

Revision: HCFA-PM-94-5
APRIL 1994

(MB)

State/Territory: WYOMING

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

42 CFR
Part 440,
Subpart B
1902(a), 1902(e),
1905(a), 1905(p),
1915, 1920, and
1925 of the Act

1902(a)(10)(A) and
1905(a) of the Act

3.1 Amount, Duration, and Scope of Services

- (a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

- (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

— Not applicable. Nurse-midwives are not authorized to practice in this State.

TN No. 00-005

Supersedes

TN No. 91-13

Approval Date 06/05/00

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: WYOMING

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

1902(e)(5) of
the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

(X) (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10),
clause (VII)
of the matter
following ~~(A)~~
of the Act **F**

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

TN No. 91-13

Supersedes 82-10

TN No. 90-12
90-15

Approval Date 1/14/92

Effective Date 12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-92-7 (MB)
October 1992

State/Territory: WYOMING

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

1901(a)(2)

(vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.

1902(e)(7) of the Act

(vii) Inpatient services that are being furnished to infants and children described in section 1902(l)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.

1902(e)(9) of the Act

(viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1902(a)(52) and 1925 of the Act

(ix) Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan.

1905(a)(23) and 1929

(x) 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.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 92-13
Supersedes
TN No. 92-02

Approval Date

3/1/93

Effective Date

12/31/92

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.)

Revision: HCFA-PM-91- (BPD)
August 1991

OMB No.: 0938-

State/Territory: WYOMING

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, (a)(2) Medically needy.
Subpart B

☒ This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-b are provided.

Services for the medically needy include:

42 CFR 440.220
1902(a)(10)(C)(iv)
of the Act

- (i) If services in an institution for mental diseases (42 CFR 440.140 and 440.160) or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

☒ Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of
the Act

- (ii) Prenatal care and delivery services for pregnant women.

TN No. 92-02
Seddes
91-13

Approval Date 3/2/92

Effective Date 12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91- (BPD)
August 1991

OMB No.: 0938-

State/Territory: WYOMING

Citation 3.1(a)(2) Amount, Duration, and Scope of Services
Medically Needy (Continued)

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

☐ (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

1902(a)(10)(c) (v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

☐ Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140,
440.150, 440.160
Subpart B,
442.441,
Subpart C
1902(a)(20)
and (21) of
the Act

☐ (vii) Services in an institution for mental diseases for individuals over age 65.

☐ (viii) Services in an intermediate care facility for the mentally retarded.

☐ (ix) Inpatient psychiatric services for individuals under age 21.

TN No. 92-02
Sedes
T. 91-13

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May 1993

State: WYOMING

Citation

3.1(a)(2) Amount, Duration, and Scope of Services:
Medically Needy (Continued)

1902(3)(9) of
Act

____(x) Respiratory care services are
provided to ventilator dependent
individuals as indicated in item 3.1(h) of
this plan.

1905(a)(23)
and 1929 of the Act

____(xi) 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.

ATTACHMENT 3.1-B identifies the services provided to each
covered group of the medically needy, specifies all
limitations on the amount, duration, and scope of those items;
and specifies the ambulatory services provided under this plan
and any limitations on them. It also lists the additional
coverage (that is in excess of established service limits) for
pregnancy-related services and services for conditions that
may complicate the pregnancy.

TN # 95-003
Supersedes
TN # 92-13

Approval Date 01/21/95

Effective Date 01/01/95

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically 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-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically 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 Medically 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.)

Revision: HCFA-PM-98-1 (CMSO)
APRIL 1998

State: WYOMING

Citation

3.1 Amount, Duration, and Scope of Services (continued)

(a)(3) Other Required Special Groups: Qualified Medicare Beneficiaries

1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act

Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.

1902(a)(10)(E)(ii) and 1905(s) of the Act

(a)(4)(i) Other Required Special Groups: Qualified Disabled and Working Individuals

Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act

(ii) Other Required Special Groups: Specified Low-Income Medicare Beneficiaries

Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10)(E)(iv)(I) 1905(p)(3)(A)(ii), and 1933 of the Act

(iii) Other Required Special Groups: Qualifying Individuals - 1

Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

TN No. 98-05

Supersedes

TN No. 98-02

Approval Date 09/28/98

Effective Date 1/1/98

Revision: ~~HCFA-PM-98-1 (CMSO)~~
~~APRIL 1998~~

STATE: Wyoming

Citation

1925 of the Act

(a)(5) Other Required Special Groups: Families Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

TN No. 03-001
Supersedes
TN No. 98-05

Approval Date 03/11/03

Effective Date 01/01/2003

Revision: HCFA-PM-98-1 (CMSO)
APRIL 1998

State: WYOMING

Citation

Sec. 245A(h)
of the
Immigration and
Nationality Act

(a)(6) Limited Coverage for Certain Aliens

- (i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--
 - (A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;
 - (B) Are children under 18 years of age; or
 - (C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L.96-422 in effect on April 1, 1983.
- (ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

TN No. 98-05
Supersedes
TN No. 91-13

Approval Date 09/28/98

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Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No.: 0938-

State/Territory: _____

Citation 3.1(a)(6) Amount, Duration, and Scope of Services:
Limited Coverage for Certain Aliens
(continued)

1902(a) and 1903(v) of the Act (iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of the Act (a)(7) Homeless Individuals.
Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

1902(a)(47) and 1902 of the Act X (a)(8) Presumptively Eligible Pregnant Women.
Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

42 CFR 441.55
50 FR 43654
1902(a)(43),
1905(a)(4)(B),
and 1905(r) of the Act (a)(9) EPSDT Services.
The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

TN No. 94-16
Supersedes _____ Approval Date 12/05/94 Effective Date 11/1/92
TN No. 92-02

Revision: HCFA-PM-91- (BPD)
August 1991

OMB No.: 0938-

State/Territory: WYOMING

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT Services (continued)

42 CFR 441.60 The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.

42 CFR 440.240 (a)(10) Comparability of Services
and 440.250

1902(a) and 1902
(a)(10), 1902(a)(52),
1903(v), 1915(g), and
1925(b)(4) of the Act

Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

TN No. 92-02
Sersedes
91-13

Approval Date 3/2/92

Effective Date 12/1/91

HCFA ID: 7982E

OFFICIAL

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

State Wyoming

Citation
42 CFR Part
440, Subpart B
42 CFR 441.15
AT-78-90
AT-80-34

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

☒ Yes

☐ Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

- (3) Home health services are provided to the medically needy:

☐ Yes, to all

☐ Yes, to individuals age 21 or over; SNF services are provided

☒ Yes, to individuals under age 21; SNF services are provided

☐ No; SNF services are not provided

☒ Not applicable; the medically needy are not included under this plan

TN # 79-12

Supersedes

TN #

Approval Date 1/17/80

Effective Date 10/1/79

Revision: HCFA-PM-93-8 (BPD)
December 1993

OMB No.: 0938-

State/Territory: WYOMING

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

TN NO. 93-019

Supersedes

TN NO. 91-13

Approval Date 1-5-94 Effective Date 12-1-93

OFFICIAL

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

State Wyoming

Citation
42 CFR 440.260
AT-78-90

3.1(d) Methods and Standards to Assure
Quality of Services

The standards established and the
methods used to assure high quality
care are described in ATTACHMENT 3.1-C.

77-1
arsedes
#

Approval Date 3/21/87

Effective Date 1/1/77

OFFICIAL

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

State Wyoming

Citation
42 CFR 441.20
AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN # 77-1

Supersedes

TN #

Approval Date 3/21/77

Effective Date 1/1/77

Revision: HCFA-PM-87-5 (BERC)
April 1987

OMB No.: 0938-0193

STATE: WYOMING

Citation

42 CFR 441.30
AT-78-90

3.1(f) (1)

Optometric Services

Optometric services (other than those provided under 435.531 and 436.531) are not now but were previously provided under this plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☐ Yes.

