
Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-16-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

October 4, 2016

Teri Green, State Medicaid Agent
Office of Health Care Financing
Wyoming Department of Health
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82009

RE: Wyoming #16-0010

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0010. This SPA amends dental services to adults in the Wyoming State Plan.

Please be informed that this State Plan Amendment was approved today with an effective date of October 1, 2016. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Thomas Forslund, Director
Sheree Nall
Cindy Tallerdy
April Burton

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

WY-16-0010

2. STATE
WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
OCTOBER 1, 2016

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.100

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 - \$902,000.00
b. FFY 2018 - \$902,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, number 10, Dental Services
Attachment 4.19B, number 10, Dental Services

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1A, number 10. Dental services, revised to
optional dental services for adults.
Attachment 4.19B, number 10. Dental Services, revised to
the correct effective date.

10. SUBJECT OF AMENDMENT:
Amended Dental Services to adults.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
OFFICE OF HEALTH CARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 8/1/16

CC: CINDY TALLERDY, SENIOR ADMINISTRATIVE AS
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

8/1/16

18. DATE APPROVED:

10/4/16

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/1/16

20. REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

23. REMARKS:

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.

ADULT DENTAL SERVICES (21 & older)

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

- 2 Preventive visit per year (basic cleaning, exam, radiographs)
- Radiographs- as needed to diagnose
- Extractions- simple and surgical as medically necessary
- Incision and drainage of abscesses
- Palliative treatment to relieve dental pain
- In-office sedation- only as needed for medical necessity
- Partial or Denture relines, repairs, and adjustment

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

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-23-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Medical Benefits and Health Programs Group

February 8, 2024

Lee Grossman
State Medicaid Agent
Division of Health Care Financing
Herschler Building
122 West 25th Street, 4 West
Cheyenne, WY 82002

Dear Lee Grossman,

The CMS Division of Pharmacy team has reviewed Wyoming's State Plan Amendment (SPA) 23-0016 received in the CMS Medicaid & CHIP Operations Group on September 29, 2023. This SPA proposes to update the state's Excluded Drug listing.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 23-0016 is approved with an effective date of July 1, 2023. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Wyoming's state plan. If you have any questions regarding this amendment, please contact Omar Alemi at (720) 853-2724 or omar.alemi@cms.hhs.gov.

Sincerely,

A large black rectangular box redacting the signature of Cynthia R. Denemark.

Cynthia R. Denemark, R.Ph.
Director
Division of Pharmacy

cc: Jennifer Conrick, State Plan Team, Wyoming State Medicaid
Ford Blunt, Wyoming State Medicaid Lead, CMS
Edwin Walazcek, Wyoming State Medicaid team, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER WY-23-0016	2. STATE WY
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION Section 5008 of the 21st Century Cures Act Section 1927(d)(2) of the Act		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$ 0 b. FFY 2024 \$ 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Section 12.a. Requirements Relating to Covered Outpatient Drugs for the Categorically Needy, Pages 1-4		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Section 12.a., Pages 1-4	
9. SUBJECT OF AMENDMENT The purpose of this amendment is to update Attachment 3.1-A, Section 12.a. to refine the language regarding which nonprescription drugs Wyoming Medicaid will cover. This amendment also removes the reference to cosmetic and hair growth agents as required by CURES Act guidance.			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED:			
11. SIGNATURE OF STATE AGENCY OFFICIAL [Redacted]		15. RETURN TO LEE GROSSMAN STATE MEDICAID AGENT DIVISION OF HEALTHCARE FINANCING HERSCHLER BUILDING 122 WEST 25TH STREET, 4 WEST CHEYENNE, WY 82002	
12. TYPED NAME Lee Grossman		CC: JENNIFER CONRICK, EXECUTIVE ASSISTANT	
13. TITLE State Medicaid Agent			
14. DATE SUBMITTED 09/29/2023			
FOR CMS USE ONLY			
16. DATE RECEIVED 09/29/2023		17. DATE APPROVED 2/8/2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 07/1/2023		19. SIGNATURE OF APPROVING OFFICIAL [Redacted]	
20. TYPED NAME OF APPROVING OFFICIAL Cynthia R. Denemark, R.Ph.		21. TITLE OF APPROVING OFFICIAL Director, Division of Pharmacy	
22. REMARKS			

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><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 checked="" type="checkbox"/> (c) select agents when used for the symptomatic relief of cough and colds as outlined on the state website</p> <p><input checked="" type="checkbox"/> (d) select prescription vitamins and mineral products, except prenatal vitamins and fluoride as outlined on the state website</p> <p><input checked="" type="checkbox"/> (e) select nonprescription drugs as outlined on the state website</p>

TN No. 23-0016

Supersedes

TN No. 14-009

Approval Date 2/8/2024

Effective Date July 1, 2023

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 type="checkbox"/> | (f) 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. 23-0016

Supersedes

TN No. 14-009

Approval Date 2/8/2024

Effective Date July 1, 2023

Attachment 3.1-A
Page 3

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

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

TN No. 23-0016

Supersedes

TN No. 14-009

Approval Date 2/8/2024

Effective Date July 1, 2023

Attachment 3.1-A
Page 4

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

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.

TN No. 23-0016

Supersedes

TN No. 14-009

Approval Date 2/8/2024

Effective Date July 1, 2023

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

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 19-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

January 13, 2020

Teri Green, State Medicaid Agent
Office of Health Care Financing
Wyoming Department of Health
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82009

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0022. This SPA is increasing the limit on speech therapy visits for adults to 30 visits per calendar year.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2020. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Sonja Madera at (303) 844-3522.

