITS, OUTPATIENT PHYSICAL THERAPY VISITS AND INDEPENDENT PHYSICAL THERAPIST VISITS. FOR PHYSICIAN PHYSICAL THERAPY VISITS, OUTPATIENT PHYSICAL THERAPY VISITS AND INDEPENDENT PHYSICAL THERAPIST VISITS BEYOND THE 20 VISIT LIMIT, EXTENSIONS WILL BE PROVIDED IF MEDICALLY NECESSARY. RECIPIENTS IN THE HEALTH CHECK SERVICES (EPSDT) PROGRAM ARE NOT BENEFIT LIMITED.

TN # 92-04
SUPERSEDES
TN # 89-09

APPROVAL DATE 11/21/94 EFFECTIVE DATE 03/01/92

STATE PLAN - ATTACHMENT 3.1A

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED.

EXPLANATION OF LIMITATIONS

11.B OCCUPATIONAL THERAPY

OCCUPATIONAL THERAPY SERVICES ARE LIMITED TO THOSE REHABILITATIVE AND RESTORATIVE SERVICES WHICH ARE PRESCRIBED BY A PHYSICIAN; WHICH THE STATE DEEMS APPROPRIATE CONSISTENT WITH THE PATIENT'S CONDITION, AND WHICH ARE PROVIDED FOLLOWING PHYSICAL DEBILITATION DUE TO ACUTE TRAUMA OR PHYSICAL ILLNESS.

Effective July 1, 2003

Independent occupational therapists visits are limited to twenty (20) visits a year. This yearly limit is based on the calendar year (January 1 through December 31). The benefit limit for calendar year 2003 will be calculated beginning with services provided on or after July 1, 2003. The benefit limit will be considered in conjunction with the benefit limit established for outpatient occupational therapy and physician office occupational therapy visits. Recipients will be allowed twenty (20) per calendar year for physician occupational therapy visits, outpatient occupational therapy visits and independent occupational therapy visits. For physician occupational therapy visits, outpatient occupational therapy visits and independent occupational therapy visits beyond the 20 visit limit, extensions will be provided if medically necessary. Recipients in the Health Check services (EPSDT) program are not benefit limited.

TRANSMITTAL NO. 03-004
Date Approved 01/29/04
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Supersedes Transmittal NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Explanation of Limitations**11.c. Speech Pathology**

Speech pathology services are limited to those rehabilitative and restorative services which are prescribed by a physician; which the state deems appropriate consistent with the patient's condition, and which are provided following physical debilitation due to acute trauma or physical illness. Wyoming Medicaid will begin enrolling independent speech pathologists as of July 1, 2009. Independent speech pathologists must be licensed as a speech pathologist by the State of Wyoming, or whatever state they reside in.

Speech pathologists meet the requirements of 42 CFR 440.110.

Effective July 1, 2009

Independent speech pathologist visits are limited to twenty (20) visits a year. This yearly limit is based on the calendar year (January 1 through December 31). The benefit limit for calendar year 2009 will be calculated beginning with services provided on or after July 1, 2009. The benefit limit will be considered in conjunction with the benefit limit established for outpatient speech pathology and physician office speech pathology visits. Recipients will be allowed twenty (20) per calendar year for physician speech pathology visits, outpatient speech pathology visits and independent speech pathology visits. For physician speech pathology visits, outpatient speech pathology visits and independent speech pathology visits beyond the 20 visit limit, extensions will be provided if medically necessary. Recipients in the Health Check services (EPSDT) program are not benefit limited.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wyoming

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
CATEGORICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	<p>The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit –Part D.</p> <p><input checked="" type="checkbox"/> The following excluded drugs are covered:</p> <p><i>(“All” drugs categories covered under the drug class) <input checked="" type="checkbox"/></i></p> <p><i>(“Some” drugs categories covered under the drug class <input checked="" type="checkbox"/></i> <i>-List the covered common drug categories not individual drug products directly under the appropriate drug class)</i></p> <p><i>(“None” of the drugs under this drug class are covered) <input type="checkbox"/></i></p> <p><input type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain</p> <p><input type="checkbox"/> (b) agents when used to promote fertility</p> <p><input type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth</p> <p><input checked="" type="checkbox"/> (d) agents when used for the symptomatic relief of cough and colds</p>

TN No. 14-009
Supersedes
TN No. 13-001

Approval Date 6/18/14

Effective Date January 1, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wyoming