☐ No. The conditions prescribed in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☒ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)
of the Act,
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

☐ No.

☒ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at Attachment 3.1-E.

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: wyoming

Citation
42 CFR 431.110(b)
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of
the Act,
P.L. 99-509
(Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--
 30 consecutive days;
 days (the maximum number of inpatient days allowed under the State plan);
- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.

 Yes. The requirements of section 1902(e)(9) of the Act are met.

/X/ Not applicable. These services are not included in the plan.

TN No. 87-6
Supersedes
TN No. 78-3

Approval Date 9-2-87

Effective Date 7-1-87

HCFA ID: 1008P/0011P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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

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

Provided: ☐/No limitations ☒/ With limitations*

- 2.a. Outpatient hospital services.

Provided: ☐/No limitations ☒/ With limitations*

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

☒ Provided: ☒ No limitations ☐/With limitations*

☐ Not provided.

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

☒ Provided: ☒ No limitations ☐/With limitations*

3. Other laboratory and x-ray services.

Provided: ☒ No limitations ☐/With limitations*

*Description provided on attachment.

TN

TN # 95-002
Supersedes
TN # 92-02

Approval Date 09/04/96

Effective Date 01/01/95

State/Territory: WYOMING

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

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

* Description provided on attachment

TN # 95-004

Supersedes

TN # 93-009

Approval Date 05/02/95

Effective Date 01/01/95

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

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. .

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.

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/Territory: WYOMING

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

b. Optometrists' services.

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

c. Chiropractors' services.

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

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of
limitations, if any.
☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health
agency or by a registered nurse when no home health agency exists in the
area.

Provided: ☒ No limitations ☐ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☒ No limitations ☐ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the
home.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 91-13

Supersedes 90-17 Approval Date 1/14/92

Effective Date 12/1/91

HCFA ID: 7986E

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

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

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

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

a. Prescribed drugs.

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

b. Dentures.

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

c. Prosthetic devices.

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

d. Eyeglasses.

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

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

a. Diagnostic services.

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

*Description provided on attachment.

TN No. 92-04

Supersedes

No. 89-09

Approval Date 11/21/94

Effective Date 03/01/92

HCFA ID: 7986E

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

b. Screening services.

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

c. Preventive services.

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

d. Rehabilitative services.

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

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

a. Inpatient hospital services.

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

b. Skilled nursing facility services.

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

c. Intermediate care facility services.

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

*Description provided on attachment.

No. 85-5
ersedes
No. _____

Approval Date _____

Effective Date 11/85

HCFA ID: 5069P/0002P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

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

 x Provided: x No limitations With limitations*

 Not provided.

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

 x Provided: x No limitations With limitations*

 Not provided.

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

 x Provided: No limitations x With limitations*

 Not provided.

17. Nurse-midwife services.

 x Provided: x No limitations With limitations*

 Not provided.

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

 x Provided No limitations x Provided in accordance with

Section 2302 of the Affordable Care Act With limitations*

 Not provided

*Description provided on attachment.

TN# 13-005

Supersedes

TN# 95-005

Approval Date 11/27/13

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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).
- X Provided: X With Limitations
- ___ Not provided.
- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.
- X Provided: X 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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WYOMING

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

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

State/Territory: WYOMING

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

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

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Reserved

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

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

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

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

* Description provided on attachment

TN No. 01-005

Supersedes

TN No. 91-13

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

State: WYOMING

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

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

 provided XX not provided

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

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

 X Not Provided.

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

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

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

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

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

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

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

TN # 94-013
SUPERSEDES
TN # 92-04

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

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

EXPLANATION OF LIMITATIONS

2.A. OUTPATIENT HOSPITAL SERVICES

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

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

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

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

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

Effective March 1, 1992

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

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

TN # 92-04
SUPERSEDES
TN # 91-13

APPROVAL DATE 11/21/94

EFFECTIVE DATE 03/01/92

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. Services must be medically necessary and be prior authorized by the state when required.

Expanded EPSDT Services:

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

Service Limitations:

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

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.

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

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Tobacco Cessation Counseling Services for Pregnant Women

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

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

*describe any limits on who can provide these counseling services

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

Provided ☒ No limitations ☐ With limitations*

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

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

EXPLANATION OF LIMITATIONS

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

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

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

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

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

OFFICE VISITS:

Effective March 1, 1992

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

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

TN # 92-04
SUPERSEDES
TN # 91-13

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

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

EXPLANATION OF LIMITATIONS

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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

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

Explanation of Limitations

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

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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

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

Explanation of Limitations

9. CLINIC SERVICES

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

Covered clinic services include:

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

TN # 94-014

Supersedes

TN # 89-09

Approval Date 03/15/95

Effective Date 01/01/95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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

EXPLANATION OF LIMITATIONS

CHILDRENS DENTAL SERVICES

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

Procedures common to dentistry and medicine are covered when performed by a dentist.

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.

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

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 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
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wyoming

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

12.a. Prescribed Drugs: Description of Service Limitation

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

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TN No. 14-009

Approval Date 2/8/2024

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wyoming

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

12.a. Prescribed Drugs: Description of Service Limitation

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

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

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

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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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

EXPLANATION OF LIMITATIONS

13d. REHABILITATIVE SERVICES – MENTAL HEALTH & SUBSTANCE ABUSE

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

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

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

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

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

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

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

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

TN # WY19-0021

Supersedes

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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

TN # WY19-0021

Supersedes

TN# 16-0006Approval Date January 31, 2020Effective Date January 1, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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.

TN # WY19-0021

Supersedes

TN# 16-0006Approval Date January 31, 2020Effective Date January 1, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

Licensed and certified practitioners include:

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

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

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

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

Allowable services include:

- Adaptive behavior treatment

Effective January 1, 2020

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

TN # WY19-0021

Supersedes

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Approval Date January 31, 2020

Effective 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

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

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

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

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

Explanation of Limitations

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

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

TN # 95-005
Supersedes
TN # 91-13

Approval Date 06/26/95

Effective Date 01/01/95

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

Please describe any limitations:

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

Provided: No limitations With limitations (please describe below)

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

Please describe any limitations:

Please check all that apply:

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

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

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

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

Supercedes

TN No. NEW

CMS ID: _____

Approval Date 7/16/13Effective Date 7/1/13

State Plan under Title XIX of the Social Security Act
State/Territory: WYOMING

TARGETED CASE MANAGEMENT SERVICES for Adults with Serious and Persistent
Mental Illness

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Persons who are age twenty one (21) and older who have a serious and persistent mental illness, including adults with substance use disorders, who also have long-term limitations on their capacity to function in the community resulting solely from their mental illness or substance use disorder.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

X Entire State

 Only in the following geographic areas: [Specify areas]

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

 Services are provided in accordance with §1902(a)(10)(B) of the Act.

X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual; and,
 - the state reassess the individual's needs every ninety (90) days and at the same time the initial comprehensive assessment and individual plan of care for Targeted Case Management (TCM) services is reassessed in conjunction with the client's quarterly treatment plan progress review, or more often as individual client preference and need indicates.

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 Supersedes TN# 95-008

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual; and,
 - the individual plan of care is reassessed every 90 days, or more often as individual client need indicates.
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate;
 - changes in the needs or status of the individual are reflected in the care plan; and,
 - Plan monitoring occurs quarterly (every 90 days), at a minimum, to assess client preferences and progress towards defined goals and to coordinate TCM activities with the client's comprehensive treatment plan.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

(42 CFR 440.169(e))

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Supersedes TN# 95-008

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Providers of TCM services are required to maintain current working knowledge of community resources, human service agencies, and strong ability to work collaboratively with other agencies. Targeted case managers are part of the client's care team and provide feedback to the team on progress and goals for TCM. TCM does not include the furnishing of direct services to the client.