Sincerely,

Mary Marchioni
Acting Deputy Division Director
Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: Michael Ceballos, Director
Sheree Nall, Wyoming
Andrew Chapin, Wyoming
Chris Bass, Wyoming

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
WY19-0022

2. STATE
WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
January 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.130
42 CFR 440.110

7. FEDERAL BUDGET IMPACT:
Budget Neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1A 11c., Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 3.1A 11c, Page 1 – TN#09-0031

10. SUBJECT OF AMENDMENT:

The amendment to the State Plan change the language of the limitation on speech therapy rehabilitative services. Rehabilitative services will be limited unless additional services are determined to be 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.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: December 10, 2019

16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

CC: JOLENE FLORES, SENIOR ADMINISTRATIVE ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

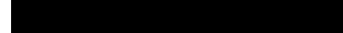
December 10, 2019

18. DATE APPROVED:

January 13, 2020

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Mary Marchioni

22. TITLE:

Acting Deputy Division Director, WROG

REMARKS:

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 service that are prescribed by a physician; that the state deems appropriate consistent with the patient's condition, and that 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 the state they reside in.

Speech pathologist meet the requirement of 42 CFR 440.110.

Effective July 1, 2020

Speech pathology services will be limited to 30 visits. 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.

TN #WY19-0022

Supersedes

TN# 09-0031

Approval Date January 13, 2020Effective Date January 1, 2020

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

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

June 27, 2024

Lee Grossman
State Medicaid Agent
Division of Healthcare Financing
Herschler Building
122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 24-0002

Dear State Medicaid Agent Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY 24-0002. This amendment proposes to add Psychosocial Rehabilitation - Clubhouse services to the Rehabilitation Services section of the Wyoming State Plan. It will update the Certified Social Worker's scope of work to align with the Wyoming Mental Health Professions Licensing Board and remove Applied Behavior Analysis (ABA) from this section and add it to the EPSDT section of the State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations and 42 CFR 440.130(d). This letter informs you that Wyoming's Medicaid SPA TN WY 24-0002 was approved on June 26, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wyoming State Plan.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. A blue ink scribble is visible to the left of the box.

Digitally signed by James G.
Scott -S
Date: 2024.06.27 11:18:06
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Brenda Stout

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 2

2. STATE

WY3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

07/01/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130(d)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 25,000b. FFY 25 \$ 50,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A 13d, Page 1-7

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

Psychosocial Rehabilitation - Clubhouse services will be added to the Rehabilitation Services. Update the Certified Social Worker's scope of work to align with the Wyoming Mental Health Professions Licensing Board. Remove Applied Behavior Analysis from this section and add it to the EPSDT section of the State Plan.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Lee Grossman

13. TITLE

Senior Administrator/Medicaid Agent

14. DATE SUBMITTED

4/23/2024

15. RETURN TO

Lee Grossman

State Medicaid Agent

Division of Healthcare Financing

122 W. 25th St., 4th Floor West

Cheyenne, WY 82002

FOR CMS USE ONLY

16. DATE RECEIVED

4/23/2024

17. DATE APPROVED

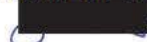
June 26, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2024

19. SIGNATURE OF APPROVING OFFICIAL



Digitally signed by James G. Scott -S

Date: 2024.06.27 11:18:34 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

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

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 must be recommended by a physician or another licensed practitioner of the healing arts within the scope of practice according to state law for maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level. Covered mental health and substance abuse treatment services are provided by or under the direction of a physician, psychologist, advanced practitioner of nursing, or other licensed practitioner of the healing arts, and are provided in accordance with 1905(a)(13)(C) and 42 CFR 440.130(d). Outpatient mental health and substance abuse treatment services provided to the member's family (collaterals) is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for assisting the member's recovery.

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

- Clinical Assessment – Direct contact with the recipient 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. 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. This service is targeted at reducing or eliminating specific symptoms or behaviors

TN # WY 24-0002

Supersedes

TN# 19-0021Approval Date June 26, 2024Effective Date July 1, 2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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 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.
- Psychosocial Rehabilitation – Clubhouse - Psychosocial Rehabilitation - Clubhouse services are evidence-based or evidence-informed interventions which support the individual's recovery by helping the individual restore skills needed to function successfully in the community to the fullest extent possible. A variety of evidence-based practices may be used as appropriate to individual needs, interests, and goals. Activities included must be intended to achieve the identified goals or objectives as identified by the member. Psychosocial Rehabilitation - Clubhouse services are face-to-face interventions with the individual present and do not include room and board, vocational services, prevocational services, nor supported employment services.
- 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

-
- **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 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)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	
Licensed Clinical Social Worker (LCSW)		
Licensed Marriage and Family Therapist (LMFT)		
Licensed Addictions Therapist (LAT)		
Licensed Physician	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical 	

TN # WY 24-0002

Supersedes

TN# 19-0021

Approval Date June 26, 2024Effective Date July 1, 2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

	Assessment <ul style="list-style-type: none"> • Individual Rehabilitative Services • Psychosocial Rehabilitation 	
Licensed Clinical Psychologist or Neuropsychologist	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	
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 	
Clinical Staff		
Registered Nurse (RN)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Comprehensive Medication Therapy 	
Licensed Practical Nurse (LPN)	<ul style="list-style-type: none"> • Individual Rehabilitative Services • Comprehensive Medication Therapy 	
Provisional Licensed Professional Counselor (PPC)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	Provisionally licensed mental health, 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)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	CMHW practicing under the supervision of a qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Provisional Licensed Addictions	<ul style="list-style-type: none"> • Individual counseling • Group counseling 	Provisionally licensed mental health practicing under the supervision of a

TN # WY 24-0002Supersedes
TN# 19-0021Approval Date June 26, 2024Effective Date July 1, 2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

Therapist (PLAT)	<ul style="list-style-type: none"> • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Certified Addictions Practitioner (CAP)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	CAP practicing under the supervision of a qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Masters of Social Worker (MSW) with Provisional License (PCSW)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	Provisionally licensed mental health practicing under the supervision of a qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Provisional Marriage and Family Therapist (PMFT)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	Provisionally licensed mental health practicing under the supervision of a qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Certified Social Worker (CSW)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Individual Rehabilitative Services • Psychosocial Rehabilitation 	CSW practice under the supervision of a qualified clinical supervisor.
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.