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
CATEGORICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
<input checked="" type="checkbox"/>	(e) prescription vitamins and mineral products, except prenatal vitamins and fluoride
<input checked="" type="checkbox"/>	(f) nonprescription drugs Over-the-counter medications covered include analgesics, antacids, antiflatulents, antihistamines, cough and cold products, laxatives, spermicides, sodium chloride for inhalation, topical antifungals, topical antibiotics, topical antiparasitics, topical anti-inflammatory agents, and antidiarrheals.
<input type="checkbox"/>	(g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)

TN No. 14-009
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State Agency Wyoming

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
CATEGORICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Drugs dispensed in quantities of more than a 34-day supply will not be allowed for payment with the exception of claims received for drugs that are identified as maintenance medications by the Division.

The State will cover erectile dysfunction drugs for FDA approved indications other than for sexual or erectile dysfunction.

Drugs when billed with a date of service such that 80% of the product from a previous bill would not have been utilized and/or an accumulation of the drug from previous refills exceeds a 15 day supply, or in cases where the drug billed is a narcotic that 90% of the product from a previous bill would not have been utilized and/or an accumulation of the drug from previous refills exceeds a 7 days supply except in situations where the Division determines that the early refill is medically necessary and authorizes an over-ride for the claim.

To increase the cost-effectiveness of dispensing habits, quantities of medication may be restricted if the Medical Services Division or the Drug Utilization Review (DUR) Board determines (a) an alternate method of dispensing would be medically appropriate and more cost-effective, or (b) the dose is not a medically accepted dose supported by citations in the compendia described in Section 1927 (g)(1)(B)(i) of OBRA '93.

Supplemental Rebate Agreements: Certain covered products in accordance with Section 1927 of the Social Security Act may not be among the baseline preferred drugs identified by the State of Wyoming's Pharmacy and Therapeutics (P&T) Committee for various therapeutic classes. The state may negotiate supplemental rebate agreements that would reclassify any drug not designated as preferred in the baseline listing for as long as the agreement is in effect.

In addition, the State has the following policies for the supplemental rebate program for the Medicaid population:

The state of Wyoming has entered into an agreement with the "Sovereign States Drug Consortium (SSDC)" Medicaid multi-State purchasing pool. Funds received from supplemental

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State Agency Wyoming

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
CATEGORICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

rebate agreements will be reported to CMS. The state will remit the federal portion of any supplemental rebates collected. Manufacturers with supplemental rebate agreements are allowed to audit utilization data.

The unit rebate amount is confidential and cannot be disclosed in accordance with Section 1927 (b)(3)(D) of the Social Security Act.

The Wyoming Department of Health, Medicaid Pharmacy Services under the Division of Healthcare Financing may require prior authorization for covered outpatient drugs. Non-preferred drugs are available with prior authorization.

The prior authorization process for covered outpatient drugs will conform to the provisions of Section 1927 (d)(5) of the Social Security Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

Amount, Duration and Scope of Medical and Remedial Care and Services Provided

Explanation of Limitations

12c. Prosthetic Devices

Prosthetic devices are limited to those which are necessary to replace a missing portion of the body or assist in correcting a dysfunctional portion of the body, including training required to implement the use of the device.

Dental prostheses are excluded.

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State: WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

13d. REHABILITATIVE SERVICES – MENTAL HEALTH & SUBSTANCE ABUSE

Outpatient mental health and substance abuse treatment services are provided to all Medicaid recipients based on medical necessity. Covered services are mental health rehabilitative services provided by or under the direction of a physician, psychologist, advanced practitioner of nursing, or other licensed practitioner of the healing arts, pursuant to 42 CFR 440.130 which the State deems appropriate and consistent with the patient's condition.

The following rehabilitative services are allowable for outpatient mental health and substance abuse treatment services:

- Clinical Assessment – Direct contact with the recipient (and collaterals as necessary) for the purposes of completing an evaluation of the recipient's mental health and/or substance abuse disorder(s) to determine treatment needs and establish a treatment plan. This service may include psychological testing if indicated.
- Agency or Office-based individual/family therapy services - Direct contact within the provider's office or agency, with the recipient and/or collaterals for the purpose of developing and implementing the treatment plan for an individual or family. This service is targeted at reducing or eliminating specific symptoms or behaviors which are related to a recipient's mental health or substance abuse disorder as specified in the treatment plan.
- Community-based individual/family therapy services - Direct contact outside of the provider's office or agency, with the recipient and/or collaterals for the purpose of developing and implementing the treatment plan for an individual or family. This service is targeted at reducing or eliminating specific symptoms or behaviors which are related to a recipient's mental health or substance abuse disorder as specified in the treatment plan.
- Group Therapy – Direct contact with two or more unrelated recipients and/or collaterals as necessary for the purpose of implementing each recipient's treatment plan. This service is targeted at reducing or eliminating specific

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symptoms or behaviors related to a recipient's mental health and/or substance abuse disorder(s) as identified in the treatment plan.