Targeted Case Management Services may be provided by the following disciplines who are employed by or under contract with a Medicaid-enrolled community mental health or substance abuse treatment center that is certified by the State Mental Health and Substance Abuse Treatment Authority:

- ✓ Physician, Psychologist or Advanced Practice Nurse
- ✓ Licensed or Certified Mental Health or Substance Abuse Professionals to include:
 - Licensed Professional Counselor; Licensed Clinical Social Worker; Licensed Marriage and Family Therapist; Licensed Addictions Therapist; Provisionally licensed mental health or substance abuse practitioner 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) or a Certified Mental Health Worker (CMHW) who is certified by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute;
 - Certified Addictions Practitioner (CAP) who has received a baccalaureate degree in a human resource discipline or a baccalaureate level equivalency in addiction therapy and is certified by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute; and,
- ✓ Mental Health Assistant (MHA) who has achieved a bachelor's degree in a human relations discipline and who is working under the documented, scheduled supervision of a licensed mental health professional.
- ✓ Certified Peer Specialist (CPS) who has a GED, a high school degree, or a higher degree in a discipline other than human relations, who is working under the documented, scheduled supervision of a licensed mental health professional, and who has completed a course of no less than thirty two (32) contact hours of standard training in addition to completing a Wellness Recovery Action Plan. The CPS must also participate in ongoing training annually to include at least fourteen (14) contact hours of routine training, participation in at least one (1) statewide, regional, or national training/conference with at least ten (10) contact hours of training, and participation in at least three (3) local trainings that each include at least one (1) contact hour related to the advancement of peer specialist proficiencies. The CPS will be further trained in the provision of TCM services.

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- ✓ Registered Nurse (R.N.), licensed in the State of Wyoming, who has at least two years of clinical experience after the awarding of the R.N.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services. This includes State certified community mental health and substance abuse treatment centers.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

TN# 14-005 Approval Date 05/29/14 Effective Date 2/1/14
Supersedes TN# 95-008

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

The following mental disorders are not included in the definition of chronic mental illness for the purposes of determining client qualification to receive targeted case management services:

- A. A sole diagnosis of mental retardation or other developmental disability.
- B. A sole diagnosis of a substance abuse disorder.
- C. Mental disorders, due to a medical condition, for which supervision is the primary intervention need.

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State Plan under Title XIX of the Social Security Act
State/Territory: Wyoming

TARGETED CASE MANAGEMENT SERVICES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9))
Individuals eligible for Medicaid who are being determined for eligibility for the Wyoming Adult Developmental Disabilities (DD) Waiver, the Child DD Waiver, Acquired Brain Injury Waiver, Comprehensive Waiver, or Supports Waiver must have collateral information or display characteristics, limitations, and/or behaviors suggesting a diagnosis of a developmental disability or an acquired brain injury to become a client for TCM services and apply for one of the waivers.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to **180** consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions) (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act)

- X** Entire State
 Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount, duration and scope (§1915(g)(1))

Definition of services (42 CFR 440.169) Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation, and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
 - **Assisting the client to get necessary documents such as medical records, assessments, and other collateral information to determine waiver eligibility and eligibility for other resources available to the applicant.**
 - **Completing an annual level of care assessment for submission to the Division,**
 - **Arranging for a single initial psychological/neuropsychological evaluation for a new applicant to determine a diagnosis and clinical eligibility for the waiver.**

- **Arranging for a single initial Inventory for Client and Agency Planning Assessment, which is used to score functional limitations for the waiver, and arranging for one every five years thereafter if the person remains on the wait list for services.**
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual,
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals, and
 - identifies a course of action to respond to the assessed needs of the eligible individual,
 - **Develops the TCM plan of care for TCM service authorization.**
 - **Can be used for the development of the initial plan of care once the eligible person receives a funding opportunity for the waiver.**
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan, and
 - **Advocacy: Advocacy on behalf of a specific client for the purpose of accessing needed services. Activities may include making and receiving telephone calls, and the completion of forms, applications and reports which assist the client in accessing needed services.**
 - **Linkage: Working with clients and/or service providers to secure access to needed services. Activities include communication with agencies to arrange for appointments or services following the initial referral process, and preparing clients for these appointments. Contact with hospitalized clients, hospital/institution staff, and/or collaterals in order to facilitate the client's application and entry into waiver services.**
- ❖ Monitoring and follow-up activities
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met
 - services are being furnished in accordance with the individual's care plan,
 - services in the care plan are adequate, and
 - changes in the needs or status of the individual are reflected in the care plan

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback; and alerting case managers to changes in the eligible individual's needs
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b))

A TCM Provider must have a:

- Bachelor's degree in one (1) of the following related fields from an accredited college or university and one (1) year work experience in one (1) human services field. Fields include Counseling, Education (*will allow a school year instead of calendar year*), Gerontology, Human Services, Nursing, Psychology, Rehabilitation, Social Work, Sociology, or have a related degree, as approved by the Division.

OR

- Master's degree from an accredited college or university in one of the related fields listed above,

OR

- Associate's degree in a related field and four (4) years of work experience in a human services field.

AND

- Be certified by the Behavioral Health Division as an individual (not an agency)
- Obtain an NPI number in their name and submit a Medicaid enrollment application to the BHD.
- Keep current CPR and First Aid Certification
- Have a clean background check on file with his/her agency
- Complete training requirements as specified by the Division

Freedom of choice (42 CFR 441.18(a)(1))

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act:

- 1 Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan
- 2 Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b))

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services

Individuals eligible for Medicaid who are being determined for eligibility for the Wyoming Adult Developmental Disabilities (DD) Waiver, the Child DD Waiver, Acquired Brain Injury Waiver, Comprehensive Waiver, or Supports Waiver must have collateral information or display characteristics, limitations, and/or behaviors suggesting a diagnosis of a developmental disability or an acquired brain injury to become a client for TCM services and apply for one of the waivers.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6))

The State assures the following

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services, and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan

Payment (42 CFR 441.18(a)(4))

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7))

Providers maintain case records that document for all individuals receiving case management as follows (i) The name of the individual, (ii) The dates of the case management services, (iii) The name of the provider agency (if relevant) and the person providing the case management service, (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved, (v) Whether the individual has declined services in the care plan, (vi) The need for, and occurrences of, coordination with other case managers, (vii) A timeline for obtaining needed services, (viii) A timeline for reevaluation of the plan

Limitations

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302 F)

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following research gathering and completion of documentation required by the foster care program, assessing adoption placements, recruiting or interviewing potential foster care parents, serving legal papers, home investigations, providing transportation, administering foster care subsidies, making placement arrangements (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State Plan under Title XIX of the Social Security Act
State/Territory: Wyoming

TARGETED CASE MANAGEMENT SERVICES
NURSING FACILITY TRANSITION/DIVISION TARGETED CASE MANAGEMENT SERVICES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):
Medicaid eligible individuals (consumers) who are residing or waiting to be placed, in a Medicaid certified acute care facility or nursing facility and express an interest in returning to the community rather than reside in a facility and qualify based on the targeted case manager's assessment as a good candidate for community living.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- X Entire State
Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

Assessment Activities: Required services include screening and referral as well as comprehensive assessment of individual needs. Case managers must obtain and document information from all appropriate sources related to the client's need for services, type of services including amount and duration. The assessment will serve to assist the client, their family and their current facility in determining the appropriate services for the client. The assessment is comprehensive enough to determine a client's needs and preferences for case management and other services in order to

remain in the community. The assessment includes health, housing, daily living financial matters, social and transportation needs.