TN # WY 24-0002Supersedes
TN# 19-0021Approval Date June 26, 2024Effective Date July 1, 2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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"> • 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.
Non-Clinical Staff		
Psychosocial Rehabilitation - Clubhouse	<ul style="list-style-type: none"> • Psychosocial Rehabilitation - Clubhouse 	<p>Must be accredited by Clubhouse International.</p> <p>Required to be enrolled as a Medicaid provider. Before entering into a provider agreement with the provider agency, WDH verifies the providers' compliance with the qualifications through a credentialing process.</p> <p>Contracted providers are obligated to verify on an ongoing basis that these qualifications are achieved, maintained, and documented in personnel files.</p> <p>WDH will conduct annual review to</p>

TN # WY 24-0002Supersedes
TN# 19-0021Approval Date June 26, 2024Effective Date July 1, 2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

		<p>verify these requirements continue to be met after the provider and WDH enter into an agreement.</p> <p>The minimum qualifications for Clubhouse Directors include:</p> <p>a) A bachelor's degree in a health and human services field and is licensed, certified, or registered by the State of Wyoming or a national organization to provide health care services with two years' experience working at a Clubhouse or with the target population;</p> <p>or</p> <p>b) A master's degree in a health or human services field with appropriate licensure and one year experience working at a Clubhouse or with the target population.</p>
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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.

TN # WY 24-0002

Supersedes
TN# 19-0021

Approval Date June 26, 2024Effective Date July 1, 2024

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

November 10, 2011

Teri Green, Medicaid Director
Wyoming Division of Health Care Financing
401 Hathaway Building
Cheyenne, WY 82002

RE: Wyoming #11-007

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 11-007. This State Plan Amendment implements the tobacco cessation counseling services for pregnant women programs that meet federal requirements.

Please be informed that this State Plan Amendment is approved effective October 1, 2011. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

CC: [Tammy Arnold](#)
Lee Clabots, Deputy Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1 TRANSMITTAL NUMBER
11-007

2 STATE
WYOMING

3 PROGRAM IDENTIFICATION TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4 PROPOSED EFFECTIVE DATE
October 1, 2011

5 TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6 FEDERAL STATUTE/REGULATION CITATION
Section 1905 (a)(4)(D) of the Act

7 FEDERAL BUDGET IMPACT
a FFY 2012 No impact
b FFY 2013 No impact

8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3 I-A, Section 4 d Tobacco Cessation Counseling Services
for Pregnant Women

9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

10 SUBJECT OF AMENDMENT

Attachment 3 I-A, Section 4 d to update the coverage for Tobacco Cessation Counseling Services for Pregnant Women

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12 SIGNATURE OF STATE AGENCY OFFICIAL

T. Green

13 TYPED NAME TERI GREEN

14 TITLE STATE MEDICAID AGENT

15 DATE SUBMITTED 08/29/2011

16 RETURN TO

TERI GREEN
STATE MEDICAID AGENT
OFFICE OF HEALTH CARE FINANCING
6101 YELLOWSTONE ROAD SUITE 210
CHEYENNE, WY 82002

CC Tammy Arnold, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17 DATE RECEIVED

8/29/11

18 DATE APPROVED

11/10/11

PLAN APPROVED - ONE COPY ATTACHED

19 EFFECTIVE DATE OF APPROVED MATERIAL

10/1/11

20 SIGNATURE OF REGIONAL OFFICIAL

Richard C. Allen

21 TYPED NAME

Richard C. Allen

22 TITLE
ARA, DMCHO

23 REMARKS

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

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

APPROVAL DATE 11/21/94

EFFECTIVE DATE 03/01/92

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 22-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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 18, 2022

Ms. Jan Stall
Interim State Medicaid Agent
Division of Healthcare Financing
122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 22-0001

Dear Ms. Stall:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0001. This amendment proposes to add School-Based Services, which allows the State Medicaid Agency to reimburse local education agencies (LEAs) for providing health related services to Medicaid eligible students in a school-based setting.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Wyoming Medicaid SPA 22-0001 was approved on July 18, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

Digitally signed by James
G. Scott -S
Date: 2022.07.18
17:42:32 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Justin Browning
Heather Gallo

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 2 — 0 0 0 1</u>	2. STATE <u>WY</u>
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT Medicaid	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130, 42 CFR 410.73, and 42 CFR 485.904		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022-2023 \$ <u>\$2,138,448.50</u> b. FFY 2023-2024 \$ <u>\$3,207,672.75</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 1 Attachment 3.1-A, Page 2 Attachment 3.1-A, Page 3 Attachment 3.1-A, Page 4 Attachment 4.19-B, Page 1 Attachment 4.19-B, Page 2		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 1 (95-004) New Page New Page New Page New Page New Page	

9. SUBJECT OF AMENDMENT
This amendment to the State Plan will add School-Based Services, which allows the State Medicaid Agency to reimburse local education agencies (LEAs) for providing health related services to Medicaid eligible students in a school-based setting.

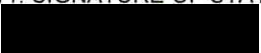
10. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

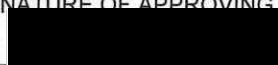
☒ OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Jan Stall Interim State Medicaid Agent Division of Healthcare Financing 122 West 25th St. 4th Floor Cheyenne, WY 82002 CC: Heather Gallo, Executive Assistant (Same Address)
12. TYPED NAME Jan Stall	
13. TITLE Interim State Medicaid Agent	
14. DATE SUBMITTED <u>06/28/2022</u>	

FOR CMS USE ONLY

16. DATE RECEIVED June 28, 2022	17. DATE APPROVED July 18, 2022
------------------------------------	------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2022.07.18 17:43:42 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

This is a revised CMS-179. The original CMS-179 was submitted on 1/20/22.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING**4b. School Based Services (SBS)**

Wyoming Department of Health (WDH), in accordance with the signed Intergovernmental Agreement between WDH and the Wyoming Department of Education, shall provide direct Medicaid reimbursement for certain Medicaid services provided by a participating Local Education Agency (LEA). An LEA is a public authority legally constituted by the state as an administrative agency to provide control of and direction for kindergarten through twelfth grade public educational institutions. Medicaid 1905(a) benefits can be furnished to Medicaid eligible student beneficiaries that require medical or mental/behavioral health services identified as medically necessary in an Individualized Education Program (IEP), or Individualized Family Service Plan (IFSP) that are within the definition of medical services included in Medicaid Statute (Section 1905(a) of the Act).