- Psychosocial Rehabilitation - Direct contact with two or more recipients (and collaterals as necessary) for the purpose of providing a preplanned, structured program of community living skills training which addresses functional impairments and/or behavioral symptoms related to a recipient's mental and/or substance abuse disorder(s) to slow deterioration, maintain or improve community integration, to ensure personal safety and wellbeing, and to reduce the risk of or duration of placement in a more restrictive setting including a psychiatric hospital or similar facility.
- Individual Rehabilitative Services - Direct contact with enrolled recipients (and collaterals as necessary) for the purpose of implementing that portion of the treatment plan targeted to restoring basic skills necessary to function independently in the home and the community in an age-appropriate manner and for the purpose of restoring those skills necessary to enable and maintain independent living in the community in an age appropriate manner, including learning skills in use of necessary community resources. Individual rehabilitative services assist with the restoration of a recipient to his or her optimal functional level. This service is targeted at reducing or eliminating specific symptoms or behaviors related to a recipient's mental health and/or substance abuse disorder(s) as identified in the treatment plan.
- Certified Peer Specialist Services - Direct contact with enrolled recipients (and collaterals as necessary) for the purpose of implementing the portion of the enrolled recipient's treatment plan that promotes the recipient to direct their own recovery and advocacy process or training to parents on how best to manage their child's mental health and/or substance abuse disorder to prevent out-of-home placement; to teach and support the restoration and exercise of skills needed for management of symptoms; and for utilization of natural resources within the community. Services are person centered and provided from the perspective of an individual who has experience with the mental health and/or substance abuse system to assist the recipient and their family with meeting the goals of the recipient's treatment plan. This service is targeted at reducing or eliminating specific symptoms or behaviors related to a recipient's mental health and/or substance abuse disorder(s) as identified in the treatment plan.
- Comprehensive Medication Services- Direct contact with enrolled recipients by licensed and duly authorized medical personnel, acting within the scope of their

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licensure, regarding day-to-day management of the recipient's medication regime. This service may include education of recipient's regarding compliance with the prescribed regime, filling pill boxes, locating pharmacy services, and assistance managing symptoms that don't require a prescriber's immediate attention. This service is separate and distinct from the medication management performed by physicians, physician's assistants and advanced practitioners of nursing who have prescriptive authority.

Licensed Clinical Professionals		
Provider Type	Services Provided	Supervision Requirements
Licensed Professional Counselor (LPC) 42 CFR 440.60	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Ongoing/Targeted Case Management 	<ul style="list-style-type: none"> • Services must be within the scope of the provider's licensure. • Licensed Professional Counselor; Licensed Clinical Social Worker; Licensed Marriage and Family Therapist; or, Licensed Addictions Therapist as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Licensed Clinical Social Worker (LCSW) 42 CFR 440.60		
Licensed Marriage and Family Therapist (LMFT) 42 CFR 440.60		
Licensed Addictions Therapist (LAT) 42 CFR 440.60		
Licensed Physician 42 CFR 440.60	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Ongoing/Targeted Case Management 	<ul style="list-style-type: none"> • Services must be within the scope of the provider's licensure. • Licensed Physician as defined by the Wyoming State Statute-Title 33, Chapter 26 and the Wyoming Board of Medicine.
Licensed Clinical Psychologist or Neuropsychologist 42 CFR 440.60	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Ongoing/Targeted Case Management 	Licensed clinical psychologists and psychological residents as defined by Wyoming State Statute-Title 33, Chapter 27, and the Wyoming State Board of Psychology.