An initial assessment of all potential consumers is conducted to determine eligibility and needs and may be ongoing, as more information will be gathered regarding the consumer's needs and barriers.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Monitoring/Follow-up: conducted prior to, during, and after a clients has transitioned/diverted to the community which will assist in determining the sufficiency of services and whether changes to the plan are needed. All clients shall have monitoring/follow-up by the by the case manager for a minimum of 3 months and a maximum of 12 months.

x Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Qualifications of Providers of Targeted Case Management Services:

- ✓ Providers of Targeted Case Management Services may be individual, self-employed case managers, or employers of case managers.
- ✓ Providers must be certified by the state Medicaid agency to have:
 - Demonstrated capacity to provide all core elements of case management services; and
 - One year demonstrated experience in transition the client to the community and locating and engaging services related to transition or diversion; and
 - Sufficient resources to meet the case management service needs of the client(s) including travel to meet clients where they reside; and
 - An administrative capacity to insure quality of services in accordance with state and federal requirements; and
 - An Administrative capacity to provide documentation of services and costs; and
 - An administrative capacity to document and maintain individual case records in accordance with state and federal requirements.
- ✓ Case Managers must have:
 - A Bachelor degree in social services or related field or equivalent education and/or work experience providing services to clients in a social services program; and
 - Knowledge of available community resources, skills necessary to work with and engage other agencies, and the ability to arrange appropriate service specific to each client.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State Plan under Title XIX of the Social Security Act
State/Territory: WYOMING

TARGETED CASE MANAGEMENT SERVICES
Children with Serious Emotional Disturbance

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Children and youth ages four (4) through twenty-one (21) who meet the definition of having a serious emotional disturbance (per Federal Register, volume 58, no. 96, published May 20, 1993, pgs. 29422 through 29425)

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to **180** consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

X Entire State

Only in the following geographic areas: [Specify areas]

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

Services are provided in accordance with §1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
 - facilitation and support for the youth and their family to gather information from, or, to access a Level of Care evaluation by a licensed mental health professional to obtain a current diagnosis and identify instances where the youth might meet Medicaid criteria for inpatient psychiatric care.
 - The evaluation must be completed annually and signed by a licensed mental health provider.
 - the individual plan of care indicating need for TCM services is updated every (180) days, or, more often if indicated.
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that

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- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals;
 - identifies a course of action to respond to the assessed needs of the eligible individual; and
 - Development of the Individual Plan of Care for TCM.
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
 - based on the information gathered during the comprehensive assessment, provide assistance to the youth and their family to access the most appropriate community-based supports and resources that are for the direct and exclusive benefit of the youth.
- ❖ Monitoring and follow-up activities:
- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may assist the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's Plan of Care;
 - services in the care plan are adequate; and,
 - changes in the needs or status of the individual are reflected in the care plan.
 Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
 - The High Fidelity Wraparound Family Care Coordinator responsible for the plan of care, in collaboration with the individual client and their child and family team, must update the plan of care at least every 180 days.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Provider of TCM services must comply with state requirements for obtaining initial credentialing as a High Fidelity Wrap Around provider and must recertify their credentials on an annual basis to ensure fidelity with the high fidelity wrap around model. The goal of this model is to facilitate the family's acquisition of skills and knowledge for self-efficacy, youth empowerment to achieve desired outcomes, and assist the family to develop and maintain an effective support system.

TN#: WY14-007

Approval Date 05/20/14

Effective Date: 2-1-14

Supersedes TN#: New

The wraparound “facilitator” (FCC) is the family care coordinator who organizes, convenes, and coordinates this process in conjunction with the youth and their family. Family and youth peer support providers are integral to teams serving youth with behavioral health challenges and their families, and they are distinct from traditional mental health service providers in that they operate out of their personal experience and knowledge.

Every child and family team must include a Family Care Coordinator and participants can choose to include a Family Support Partner and/or a Youth Support Partner on their child and family team. The High Fidelity Wraparound Family Care Coordinator responsible for the plan of care, in collaboration with the youth and their child and family team, develops the goals and activities of TCM.

Family Care Coordinator (FCC)

1. Qualifications:
Bachelor’s degree in a human service area (or related field), or, two years work/personal experience in providing direct services or linking of services for youth experiencing serious emotional disturbance.
2. Skills:
 - a. Well developed interpersonal and relationship building skills;
 - b. Efficient time management and scheduling;
 - c. Small group meeting management skills;
 - d. Public speaking;
 - e. Familiarity with children’s services including child welfare, mental health, substance abuse, juvenile justice, and special education;
 - f. Ability to build trust with clients while recognizing, identifying and maintaining appropriate boundaries;
 - g. Knowledge and understanding of income supplements and entitlements;
 - h. Current knowledge of emotional and behavioral health disorders in children;
 - i. Knowledge and understanding of families’ rights and responsibilities in the mental health system, their rights in education settings, and the IEP process, and knowledge of other child-serving systems;
 - j. Knowledge of the system of care in the child’s community;
 - k. Effective written, oral, and interpersonal communication skills;
 - l. Ability to communicate, comprehend, and perform functions from written and oral instructions;
 - m. Must be organized with the ability to take direction and prioritize tasks;
 - n. Must have ability to maintain confidentiality; and,
 - o. Exhibits mature judgment and emotional stability.
3. Requirements:
 - a. Must be at least 21 years of age;
 - b. Complete all State required training components;
 - c. Posses a valid driver’s license, appropriate automobile insurance, and reliable car;

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- d. Maintain current CPR and First Aid Certification; and,
- e. Complete the High Fidelity Wrap Around credentialing processes as specified by Medicaid.

4. Role and Duties:

FCC's are responsible for implementing the phases and related activities of the HFWA process, advocating for and supporting the child/youth and family, and coordinating the child and family team meetings, documentation, and processes.

The FCC is primarily responsible for the following functions:

- a. Maintaining open lines of communication between all team members;
- b. Initiate and oversee completion of needed assessments and evaluations as identified by the team;
- c. Facilitate the development of the individualized plan;
- d. Locate, arrange, and refer child/youth and family to direct services as identified in the individualized plan; and,
- e. Identifying when objectives in the plan are not being met, or identification of barriers to achieving the objectives of the plans.

Family Support Partner (FSP)

1. Qualifications:

- a. High school diploma or GED equivalent;
- b. Must be a parent or caregiver of a child with behavioral health needs or have two years experience working closely with children with serious emotional/behavioral challenges and their families;
- c. Minimum two years experience in the behavioral health field; and,
- d. Completion of credentialing requirements as specified by Medicaid.

2. Skills:

- a. Knowledge and understanding of income supplements and entitlements;
- b. Ability to build trust with clients while recognizing, identifying and maintaining appropriate boundaries;
- c. Current knowledge of emotional and behavioral health disorders in children;
- d. Knowledge and understanding of families' rights and responsibilities in the mental health system, their rights at school, and the IEP process, and knowledge of other child-serving systems;
- e. Knowledge of the system of care in the community and ability to assist the family in accessing the local system of care; and,
- f. Effective written, oral, and interpersonal communication skills including:
 - i. Ability to communicate, comprehend, and perform functions from written and oral instructions

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Supersedes TN#: New

- ii. Must be organized, able to take direction and prioritize tasks; and,
 - iii. Must have the ability to maintain confidentiality.
 - g. Exhibits mature judgment and emotional stability.
3. Requirements:
- a. Must be at least 21 years of age;
 - b. Must successfully pass all background screens as required by Medicaid; and,
 - c. Completion of all Medicaid required training components.

4. Roles and Duties:

The FSP is a formal member of the wraparound team whose role is to serve the family, and help them engage and actively participate on the team, and make informed decisions and drive the process. The FSP does not provide clinical services, but rather the unique peer to peer support on their lived experience of raising and/or 2 years of work experience in programs serving populations with a child or youth with emotional, behavioral (including substance use), and mental health challenges.

The FSP should be well versed in the community, continuum of care, and the social contexts affecting wellness. The FSP may function as a mediator, facilitator, or bridge between families and agencies. FSPs ensure each family is heard and that their individual needs are being addressed and met. The FSP communicates with and educates child and family team members on wraparound principles, including family voice and choice, to ensure fidelity to the process.