Furthermore, any 1905(a) benefit/service listed in 4.19-B, section 4.b is eligible for reimbursement. Covered services furnished in the school setting are provided by LEAs that are enrolled with the Wyoming Medicaid Program, to Medicaid-eligible beneficiaries under the age of 21. Services in a school setting must be performed by qualified practitioners as set forth in the State Plan for the services they are providing and shall meet applicable qualifications under 42 CFR Part 440 and/or Wyoming state law. All eligible recipients must be allowed the freedom of choice to receive services from any willing and qualified practitioner. Beneficiaries shall receive services delivered in the least restrictive school environment consistent with the nature of the specific service(s) and the physical and mental condition of the client. Participation by Medicaid-eligible recipients is optional.

Reimbursable Services

The reimbursement methodology for services provided under section 4.b are detailed in Attachment 4.19-B of the State Plan. Medicaid covered services under section 4.b will only be reimbursable for persons who are less than 21 years of age and who have a documented medical need as described above.

In addition to any service limitations detailed in 1905(a) or as otherwise detailed in Attachment 4.19-B, the following services are applicable to LEAs under this section:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING**A. Psychology and Counseling Services Provided by Credentialed or Endorsed School-Based Practitioners**Definition:

Per § 440.130(d), psychological and counseling services are recommended by a physician or other licensed practitioner of the healing arts within their scope of his or her practice under state law and provided in an individual or group setting.

Services:

Medically necessary services provided as health and behavior interventions to identify the psychological, behavioral, emotional, cognitive and social factors important for the prevention, treatment or management of physical and mental health problems. Psychological and counseling services include services related to evaluation, testing, diagnosis and treatment of social, emotional or behavioral health problems. Services may include, but are not limited to the following areas of functioning:

- Cognitive assessment;
- Emotional assessment;
- Behavior assessment;
- Cognitive-behavioral therapy;
- Individual interactive psychotherapy;
- Sensory integrative therapy.

Providers:

Psychology and counseling services must be provided by a qualified Medicaid provider who meets the requirements of 42 CFR § 440.130 and other applicable state and federal law or regulation, as cited in this section. Services may be provided by:

- A credentialed school psychologist with a Specialist in School Psychology credential issued by the Wyoming Professional Teaching Standards Board, meeting the requirements of the Psychology Practice Act. A school psychologist must practice under the supervision of a qualified Psychologist licensed in the state of Wyoming.
- A school social worker meeting requirements in 42 CFR § 410.73. The school social worker must obtain the Professional Services Endorsement for School Social Worker

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

from the Professional Teaching Standards Board. A school social worker must practice under the supervision of a Designated Qualified Clinical Supervisor licensed in the state of Wyoming and as defined by the Wyoming Mental Health Professions Licensing Board.

- A school counselor meeting requirements in 42 CFR § 485.904. The counselor must obtain a Professional Services Endorsement for a School Counselor through the Professional Teaching Standards Board. A counselor must practice under the supervision of a qualified clinical supervisor licensed in the state of Wyoming.

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

ATTACHMENT 3.1-A
Page 4
OMB NO.: 0938-0193

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

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

October 31, 2024

Lee Grossman
State Medicaid Agent
Division of Healthcare Financing
Herschler Building
122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 24-0005

Dear State Medicaid Agent Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY 24-0005. This amendment moves the Applied Behavior Analysis (ABA) services from the Rehabilitative Services – Mental Health and Substance Abuse section to the Preventive Services Section of the plan with a reference in the Early Periodic Screening Diagnosis and Treatment (EPSDT) services to Preventive services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Wyoming's Medicaid SPA TN WY 24-0005 was approved on October 31, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wyoming State Plan.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Jennifer Conrick
Karen Small

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center;"> <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>0</u> <u>5</u> </div>	2. STATE <div style="text-align: center;"> <u>WY</u> </div>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="display: flex; justify-content: space-around;"> <input checked="" type="radio"/> XIX <input type="radio"/> XXI </div>	
5. FEDERAL STATUTE/REGULATION CITATION CFR 440.60 and Section 1902(a)(30) of the Social Security Act Title XIX of the Social Security Act		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">7/1/2024</div>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY. <u>2024</u> \$ <u>0</u> b. FFY. <u>2025</u> \$ <u>0</u>		7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A Section 4b, Page 1 Attachment 3.1A Section 13c Pages 2 - 3	
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1A Section 4b Page 1		9. SUBJECT OF AMENDMENT Moving the Applied Behavior Analysis (ABA) section from Attachment 3.1A - 13d. REHABILITATIVE SERVICES – MENTAL HEALTH & SUBSTANCE ABUSE to Attachment 3.1A - 4.b, Page 1 EPSDT Services and Preventive Services to Attachment 3.1A - 13.c pages 2 and 3 Preventive Services.	
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 45%;"> <input checked="" type="radio"/> OTHER, AS SPECIFIED: </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Lee Grossman, MPA Senior Administrator / State Medicaid Agent Division of Healthcare Financing Wyoming Department of Health 122 W 25th St, 4 West Cheyenne, WY 82002	
12. TYPED NAME – Lee Grossman		16. DATE RECEIVED 8/5/2024	
13. TITLE – Senior Administrator/State Medicaid Agent		17. DATE APPROVED October 31, 2024	
14. DATE SUBMITTED 10/28/2024		CC: Jennifer Conrick - Executive Assistant	
FOR CMS USE ONLY			
18. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/2024		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS This is a revised CMS-179. The original CMS-179 was submitted on 8/5/24. State submitted a pen and ink change for Box 5 on 10/30/24.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: 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.
- 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. Refer to Preventive Services Attachment 3.1A, Section 13.c. for additional information regarding ABA.