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Licensed Advanced Practice Registered Nurse (APRN)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Ongoing/Targeted Case Management 	Licensed Advanced Practice Registered Nurses (specialty area of psychiatric/mental health), as defined by Wyoming State Statute-Title 33, Chapter 21, and the Wyoming State Board of Nursing.
Clinical Staff		
Provisional Licensed Professional Counselor (PPC) 42 CFR 440.60	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Ongoing/Targeted Case Management 	Provisionally licensed mental health, substance abuse practitioner, CSW, CMHW, CAP practicing under the supervision of a qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Certified Mental Health Worker (CMHW) 42 CFR 440.60		
Provisional Licensed Addictions Therapist (PLAT) 42 CFR 440.60		
Certified Addictions Practitioner (CAP) 42 CFR 440.60		
Certified Social Worker (CSW) 42 CFR 440.60		
Masters of Social Worker (MSW) with Provisional License (PCSW) 42 CFR 440.60		
Provisional Marriage and Family Therapist (PMFT) 42 CFR 440.60		
Registered Nurse (RN)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Ongoing/Targeted Case Management • Comprehensive Medication Therapy 	Licensed Advanced Practice Registered Nurses (specialty area of psychiatric/mental health), as defined by Wyoming State Statute-Title 33, Chapter 21, and the Wyoming State Board of Nursing.

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Licensed Practical Nurse (LPN)	<ul style="list-style-type: none"> • Individual Rehabilitative Services • Ongoing/Targeted Case Management • Comprehensive Medication Therapy 	Licensed Advanced Practice Registered Nurses (specialty area of psychiatric/mental health), as defined by Wyoming State Statute-Title 33, Chapter 21, and the Wyoming State Board of Nursing.
Certified Peer Specialists	<ul style="list-style-type: none"> • Peer Recovery Supports 	Certified Peer Specialist (CPS) who has a GED or high school degree and meets the criteria and supervision requirements of a MHT as specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs, is certified by the Mental Health and Substance Abuse Services Division of the Wyoming Department of Health and who is working under the documented, scheduled supervision of a licensed mental health professional.
Certified Addictions Practitioner Assistant (CAPA)	<ul style="list-style-type: none"> • Individual Rehabilitative Services 	Certified Addictions Practitioner Assistant (CAPA) who has completed two hundred seventy (270) contact hours of education and training in alcoholism and drug abuse or related counseling subjects that meet the academic and training content standards established for certification by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Case Manager	<ul style="list-style-type: none"> • Ongoing/Targeted Case Management • Individual Rehabilitative Services • Psychosocial Rehabilitation 	Mental Health Assistant (MHA) who has achieved a bachelor's degree in a human relations discipline as specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs who is working under the documented, scheduled supervision of a licensed mental health professional.
Individual Rehabilitative Services Worker	<ul style="list-style-type: none"> • Individual Rehabilitative Services 	Mental Health Technician (MHT) who has a GED, a high school degree, or a higher degree in an other than human relations discipline as specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs who is working under the documented, scheduled supervision of a licensed mental health professional.

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Applied Behavior Analysis (ABA) treatments are allowable to children between the ages of 0-20 years of age with a diagnosis of Autism Spectrum Disorder. Applied Behavior Analysis are individualized treatments based in behavioral sciences that focus on increasing positive behaviors and decreasing negative or interfering behaviors to improve a variety of well-defined skills. ABA is a highly structured program that includes incidental teaching, intentional environmental modifications, and reinforcement techniques to produce socially significant improvement in human behavior. ABA strategies include reinforcement, shaping, chaining of behaviors and other behavioral strategies to build specific targeted functional skills that are important for everyday life.

Allowable services include:

- Behavior identification assessment – Direct contact with the recipient (and collaterals as necessary) for the purposes of identification of deficient adaptive or maladaptive behaviors, completing an evaluation of the recipient’s mental health and/or substance abuse disorder(s) to determine treatment needs and establish a treatment plan. This service may include psychological testing if indicated.
- Behavioral identification supporting assessment – Direct contact with the recipient (and collaterals as necessary) for the purposes of identification and evaluation factors that may impede the expression of adaptive behavior. This assessment utilizes structured observation and/or standardized and non-standardized test to determine adaptive behavior. This service may include psychological testing if indicated.
- Adaptive behavior treatment – Direct contact with the recipient (and collaterals as necessary) for the purpose of addressing the patient’s specific target problems and treatment goals as defined by the assessments. Adaptive behavior treatment is based on principles including analysis and alteration of contextual events and motivating factors, stimulus-consequence strategies and replacement behavior, and monitoring of outcome metrics.
- Family adaptive behavior treatment guidance – Direct contact with the family/caregiver to provide specialized training and education to assist with the child’s needs and development. The provider will observe, instruct and train the family/caregivers on the child’s development status, and techniques and strategies to promote the child’s development that is established in the treatment plan.