The FSP service must be provided by a parent/family organization or through direct hire by the Medicaid Provider agency.

Youth Support Partner (YSP)

1. Degree and/or experience:
- a. High school diploma or GED equivalent;
 - b. Must be a youth with behavioral health needs or have experience overcoming various systems and obstacles related to mental and behavioral health;
 - c. Must successfully pass all background screens as required by Medicaid; and,
 - d. Completion of credentialing as specified by Medicaid.
2. Skills:
- a. Interpersonal and relationship building skills;
 - b. Familiarity with children's services including child welfare, mental health, substance abuse, juvenile justice, and special education; and,
 - c. Ability to build trust with clients while recognizing, identifying and maintaining appropriate boundaries.
3. Requirements:
- a. Must be 18-26 years of age; and,
 - b. Complete all Medicaid required training components

TN#: WY14-007

Supersedes TN#: New

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Effective Date: 2-1-14

4. Roles and Duties:

YSPs are young adults with personal experience participating in the system of care (mental health, special education, child welfare, juvenile justice) as a youth with behavioral health needs. YSP's may have experience overcoming various systems and obstacles related to seeking and maintaining recovery from their own behavioral health disorders. YSPs have the skills, training, and experience to perform the functions of their role.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

FCC's, family peer and youth peer support providers must complete initial and ongoing training and certification as defined by the State as part of the provider credentialing process. Training, credentialing, and supervision must provide and support a basic set of competencies that are necessary to perform the TCM functions with fidelity to the high fidelity wraparound model. Failure to maintain credentials appropriate to the provider's role will result in suspension and/or disenrollment from the Medicaid program.

The high fidelity wraparound approach is a form of intensive care coordination for children with significant mental health conditions. It is a team-based, collaborative process for developing and implementing individualized care plans for children and youth with complex needs and their families. The wraparound "facilitator" (FCC) is the family care coordinator who organizes, convenes, and coordinates this process in conjunction with the youth and their family. Family and youth peer support providers are integral to teams serving youth with behavioral health challenges and their families, and they are distinct from traditional mental health service providers in that they operate out of their personal experience and knowledge.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person

providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§1902(a)(25) and 1905(c))

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Additional Limitations:

While targeted case management services can be used to provide more services beyond those required by an institution's discharge plan to facilitate the person's transition into the community, targeted case management services should not be used to supplement the duties of a covered institution to conduct discharge planning.

TN#: WY14-007

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Supersedes TN#: New

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

The following ambulatory services are provided.

*Description provided on attachment.

TN No. 86-6
Supersedes
TN No. _____

Approval Date 2/9/87

Effective Date 2/1/86

HCFA ID: 0140P/0102A

☐ Not provided.
Revision: HCFA-PM-91- (BPD)
1991

ATTACHMENT 3.1-B
Page 2
OMB No. 0938-

State/Territory: WYOMING

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NOT APPLICABLE

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 covered under the plan).

☐ Provided: ☐ No limitations ☐ With limitations*

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-).

☐ Provided: ☐ No limitations ☐ With limitations*

3. Other laboratory and X-ray services.

☐ Provided: ☐ No limitations ☐ With limitations*

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Provided: ☐ No limitations ☐ With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

☐ Provided

c. Family planning services and supplies for individuals of childbearing age.

☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 92-02
S. sedes
91-13

Approval Date 3/2/92

Effective Date 12/1/91

HCFA ID: 7986E

Revision: HCFA-PM-93-5 (MB)
May 1993

ATTACHMENT 3.1-B
Page 2a
OMB NO:

State/Territory: WYOMING

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUPS(s): _____

NOT APPLICABLE

- 5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.
- Provided: ☐ No limitations ☐ With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
- Provided: ☐ No limitations ☐ With limitations:

* Description provided on attachment

TN # 95-003
Supersedes
TN # 92-013

Approval Date 06/21/95

Effective Date 01/01/95

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

6. Medical care and 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.
- a. Podiatrists' Services
☐ Provided: ☐ No limitations ☐ With limitations*
- b. Optometrists' Services
☐ Provided: ☐ No limitations ☐ With limitations*
- c. Chiropractors' Services
☐ Provided: ☐ No limitations ☐ With limitations*
- d. Other Practitioners' Services
☐ Provided: ☐ No limitations ☐ With limitations*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
☐ Provided: ☐ No limitations ☐ With limitations*
- b. Home health aide services provided by a home health agency.
☐ Provided: ☐ No limitations ☐ With limitations*
- c. Medical supplies, equipment, and appliances suitable for use in the home.
☐ Provided: ☐ No limitations ☐ With limitations*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 86-6
Supersedes _____
TN No. _____

Approval Date 2/9/87

Effective Date 12/1/86

HCFA ID: 0140P/0102A

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

8. Private duty nursing services.
☐ Provided: ☐ No limitations ☐ With limitations*
9. Clinic services.
☐ Provided: ☐ No limitations ☐ With limitations*
10. Dental services.
☐ Provided: ☐ No limitations ☐ With limitations*
11. Physical therapy and related services.
a. Physical therapy.
☐ Provided: ☐ No limitations ☐ With limitations*
b. Occupational therapy.
☐ Provided: ☐ No limitations ☐ With limitations*
c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.
☐ Provided: ☐ No limitations ☐ With limitations*
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
a. Prescribed drugs.
☐ Provided: ☐ No limitations ☐ With limitations*
b. Dentures.
☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 86-6
Supersedes _____
TN No. _____

Approval Date 2/9/87

Effective Date 12/1/86

HCFA ID: 0140P/0102A

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

- c. Prosthetic devices.
☒ Provided: ☒ No limitations ☒ With limitations*
- d. Eyeglasses.
☒ Provided: ☒ No limitations ☒ With limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
☒ Provided: ☒ No limitations ☒ With limitations*
- b. Screening services.
☒ Provided: ☒ No limitations ☒ With limitations*
- c. Preventive services.
☒ Provided: ☒ No limitations ☒ With limitations*
- d. Rehabilitative services.
☒ Provided: ☒ No limitations ☒ With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
☒ Provided: ☒ No limitations ☒ With limitations*
- b. Skilled nursing facility services.
☒ Provided: ☒ No limitations ☒ With limitations*
- *Description provided on attachment.

TN No. 86-6
Supersedes _____
TN No. _____

Approval Date 2/9/87

Effective Date 12/1/86

HCFA ID: 0140P/0102A

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

- c. Intermediate care facility services.
- ☒ Provided: ☒ No limitations ☐ With limitations*
15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.
- ☒ Provided: ☒ No limitations ☐ With limitations*
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- ☒ Provided: ☒ No limitations ☐ With limitations*
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- ☒ Provided: ☒ No limitations ☐ With limitations*
17. Nurse-midwife services.
- ☒ Provided: ☒ No limitations ☐ With limitations*
18. Hospice care (in accordance with section 1905(o) of the Act).
- ☒ Provided: ☒ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 86-6
Supersedes
TN No. _____

Approval Date 2/9/87

Effective Date 12/1/86

HCFA ID: 0140P/0102A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: WYOMING

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NOT APPLICABLE

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.

☐ Provided: + ☐ Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

☐ Provided: + ☐ Additional coverage ++ ☐ Not provided.

21. Certified pediatric or family nurse practitioners' services.

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ 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. 94-012

Approval Date 07/24/95 Effective Date 07/01/95

State/Territory: WYOMING

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Not Applicable

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act.)

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

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

b. 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. 87-006

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

State/Territory: WYOMING

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

24. 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 ☐ Not Provided

25. 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

☐ Not provided.

