
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,

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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: Wyoming

METHODS USED TO ASSURE TRANSPORTATION OF RECIPIENTS TO AND FROM PROVIDERS OF CARE

42 CFR 431.53 ASSURANCE OF TRANSPORTATION

Transportation by air and ground ambulance, public carrier or other suitable means and overnight lodging will be furnished when determined by the agency to be necessary in the individual case.

A toll free number is available to recipients to obtain travel authorization and request assistance with travel. This number is accessible from in-state and out-of-state for recipient calls.

The Travel Call Center has created information partnerships with external agencies such as volunteer organizations, senior citizen centers, faith based organizations, health associations, youth associations, special interest associations, rehabilitation agencies and participants in the WYDOT 49 CFR 5311 programs. The external agencies are contacted to assist in providing transportation services.

The call center provides travel and lodging options and advises recipients on available modes of transportation.

TN# 16-001
Supersedes
TN# 03-006

Approval Date: May 5, 2016 Effective Date: July 1, 2016