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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

Applied Behavior Analysis

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.

Licensed and certified practitioners include:

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

- 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.

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

October 31, 2024

Lee Grossman
State Medicaid Agent
Division of Healthcare Financing
Herschler Building
122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 24-0005

Dear State Medicaid Agent Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY 24-0005. This amendment moves the Applied Behavior Analysis (ABA) services from the Rehabilitative Services – Mental Health and Substance Abuse section to the Preventive Services Section of the plan with a reference in the Early Periodic Screening Diagnosis and Treatment (EPSDT) services to Preventive services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Wyoming's Medicaid SPA TN WY 24-0005 was approved on October 31, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wyoming State Plan.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations


Enclosures

cc: Jennifer Conrick
Karen Small

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>0</u> <u>5</u>	2. STATE <u>WY</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 7/1/2024	
5. FEDERAL STATUTE/REGULATION CITATION C.F.R. 440.60 and Section 1902(a)(30) of the Social Security Act Title XIX of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY. <u>2024</u> \$ <u>0</u> b. FFY. <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A Section 4b, Page 1 Attachment 3.1A Section 13c Pages 2 - 3	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1A Section 4b Page 1	

9. SUBJECT OF AMENDMENT
Moving the Applied Behavior Analysis (ABA) section from Attachment 3.1A - 13d. REHABILITATIVE SERVICES – MENTAL HEALTH & SUBSTANCE ABUSE to Attachment 3.1A - 4.b, Page 1 EPSDT Services and Preventive Services to Attachment 3.1A - 13.c pages 2 and 3 Preventive Services.

10. GOVERNOR'S REVIEW (Check One)
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Lee Grossman, MPA Senior Administrator / State Medicaid Agent Division of Healthcare Financing Wyoming Department of Health 122 W 25th St, 4 West Cheyenne, WY 82002
12. TYPED NAME – Lee Grossman	
13. TITLE – Senior Administrator/State Medicaid Agent	
14. DATE SUBMITTED 10/28/2024	CC: Jennifer Conrick - Executive Assistant

FOR CMS USE ONLY

16. DATE RECEIVED 8/5/2024	17. DATE APPROVED October 31, 2024
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/2024	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS
This is a revised CMS-179. The original CMS-179 was submitted on 8/5/24.
State submitted a pen and ink change for Box 5 on 10/30/24.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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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:

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- 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.

Licensed and certified practitioners include:

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

- 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.

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

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

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 24-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

April 19, 2024

Lee Grossman
State Medicaid Agent
Division of Healthcare Financing
Herschler Building
122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 24-0001

Dear Lee Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY-24-0001. This amendment will update coverage of preventive services when recommended by a physician or other licensed practitioner.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.130; 45 CFR § 147.130-133. This letter informs you that Wyoming's Medicaid SPA TN 24-0001 was approved on April 19, 2024, with an effective date of October 1, 2023.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wyoming State Plan.

If you have any questions, please contact Edwin Walaszek at (212) 616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

Nicole M.

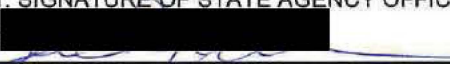
Mcknight -S

Digitally signed by Nicole
M. Mcknight -S
Date: 2024.04.19
14:19:48 -04'00'

Nicole M. McKnight, Acting Director
Division of Program Operations

Enclosures

cc: Jennifer Conrick, Executive Assistant

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 1</u>	2. STATE <u>WY</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <u>10/1/2023</u>	
5. FEDERAL STATUTE/REGULATION CITATION CDR 440. 130; 45CFR 147. 130-133		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024</u> \$ <u>0</u> b FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1 A Page 5 Attachment 4.19 B - New Page		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1 A - Supersedes TN#85-005 Page 5 Attachment 4.19 B - New Page	
9. SUBJECT OF AMENDMENT Updating the coverage of preventive services, as approved by the Wyoming Medicaid Director, are assigned to grade A or B by the U.S. Preventive Services Task Force (USPSTF). Preventive services must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED:			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Lee Grossman State Medicaid Agent Division of Healthcare Finance 122 W. 25th Street 4 West Cheyenne, WY 82002	
12. TYPED NAME Lee Grossman		16. DATE RECEIVED January 24, 2024	
13. TITLE State Medicaid Agent		17. DATE APPROVED April 19, 2024	
14. DATE SUBMITTED <u>2/5/24</u> 1/24/24		CC: Jennifer Conrick- Executive Assistant	
FOR CMS USE ONLY			
18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023		19. SIGNATURE OF APPROVING OFFICIAL Nicole M. McKnight -S <small>Digitally signed by Nicole M. McKnight -S Date: 2024.04.19 14:20:50 -0400</small>	
20. TYPED NAME OF APPROVING OFFICIAL Nicole M. McKnight		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS 3/12/24: Wyoming state allows CMS to make the following P&I changes: --Box 14: Change date submitted from 2/5/24 to 1/24/24			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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

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

c. **Preventive Services**

Provided: Yes. ☐ No limitations ☒ With limitations

Preventive services for adults are recommended by a physician or other licensed practitioner of the healing arts acting within the scope of their practice under State law to prevent disease, disability, and other health conditions or their progression, prolong life, and promote physical and mental health and efficiency.

Preventive Services

All preventive services which are assigned a grade of A or B by the U.S. Preventive Services Task Force (USPSTF). Preventive services must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.