NOT APPLICABLE

TN No. 00-005

Supersedes

TN No. 92-013

Approval Date 06/05/00

Effective Date 04/01/00

STANDARDS AND METHODS TO ASSURE HIGH QUALITY CARE:

1. All inpatient admissions are on physician orders.
2. All inpatient care is subject to utilization review.
3. Preference is given to semi-private accommodations.
4. Sample of all claims received are reviewed by the medical consultant.
5. Specialty consultation is available as needed.
6. Annual medical reviews are provided to all skilled and intermediate nursing facility residents.
7. A close working relationship is maintained between the agency and the professional organizations, and the state licensing authority, the Health Planning and Implementation Division.

TN No. 00-003

Supersedes

Approval Date 02/01/00Effective Date 12/01/99TN No. ~~99-07~~ 99-007

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

STATE: WYOMING

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

The Wyoming Medicaid Program will review all cases presented for bone marrow/stem cell and organ transplantation for recipients under the age of 21. Bone marrow/stem cell, kidney and liver transplants are covered and reviewed for recipients over 21 years of age.

1. Prior Authorization is required

- A. All cases presented for transplantation (with the exception of Cornea) require prior authorization.
- B. Each case receives individualized review and is evaluated for medical necessity. The medical necessity criteria that substantiates transplantation must include:
 - i. Diagnostic confirmation by clinical laboratory studies of the underlying pathological process.
 - ii. Clinical and physiological verification of end stage failure that is unresponsive to applied treatment regimens.
 - iii. Transplantation is the best available definitive treatment for the underlying pathological process and end stage functional failure.
 - iv. Long range prognosis will be considered.
 - v. Each case is reviewed for confirmation that no coexisting conditions are present to contraindicate undertaking transplantation.
 - vi. Management of the procedures at a medical center of expertise providing high quality care through all necessary support systems and trained experienced staff is required.

2. Patient Selection Criteria

Before providing covered transplant services, the facility is required to submit its patient selection criteria, including medical-physical indications and contra-indications and psycho-social criteria.

3. Evaluation and treatment at a Transplant Center

All cases must undergo evaluation, study, and staging at a medical center specializing in transplantation. Medicaid clients may receive treatment only in approved Medicaid/Medicare facilities.

State:

Citation	Condition or Requirement
1932(a)(1)(A)	<p>A. <u>Section 1932(a)(1)(A) of the Social Security Act.</u></p> <p>The State of Wyoming enrolls Medicaid beneficiaries on a voluntary basis into primary care case managers (PCCMs) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on state wideeness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230). This authority may not be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries who are Medicare eligible, who are Indians (unless they would be enrolled in certain plans—see D.2.ii. below), or who meet certain categories of “special needs” beneficiaries (see D.2.iii. - vii. below)</p> <p>B. <u>General Description of the Program and Public Process.</u></p> <p>For B.1 and B.2, place a check mark on any or all that apply.</p>
1932(a)(1)(B)(i) 1932(a)(1)(B)(ii) 42 CFR 438.50(b)(1)	<p>1. The State will contract with an</p> <p>___ i. MCO __X__ ii. PCCM (including capitated PCCMs that qualify as PAHPs) ___ iii. Both</p>
42 CFR 438.50(b)(2) 42 CFR 438.50(b)(3)	<p>2. The payment method to the contracting entity will be:</p> <p>__X__ i. fee for service; ___ ii. capitation; __X__ iii. a case management fee; for the PCCM ___ iv. a bonus/incentive payment; ___ v. a supplemental payment, or ___ vi. other. (Please provide a description below).</p>
1905(t) 42 CFR 440.168 42 CFR 438.6(c)(5)(iii)(iv)	<p>3. For states that pay a PCCM on a fee-for-service basis, incentive payments are permitted as an enhancement to the PCCM’s case management fee, if certain conditions are met.</p>

State:

Citation

Condition or Requirement

If applicable to this state plan, place a check mark to affirm the state has met ***all*** of the following conditions (which are identical to the risk incentive rules for managed care contracts published in 42 CFR 438.6(c)(5)(iv)).

- ☐ i. Incentive payments to the PCCM will not exceed 5% of the total FFS payments for those services provided or authorized by the PCCM for the period covered.
- ☐ ii. Incentives will be based upon specific activities and targets.
- ☐ iii. Incentives will be based upon a fixed period of time.
- ☐ iv. Incentives will not be renewed automatically.
- ☐ v. Incentives will be made available to both public and private PCCMs.
- ☐ vi. Incentives will not be conditioned on intergovernmental transfer agreements.
- ☒ vii. Not applicable to this 1932 state plan amendment.

CFR 438.50(b)(4)

4. Describe the public process utilized for both the design of the program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan program has been implemented.

The State has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act. Public notice will be published on the Wyoming Department of Health website which is available to the public on an ongoing basis. In addition ongoing public input is solicited through various provider advisory committees including the Physician Advisory Group. Tribal notification is provided through e-mail to designated tribal leadership and the Indian Health Service.

State:

Citation	Condition or Requirement
1932(a)(1)(A)	<p>5. The state plan program will ___/will not <u>X</u> implement mandatory enrollment into managed care on a statewide basis.</p> <p>If not statewide, mandatory ___/ voluntary <u>X</u> enrollment will be implemented in the following county/area(s):</p> <p>i. county/counties (mandatory) _____</p> <p>ii. county/counties (voluntary) <u>ALL</u> _____</p> <p>iii. area/areas (mandatory) _____</p> <p>iv. area/areas (voluntary) <u>ALL</u> _____</p> <p>C. <u>State Assurances and Compliance with the Statute and Regulations.</u></p> <p>If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.</p> <p>1. <u>NA</u> The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.</p> <p>2. <u>X</u> The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts will be met.</p> <p>3. <u>NA</u> The state assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring recipients to receive their benefits through managed care entities will be met.</p> <p>No limitations will be placed on the recipient freedom of choice of providers.</p> <p>4. <u>X</u> The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.</p>

State:

Citation	Condition or Requirement
1932(a)(1)(A) 42 CFR 438 42 CFR 438.50(c)(4) 1903(m)	5. X__ The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs and PCCMs will be met.
1932(a)(1)(A) 42 CFR 438.6(c) 42 CFR 438.50(c)(6)	6. NA__ The state assures that all applicable requirements of 42 CFR 438.6(c) for payments under any risk contracts will be met.
1932(a)(1)(A) 42 CFR 447.362 42 CFR 438.50(c)(6)	7. X__ The state assures that all applicable requirements of 42 CFR 447.362 for payments under any nonrisk contracts will be met.
45 CFR 74.40	8. X__ The state assures that all applicable requirements of 45 CFR 92.36 for procurement of contracts will be met.

D. Eligible groups

- | | |
|-----------------------------------|--|
| 1932(a)(1)(A)(i) | 1. List all eligible groups that will be enrolled on a mandatory basis.

Enrollment is voluntary for all persons and groups into PCCMs. No persons will be enrolled on a mandatory basis |
| | 2. Mandatory exempt groups identified in 1932(a)(1)(A)(i) and 42 CFR 438.50.

Use a check mark to affirm if there is voluntary enrollment any of the following mandatory exempt groups. |
| 1932(a)(2)(B)
42 CFR 438(d)(1) | i. X__ (for PCCM only) Recipients who are also eligible for Medicare.

If enrollment is voluntary, describe the circumstances of enrollment.