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Licensed and certified practitioners include:

- Board Certified Behavior Analyst – Doctoral as defined by the Behavior Analyst Certification Board.
- Board Certified Behavior Analyst as defined by the Behavior Analyst Certification Board.

Applied Behavior Analysis treatments are also covered for certain practitioners (acting within the scope of their licensure or certification) when they are supervised by a Board Certified Behavior Analyst – Doctoral or a Board Certified Behavior Analyst.

The following practitioners are included under the supervisory arrangement listed above:

- Board Certified Assistant Behavior Analyst as defined by the Behavior Analyst Certification Board.
- Registered Behavior Technician as defined by the Behavior Analyst Certification Board.

Allowable services include:

- Adaptive behavior treatment

Effective January 1, 2020

Rehabilitative services will be limited to 30 visits per calendar year. Additional visits will be provided if medically necessary. This yearly limit will be based on the calendar year (January 1 through December 31). Clients under 21 in the health check services program (EPSDT) are not benefit limited.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

16. INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS
UNDER 22 YEARS OF AGE

Inpatient psychiatric services for individuals under age 21 means services that (a) are provided under the direction of a physician; (b) are provided by- (1) A psychiatric hospital or an inpatient psychiatric program in a hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, or (2) A psychiatric facility which is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Council on Accreditation of Services for Families and Children, the Commission on Accreditation of Rehabilitation Facilities, or by any other accrediting organization, with comparable standards, that is recognized by the State. (c) Meet the requirements in §441.151.

Services are provided by psychiatric residential treatment facilities (PRTFs) with the following accreditation: Joint Commission on Accreditation of Healthcare Organizations, the Council on Accreditation of Services for Families and Children, the Commission on Accreditation of Rehabilitation Facilities, or by any other accrediting organization, with comparable standards, that is recognized by the State.

PRTFs meet the condition of participation of Subpart G of the CFR, for the use of restraint or seclusion (42 CFR Part 483, sub-part G, section 483.350 through 483.376 and section 441.151 through 441.182.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

Amount, Duration and Scope of Medical and Remedial Care and Services Provided
Explanation of Limitations

19. CASE MANAGEMENT SERVICES AND TUBERCULOSIS RELATED SERVICES

Services available to persons who are eligible on the basis of being TB-infected are limited to the following services related to the treatment of TB:

- 1) Physicians' services and outpatient hospital services, and rural health clinic services, and clinic services and Federally-qualified health center services;
- 2) Laboratory and X-ray services, including services to diagnose and confirm the presence of infection;
- 3) Prescribed drugs

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ATTACHMENT 3.1A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

Amount, Duration and Scope of Medical and Remedial Care and Services Provided

Explanation of Limitations

23d. SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE.

Admissions are with prior authorization of Medical Facilities Office.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

- 24a. Transportation services are limited to conveyance to and from providers of appropriate care. Transportation must be to a Medicaid covered service. The least costly mode of transportation consistent with a client's condition must be used. Air and ground ambulance service is limited to emergencies except in certain specified situations. Transportation services must be pre-authorized by the Medicaid Travel Call Center.

TN# 03-006

Supersedes

TN# 91-013

Approval Date 02/26/04

Effective Date October 1, 2003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

Amount, Duration and Scope of Medical and Remedial Care and Services Provided

Explanation of Limitations

- 24e. Emergency hospital services are limited to those services necessary to prevent the death or serious impairment or the health of a client. Hospital admissions must be reviewed by the state or its designee.

Patients admitted to a facility which does not meet the Conditions of Participation in Medicare must be transferred to a facility which does meet the Conditions of Participation immediately, upon the condition of the patient being stabilized to the point where transfer is possible consistent with good medical practice.

TN # 95-005
Supersedes
TN # 91-13

Approval Date 06/26/95

Effective Date 01/01/95

Freestanding Birth Center Services**Attachment 3.1A: Freestanding Birth Center Services****28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers**Provided: No limitations With limitations **X** None licensed or approved

Please describe any limitations:

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations With limitations (please describe below)

X Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

***For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:**TN No. 13-004

Supersedes

TN No. NEW

CMS ID: _____

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