Each client may receive a comprehensive annual health evaluation provided by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law. For children and adolescents, the annual evaluation complements the services provided in accordance with the periodicity schedules published by the American Academy of Pediatrics and EPSDT under Title XIX of the Medicaid program. Follow-up visits will be provided to all clients based on medical necessity criteria established by the state.

Vaccines and Vaccine Administration

All immunizations provided for children to age 21 and approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration are covered when furnished by a physician or other licensed practitioner of the healing arts acting within the scope of their practice under state law, in accordance with Section 1905(a)(13)(B) of the Social Security Act.

The state has methods to ensure that its coverage and billing codes of approved vaccines and their administration are updated as necessary to reflect changes to ACIP recommendations.

Administration of COVID-19 Vaccinations

Administration of COVID-19 vaccinations is covered when administered by a qualified provider per the HHS COVID-19 PREP Act Declaration and authorizations.

TN #WY24-0001

Supersedes

TN #WY85-005

Approval Date: April 19, 2024

Effective Date: October 1, 2023

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.

TN # 92-04
SUPERSEDES
TN # 91-13

APPROVAL DATE 11/21/94

EFFECTIVE DATE 03/01/92

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

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.

TN # 92-04
SUPERSEDES
TN # 91-13

APPROVAL DATE 11/21/94

EFFECTIVE DATE 03/01/92

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

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 23-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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 25, 2023

Mr. Lee Grossman
State Medicaid Agent
Division of Healthcare Financing
Herschler Building
122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 23-0009

Dear Mr. Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0009. This amendment proposes to add coverage and reimbursement for services provided by licensed podiatrists under the other licensed practitioner benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 410.25 and 42 CFR 404.1502. This letter is to inform you that Wyoming Medicaid SPA 23-0009 was approved on July 25, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Ford Blunt at 214-767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott.

Digitally signed by James
G. Scott -5
Date: 2023.07.25 14:55:05
-05'00'

James G. Scott, Director
Division of Program Operations

cc: Lee Grossman
Jennifer Conrick

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 9

2. STATE

Wyoming

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

07/01/2023

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 410.25

42 CFR §404.1502

7. FEDERAL BUDGET IMPACT

a. FFY 2023 \$ \$2,500.00b. FFY 2024 \$ \$5,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Section 6a, Page 3

Attachment 4.19-B Section 6a, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 3.1 A -Supersedes TN # 95-004 Page 2
Attachment 4.19 B -New page

10. SUBJECT OF AMENDMENT

Addition of podiatry services for all covered Medicaid clients as approved by Wyoming Legislation.

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIEDDelegated to Lee Grossman,
State Medicaid Agent,
Division of Healthcare
Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Lee Grossman

14. TITLE

State Medicaid Agent

15. DATE SUBMITTED

04/23/2023

16. RETURN TO

Lee Grossman
State Medicaid Agent
Division of Healthcare Financing
122 W. 25th Street 4 West
Cheyenne, WY 82002

CC: Jennifer Conrick- Management Assistant

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

04/28/2023

18. DATE APPROVED

July 25, 2023

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2023

20. SIGNATURE OF REGIONAL OFFICIAL

Digitally signed by James G. Scott -S
Date: 2023.07.25 14:56:00 -05'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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

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: X No limitations With limitations

Podiatry is the care and treatment of bones, soft tissues, and joints of the foot and ankle. This includes skin conditions and abnormal mechanics of the lower extremities. Podiatrists' services may overlap with other medical practitioners including orthopedists and dermatologists.

Covered services are limited to medically necessary services within the licensed podiatrist's scope of practice under state law to treat conditions of the foot.

TN #WY23-009

Supersedes

TN #WY95-004

Approval Date: July 25, 2023Effective Date: July 1, 2023

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 20-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

September 30, 2021

Ms. Teri Green
State Medicaid Agent
Office of Health Care Financing
6101 Yellowstone Road
Suite 210
Cheyenne, WY 82002

Re: WY SPA 20-0012

Dear Ms. Green:

We have reviewed the proposed Wyoming State Plan Amendment (SPA) WY 20-0012, which was submitted to the Centers for Medicare and Medicaid Services (CMS) on December 18, 2020. This state plan amendment (SPA) removes Chiropractic services for individuals over the age of 21 from the Wyoming State plan as approved by the Wyoming Legislation.

Based upon the information provided by the State, we have approved the amendment with an effective date of June 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional or need further assistance, please contact Ford Blunt of my staff at (214) 767-6381 or by email at Ford.Blunt@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott.

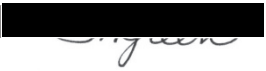
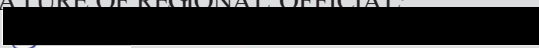
Digitally signed by James G.

tt -5

e: 2021.09.30 13:54:09

00'

James G. Scott, Director
Division of Program Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: WY 20-0012	2. STATE WYOMING
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE June 1, 2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42CFR440.60(b)		7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$153,218 b. FFY 2022 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 3, Item 6.c. Attachment 4.19B 6c (delete)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1A, page 3, Item 6.c. (WY 15-005) Attachment 4.19-B 6c (WY 15-005)	
10. SUBJECT OF AMENDMENT: To remove Chiropractic services from the Wyoming State plan as approved by Wyoming Legislation.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing</u> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: TERI GREEN STATE MEDICAID AGENT DIVISION OF HEALTHCARE FINANCING 122 WEST 25 th STREET, 4 th FLOOR CHEYENNE, WY 82002 CC: HEATHER GALLO, EXECUTIVE ASSISTANT (SAME ADDRESS)	
13. TYPED NAME: TERI GREEN			
14. TITLE: STATE MEDICAID AGENT			
15. DATE SUBMITTED: December 18, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 18, 2020		18. DATE APPROVED: September 30, 2021	
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: James G. Scott		22. TITLE: Director Division of Program Operations	
REMARKS: This is an amended CMS-179 from the original as per agreement by the State.			

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

6. c. Chiropractors' services.