Clients voluntarily enroll by utilizing the fee for service provider of their choice. The client's history will indicate whether they have chosen a primary care provider. |

State:

Citation	Condition or Requirement
1932(a)(2)(C) 42 CFR 438(d)(2)	ii. X___ (for PCCM only) Indians who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act.
1932(a)(2)(A)(i) 42 CFR 438.50(d)(3)(i)	iii. X___ (for PCCM only) Children under the age of 19 years, who are eligible for Supplemental Security Income (SSI) under title XVI.
1932(a)(2)(A)(iii) 42 CFR 438.50(d)(3)(ii)	iv. X___ (for PCCM only) Children under the age of 19 years who are eligible under 1902(e)(3) of the Act.
1932(a)(2)(A)(v) 42 CFR 438.50(3)(iii)	v. X___ (for PCCM only) Children under the age of 19 years who are in foster care or other out-of-the-home placement.
1932(a)(2)(A)(iv) 42 CFR 438.50(3)(iv)	vi. X___ (for PCCM only) Children under the age of 19 years who are receiving foster care or adoption assistance under title IV-E.
1932(a)(2)(A)(ii) 42 CFR 438.50(3)(v)	vii. X___ (for PCCM only) Children under the age of 19 years who are receiving services through a family-centered, community based, coordinated care system that receives grant funds under section 501(a)(1)(D) of title V, and is defined by the state in terms of either program participation or special health care needs.

E. Identification of Mandatory Exempt Groups

- | | |
|--------------------------------|--|
| 1932(a)(2)
42 CFR 438.50(d) | 1. Describe how the state defines children who receive services that are funded under section 501(a)(1)(D) of title V.

Enrollment in the Maternal and Child Health Children's Special Health Program. |
| 1932(a)(2)
42 CFR 438.50(d) | 2. Place a check mark to affirm if the state's definition of title V children is determined by:

____ i. program participation,
____ ii. special health care needs, or
<u>X</u> ____ iii. both |

State:

Citation	Condition or Requirement
1932(a)(2) 42 CFR 438.50(d)	<p>3. Place a check mark to affirm if the scope of these title V services is received through a family-centered, community-based, coordinated care system.</p> <p><input checked="" type="checkbox"/> i. yes <input type="checkbox"/> ii. no</p>
1932(a)(2) 42 CFR 438.50 (d)	<p>4. Describe how the state identifies the following groups of children who are exempt from mandatory enrollment:</p> <p>i. Children under 19 years of age who are eligible for SSI under title XVI; Not applicable to voluntary PCCM program</p> <p>ii. Children under 19 years of age who are eligible under section 1902 (e)(3) of the Act; Not applicable to voluntary PCCM program</p> <p>iii. Children under 19 years of age who are in foster care or other out-of-home placement; Not applicable to voluntary PCCM program</p> <p>iv. Children under 19 years of age who are receiving foster care or adoption assistance. Not applicable to voluntary PCCM program</p>
1932(a)(2) 42 CFR 438.50(d)	<p>5. Describe the state's process for allowing children to request an exemption from mandatory enrollment based on the special needs criteria as defined in the state plan if they are not initially identified as exempt.</p> <p>Not applicable to voluntary PCCM program</p>

State:

Citation	Condition or Requirement
1932(a)(2) 42 FR 438.50(d)	<p>6. Describe how the state identifies the following groups who are exempt from mandatory enrollment into managed care:</p> <p>i. Recipients who are also eligible for Medicare</p> <p>Not applicable to voluntary PCCM program</p> <p>ii. Indians who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act.</p> <p>Not applicable to voluntary PCCM program</p>
42 CFR 438.50	<p>F. List other eligible groups (not previously mentioned) who will be exempt from mandatory enrollment</p> <p>Not applicable to voluntary PCCM program</p>
42 CFR 438.50	<p>G. List all other eligible groups who will be permitted to enroll on a voluntary basis</p> <p>All groups described as eligible in Section 2.2 of Wyoming's approved State Medicaid Plan will be permitted to enroll on a voluntary basis into the PCCM program. Wyoming Medicaid will not make PMPM payments for Medicare buy-in individuals (QMB, SLMB), non-full Medicaid individuals (Breast and Cervical Cancer program, Tuberculosis program) or emergency service groups (non-citizens).</p>

State:

Citation	Condition or Requirement
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H. Enrollment process.

1932(a)(4)
42 CFR 438.50

1. Definitions

- i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient during the previous year. This may be established through state records of previous managed care enrollment or fee-for-service experience.
- ii. A provider is considered to have "traditionally served" Medicaid recipients if it has experience in serving the Medicaid population.

1932(a)(4)
42 CFR 438.50

2. State process for enrollment by default.

Describe how the state's default enrollment process will preserve:

- i. the existing provider-recipient relationship (as defined in H. I. i).

For the PCCM program:

Wyoming Medicaid will not disrupt or interfere with the existing provider-recipient relationship.

There is no default enrollment process, but there will be a look-back at paid claims for the past 12 months for the PCCM for selected Evaluation and Management and Preventive Visit codes for Established Patients. If the client is currently Medicaid enrolled, the PCCM with all of the selected Evaluation and Management and Preventive Visit codes visits with a specific client will receive the attribution and the PMPM payment for that client for the month. If Wyoming Medicaid is billed a PMPM for the same month by multiple providers and the client used services at multiple PCCMs, the client will be attributed to neither PCCM resulting in denial of both PMPM provider claims for the month. The attribution will be re-assessed on a monthly basis for a rolling twelve months (i.e. each month, the oldest month will be dropped and the newest month added).

State:

Citation	Condition or Requirement
	<p>ii. the relationship with providers that have traditionally served Medicaid recipients (as defined in H.2.ii).</p> <p><u>For the PCCM program:</u> Any willing provider that meets the enrollment criteria may enroll.</p>
	<p>iii. the equitable distribution of Medicaid recipients among qualified MCOs and PCCMs available to enroll them, (excluding those that are subject to intermediate sanction described in 42 CFR 438.702(a)(4)); and disenrollment for cause in accordance with 42 CFR 438.56 (d)(2).</p> <p><u>For the PCCM program:</u> Any willing provider that meets the enrollment criteria may enroll.</p>
1932(a)(4) 42 CFR 438.50	<p>3. As part of the state's discussion on the default enrollment process, include the following information:</p> <p>The PCCM program is voluntary and therefore does not utilize a default enrollment process.</p> <p>Items 3.i-3vi below do not apply to the enhanced PCCM program.</p> <p>i. The state will ___/will not <u>X</u> use a lock-in for managed care managed care.</p> <p>ii. The time frame for recipients to choose a health plan before being auto-assigned will be ___N/A___.</p>

State:

Citation	Condition or Requirement
iii.	Describe the state's process for notifying Medicaid recipients of their auto-assignment. <i>(Example: state generated correspondence.)</i> Not applicable
iv.	Describe the state's process for notifying the Medicaid recipients who are auto-assigned of their right to disenroll without cause during the first 90 days of their enrollment. <i>(Examples: state generated correspondence, HMO enrollment packets etc.)</i> Not applicable
v.	Describe the default assignment algorithm used for auto-assignment. <i>(Examples: ratio of plans in a geographic service area to potential enrollees, usage of quality indicators.)</i> Not applicable
vi.	Describe how the state will monitor any changes in the rate of default assignment. <i>(Example: usage of the Medical Management Information System (MMIS), monthly reports generated by the enrollment broker)</i> Not applicable

State:

Citation	Condition or Requirement
1932(a)(4) 42 CFR 438.50	<p>I. <u>State assurances on the enrollment process</u></p> <p>Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.</p> <p>1. <input type="checkbox"/> The state assures it has an enrollment system that allows recipients who are already enrolled to be given priority to continue that enrollment if the MCO or PCCM does not have capacity to accept all who are seeking enrollment under the program.</p> <p><input checked="" type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.</p> <p>2. <input type="checkbox"/> The state assures that, per the choice requirements in 42 CFR 438.52, Medicaid recipients enrolled in either an MCO or PCCM model will have a choice of at least two entities unless the area is considered rural as defined in 42 CFR 438.52(b)(3).</p> <p><input checked="" type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.</p> <p>3. <input type="checkbox"/> The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs and PCCMs.</p> <p><input checked="" type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.</p> <p>4. <input type="checkbox"/> The state limits enrollment into a single Health Insuring Organization (HIO), if and only if the HIO is one of the entities described in section 1932(a)(3)(C) of the Act; and the recipient has a choice of at least two primary care providers within the entity. (California only.)</p> <p><input checked="" type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.</p> <p>5. <input type="checkbox"/> The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.</p> <p><input checked="" type="checkbox"/> (for the PCCM program only) This provision is not applicable to this 1932 State Plan Amendment.</p>