Effective June 1, 2021, Wyoming Medicaid will no longer cover chiropractic services for individuals over the age of 21. .

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 23-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

December 20, 2023

Lee Grossman
State Medicaid Agent
Wyoming Department of Health – Division of Healthcare Financing – Medicaid
Herschler Building, 122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) Transmittal Number 23-0017

Dear Lee Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY-23-0017. This amendment was submitted to include pharmacists as a recognized practitioner type allowed to charge for services given to Medicaid clients under Attachment 3.1-A, Section 6.d. and Attachment 4.19-B, Section 6.d of the state plan.

We conducted our review of your submittal according to statutory requirements in Section 1927 of the Social Security Act. This letter is to inform you that Wyoming's Medicaid SPA WY-23-0017 was approved on December 20, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

Digitally signed by James
G. Scott -S
Date: 2023.12.20
09:46:00 -06'00'

James G. Scott, Director
Division of Program Operations

cc: heather.gallo3@wyo.gov
cori.cooper@wyo.gov

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

WY 23 — 0 0 1 7

2. STATE

WY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447
Section 1927 of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 12,000

b. FFY 2024 \$ 25,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Section 6.d., Amounts, Duration, and Scope of
Medical and Remedial Care and Services Provided to the
Categorically Needy, Other Practitioners' Services8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 3.1-A, Section 6.d., TN# WY15-005
Attachment 4.19-B, Section 6.d., TN# WY90-17Attachment 4.19-B, Section 6.d., Policy and Methods of
Establishing Payment for Each Type of Care Provided, Other
Practitioners

9. SUBJECT OF AMENDMENT

The purpose of this amendment is to update Attachment 3.1-A, Section 6.d. and Attachment 4.19-B, Section 6.d. to add
pharmacists as a recognized practitioner type able to bill for services provided to Medicaid clients.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
LEE GROSSMAN13. TITLE
STATE MEDICAID AGENT14. DATE SUBMITTED
09/29/202315. RETURN TO
LEE GROSSMAN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
HERSCHLER BUILDING
122 WEST 25TH STREET, 4 WEST
CHEYENNE, WY 82002

CC: JENNIFER CONRICK, EXECUTIVE ASSISTANT

FOR CMS USE ONLY16. DATE RECEIVED
09/29/202317. DATE APPROVED
December 20, 2023**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2023.12.20 09:46:23 -06'00'20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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

6.d. OTHER PRACTITIONERS' SERVICES.

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

TN #WY 23-0017

Supersedes

TN #WY 15-005

Approval Date: December 20, 2023

Effective Date July 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
WYOMING

6d. Other Practitioners .

Certified Registered Nurse Anesthetists

TN # 91-13
Supersedes
TN # 90-17

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

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 19-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Denver Regional Operations Group

May 17, 2019

Teri Green, State Medicaid Agent
Office of Health Care Financing
Wyoming Department of Health
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82009

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0018. This SPA is adding coverage for licensed midwives under other licensed practitioners and is clarifying the payment methodology for all other licensed practitioners.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2019. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Sonja Madera at (303) 844-3522.

Sincerely,



Mary Marchioni
Acting Deputy Director

cc: Thomas Forslund, Director
Sheree Nall
Andrew Chapin
Chris Bass

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
WY19-0018

2. STATE
WYOMING

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2019

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.130
42 CFR 440.60

7. FEDERAL BUDGET IMPACT:

FFY 2019 = \$0
FFY 2020 = \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1A 6d
Attachment 4.19 B 6d.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT *(If Applicable)*:
Attachment 3.1A 6d – TN#16-005
Attachment 4.19 B 6d – TN#16-005

10. SUBJECT OF AMENDMENT:

The amendment to the State Plan will add coverage for services provided by Licensed Midwives pursuant to WY statute 42-4-103 (a)(ix).

11. GOVERNOR'S REVIEW *(Check One)*:


☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Delegated to Teri
Green, State Medicaid Agent, Division of
Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

13. TYPED NAME: TERI GREEN

CC: CHRIS BASS, MANAGEMENT ASSISTANT
(SAME ADDRESS)

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: April 8, 2019
RESUBMITTED: May 15, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
April 8, 2019

18. DATE APPROVED:
May 17, 2019

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:
Mary Marchioni

22. TITLE:
Acting Deputy Director, DROG

REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

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

6. d. Other Practitioners' Services.

- Certified Registered Nurse Anesthetists
 - Services of a Certified Registered Nurse Anesthetist within the scope of practice according to state law.
- Licensed Dietitians
 - Services of a Licensed Dietitian within the scope of practice according to state law.
 - For clients age 21 and older, services are limited to 20 visits per calendar year.
 - For clients age 20 and younger, services are not limited per EPSDT guidelines and are not subject to cost sharing.
 - Limits may be exceeded for adults (clients age 21 and older) if additional services are determined to be medically necessary.
- Licensed Midwives
 - Services of a Licensed Midwife that are within the scope of practice according to state law.

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-13-005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

November 27, 2013

Teri Green, State Medicaid Agent
Wyoming Division of Health Care Financing
401 Hathaway Building
Cheyenne, WY 82002

RE: Wyoming #13-005

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-005. This SPA demonstrates coverage of concurrent care for children, section 2302 of the Affordable Care Act, amending sections 1905 (o)(1) and 2110(a)(23) of the Social Security Act, removing prohibition of receiving curative treatment upon election of hospice for Medicaid eligible children

Please be informed that this State Plan Amendment is approved effective September 1, 2013. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

CC: Chris Bass
Lee Clabots, Deputy Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
13-005

2. STATE
WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
September 1, 2013

5. TYPE OF PLAN MATERIAL. (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 2302 of the Affordable Care Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 \$0
b. FFY 2014 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page number 7, attachment 3.1A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT: To demonstrate coverage of concurrent care for children, section 2302 of the Affordable Care Act, amending sections 1905 (o)(1) and 2110(a)(23) of the Social Security Act, removing prohibition of receiving curative treatment upon election of hospice for Medicaid eligible children

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED:

9/4/13

16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
OFFICE OF HEALTH CARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

CC: YVONNE STAYER, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

9/4/13

18. DATE APPROVED:

11/27/13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

9/1/13

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

RICHARD C. ALLEN

22. TITLE:

AAA, DMCHO

23. REMARKS:

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

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

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
Supersedes
TN # 89-09

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.

TN # 91-13
Supersedes
TN # 89-09

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

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 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/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.

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the
Categorically Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in
Supplement 3 to Attachment 3.1-A.

_____ Election of PACE: By virtue of this submittal, the State elects PACE as an
optional State Plan service.

 X No election of PACE: By virtue of this submittal, the State elects to not add
PACE as an optional State Plan service.

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

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
Effective Date 07/01/03
Supersedes Transmittal NEW

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

July 16, 2013

Teri Green, State Medicaid Agent
Wyoming Division of Health Care Financing
401 Hathaway Building
Cheyenne, WY 82002

RE: Wyoming #13-004

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-004. This SPA concerns Wyoming's non-coverage of Freestanding Birthing Centers.

Please be informed that this State Plan Amendment is approved effective July 1, 2013. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

CC: Chris Bass
Lee Clabots, Deputy Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
13-004

2. STATE
WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE July 1, 2013

5. TYPE OF PLAN MATERIAL (Check One):

☒ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 2301 of the Affordable Care Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$0
b. FFY 2015 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A page 12

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

NA

10. SUBJECT OF AMENDMENT: To clearly identify the non-coverage of Free Standing Birth Center Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Teri Green

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 06/26/13

16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
OFFICE OF HEALTH CARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

CC: CHRIS BASS, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

6/26/13

18. DATE APPROVED:

7/16/13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/13

20. SIGNATURE OF REGIONAL OFFICIAL:

Richard C. Allen

21. TYPED NAME:

RICHARD C. ALLEN

22. TITLE:

ARA, DMCHO

23. REMARKS:

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

Supercedes

TN No. NEW

CMS ID: _____

Approval Date 7/16/13

Effective Date 7/1/13

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.

TN # 89-09
Supersedes
TN # 88-09

Approval Date 1/31/90 Effective Date 7/1/89

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 22-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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 13, 2022

Ms. Jan Stall
Interim State Medicaid Agent
Division of Healthcare Financing
122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 22-0003

Dear Ms. Stall:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0003. This amendment proposes to comply with mandatory Medicaid coverage of routine patient costs furnished in connection with participation in qualifying clinical trials.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Wyoming Medicaid SPA 22-0003 was approved on July 13, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

ned by Nicole
t-S
07.13 12:22:11

Nicole McKnight, Acting Director
Division of Program Operations

cc: Sara Rogers
Heather Gallo

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 2 — 0 0 0 3

2. STATE
WY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ☒ XIX ☐ XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
JANUARY 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
1905(a)(30) Other Medical Care, or Other Types of Remedial Care (I

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 2022 \$ 0
b FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
ATTACHMENT 3.1-A, Page 13
ATTACHMENT 4.19-B, Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
New Page
New Page

9. SUBJECT OF AMENDMENT
MANDATORY MEDICAID COVERAGE OF ROUTINE PATIENT COSTS FURNISHED IN CONNECTION WITH PARTICIPATION

10. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
JAN STALL

13. TITLE
INTERIM STATE MEDICAID AGENT

14. DATE SUBMITTED
MARCH 2, 2022

15. RETURN TO
JAN STALL
INTERIM STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
122 WEST 25TH STREET, 4 WEST
CHEYENNE, WY 82002

FOR CMS USE ONLY

16. DATE RECEIVED
April 19, 2022

17. DATE APPROVED
July 13, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
 signed by Nicole M. McKnight - S
2022.07.13 12:22:49 -0400

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

State/Territory:
Wyoming

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

CATEGORICALLY NEEDY GROUP(S)

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: X

I. General Assurances:

Routine Patient Cost – Section 1905(gg)(1)

 X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)

 X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

 X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 22-0003
 Supersedes TN: New Page

Approval Date: 07-13-22
 Effective Date 01-01-22

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

TN No. 94-012
Supersedes
TN No. NEW

Approval Date 11/21/94 Effective Date 7/1/94

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(26) and 1934

_____ Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

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.

TN # 89-09
Supersedes
TN # NEW

Approval Date 1/31/90 Effective Date 7/1/89

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-16-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

May 5, 2016

Teri Green, State Medicaid Agent
Office of Health Care Financing
Wyoming Department of Health
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82009

RE: Wyoming #16-0001

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0001. This SPA is seeking to change the payment methodology for Non-Emergency Transportation services provided by commercial carrier and for lodging to be based on fee schedule.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2016. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

A black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Thomas Forslund, Director
Chris Bass
Cindy Tallerdy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

WY16-001

2. STATE
WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE:

July 1, 2016

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 431.53

7. FEDERAL BUDGET IMPACT:

SFY17 - \$100,000.00

SFY18 - \$100,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B 24a

Attachment 3.1B 24a

Attachment 3.1D

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

Wyoming is seeking to change the payment methodology for Non-Emergency Transportation services provided by commercial carrier and for lodging to be based on fee schedule.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

TERI GREEN

STATE MEDICAID AGENT

DIVISION OF HEALTHCARE FINANCING

6101 YELLOWSTONE ROAD, SUITE 210

CHEYENNE, WY 82002

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

CC CINDY TALLERDY, SENIOR ADMINISTRATIVE ASSISTANT
(SAME ADDRESS)

15. DATE SUBMITTED: February 16, 2016

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

February 16, 2016

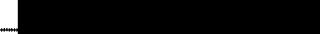
18. DATE APPROVED:

May 5, 2016

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

REMARKS:

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 and overnight lodging. 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# 16-001
Supersedes
TN# 03-006

Approval Date: May 5, 2016

Effective Date: July 1, 2016