State:

Citation	Condition or Requirement
1932(a)(4) 42 CFR 438.50	<p>J. <u>Disenrollment</u></p> <p>1. The state will ___/will not <u>X</u> use lock-in for managed care.</p> <p>2. The lock-in will apply for <u>N/A</u> months (up to 12 months).</p> <p>3. Place a check mark to affirm state compliance.</p> <p>___ The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).</p> <p><u>X</u> Not Applicable</p> <p>4. Describe any additional circumstances of "cause" for disenrollment (if any).</p> <p>None</p>
1932(a)(5) 42 CFR 438.50 42 CFR 438.10	<p>K. <u>Information requirements for beneficiaries</u></p> <p>Place a check mark to affirm state compliance.</p> <p><u>X</u> The state assures that its state plan program is in compliance with 42 CFR 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments. (Place a check mark to affirm state compliance.)</p>
1932(a)(5)(D) 1905(t)	<p>L. <u>List all services that are excluded for each model (MCO & PCCM)</u></p> <p><u>For the PCCM program:</u> No services are excluded for the PCCM program.</p>

State:

Citation	Condition or Requirement
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1932 (a)(1)(A)(ii)

M. Selective contracting under a 1932 state plan option

To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.

1. The state will ____/will not X intentionally limit the number of entities it contracts under a 1932 state plan option.
2. ____ The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.
3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option.

For the PCCM program:

There is no limit on enrollees. There is no limit on providers meeting qualification to enroll. Wyoming uses a non-competitive contracting and enrollment process soliciting applications from interested Family/General Practice, Internal Medicine, and Pediatric providers in all areas of the state.

4. X The selective contracting provision in not applicable to this state plan.

Revision: HCFA-PM-93-5 (MB)
May 1993

State WYOMING

Citation

3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902 (a)(10)(E)(i) and
1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-in agreement for:

X Part A X Part B

— The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

TN # 95-003
Supersedes
TN # 93-008

Approval Date 06/21/95

Effective Date 01/01/95

Revision: HCFA-PM-97-3 (CMSO)
December 1997

STATE: Wyoming

Citation

1902(a)(10)(E)(ii)
and 1905(s) of the Act

(ii) Qualified Disabled and Working Individual (ODWI)

The Medicaid agency pays Medicare part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii) and
1905(p)(3)(A)(ii) of the Act

(iii) Specified Low-Income Medicare Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2A of this plan.

1902(a)(10)(E)(iv)(I),
1905(p)(3)(A)(ii), and
1933 of the Act

(iv) Qualifying Individual-1 (QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.

(v) *deleted*

TN No. 03-001
Supersedes
TN No. 98-02

Approval Date 03/11/03

Effective Date 01/01/2003

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: WYOMING

Citation

1843(b) and 1905(a)
of the Act and
42 CFR 431.625

(vi) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

- X All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) withing a group listed at 42 CFR 431.625(d)(2).
- Individuals receiving title II or Railroad Retirement benefits.
- Medically needy individuals (FFP is not available for this group).

1902(a)(30) and
1905(a) of the Act

(2) Other Health Insurance

- X The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

TN No. 98-02
Supersedes
TN No. 93-011

Approval Date 03/13/98 Effective Date 1/1/98

Revision: HCFA-PM- (MB)

State/Territory: WYOMINGCitation(b) Deductibles/Coinsurance

(1) Medicare Part A and B

1902(a)(30), 1902(n),
1905(a), and 1916 of the
Act

Supplement 1 to ATTACHMENT 4.19-B
describes the methods and standards for
establishing payment rates for services
covered under Medicare, and/or the
methodology for payment of Medicare
deductible and coinsurance amounts, to the
extent available for each of the following
groups.

Sections 1902
(a)(10)(E)(i) and
1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries
(QMBs)

The Medicaid agency pays Medicare
Part A and Part B deductible and
coinsurance amounts for QMBs
(subject to any nominal Medicaid
copayment) for all services
available under Medicare.

1901(a)(10),
1902(a)(30),
and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for
Medicaid services also covered
under Medicare and furnished to
recipients entitled to Medicare
(subject to any nominal Medicaid
copayment). For services
furnished to individuals who are
described in section
3.2(a)(1)(iv), payment is made as
follows:

42 CFR 431.625

X For the entire range of
services available under
Medicare Part B.

— Only for the amount,
duration, and scope of
services otherwise
available under this plan.

1902(a)(10),
1902(a)(30),
1905(a), and 1905(p)
of the Act

(iii) Dual Eligible--OMB plus

The Medicaid agency pays Medicare
Part A and Part B deductible and
coinsurance amounts for all
services available under Medicare
and pays for all Medicaid services
furnished to individuals eligible
both as QMBs and categorically or
medically needy (subject to any
nominal Medicaid copayment).

TN No. 93-008
Supersedes Approval Date 4/27/93
TN No. 92-02

Effective Date 3/1/93

HCFA ID: 7982E

Revision: HCFA-PM-91-8 (MB)
October 1991

OMB No.:

State/Territory: _____

Citation

Condition or Requirement

1906 of the
Act

(c) Premiums, Deductibles, Coinsurance
and Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).

1902(a)(10)(F)
of the Act

(d) / X / The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

TN No. 93-001
Supercedes
TN No. NEW

Approval Date 2/18/93

Effective Date 1/1/93
HCFA ID: 7983E

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

State Wyoming

Citation

42 CFR 441.101,
42 CFR 431.620(c)
and (d)
AT-79-29

3.3 Medicaid for Individuals Age 65 or Over in
Institutions for Mental Diseases

Medicaid is provided for individuals 65 years
of age or older who are patients in
institutions for mental diseases.

☒ Yes. The requirements of 42 CFR Part 441,
Subpart C, and 42 CFR 431.620(c) and (d)
are met.

☐ Not applicable. Medicaid is not provided
to aged individuals in such institutions
under this plan.

TN # 84-6
Supersedes
TN # 77-1

Approval Date 7/6/84

Effective Date 6/1/84

OFFICIAL

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

State Wyoming

Citation
42 CFR 441.252
AT-78-99

3.4 Special Requirements Applicable to
Sterilization Procedures

All requirements of 42 CFR Part 441, Subpart F
are met.

TN # 79-4

Supersedes _____

TN # _____

Approval Date 7/25/79

Effective Date 7/1/79

Revision: HCFA-PM-91- (BPD)
1991

OMB No.: 0938-

State: WYOMINGCitation1902(a)(52)
and 1925 of
the Act

3.5

Families Receiving Extended Medicaid Benefits

- (a) Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).
- (b) Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are--
- ☐ Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).
- ☒ Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:
- ☒ Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
- ☐ Medical or remedial care provided by licensed practitioners.
- ☐ Home health services.

TN No. 91-13
Supersedes
TN No. 89-03

Approval Date

1/14/92

Effective Date

12/1/9196-12

HCFA ID: 7982E

Revision: HCFA-PM-91-
1991 (BPD)

OMB No.: 0938-

State: WOMING

Citation 3.5 Families Receiving Extended Medicaid Benefits
(Continued)

- ☐ Private duty nursing services.
- ☐ Physical therapy and related services.
- ☐ Other diagnostic, screening, preventive, and rehabilitation services.
- ☒ Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
- ☒ Intermediate care facility services for the mentally retarded.
- ☒ Inpatient psychiatric services for individuals under age 21.
- ☐ Hospice services.
- ☐ Respiratory care services.
- ☐ Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 91-13

Supersedes

TN No. 89-690-12

Approval Date

1/14/92

Effective Date

12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91- (BPD)
1991

OMB No.: 0938-

State: WYOMING

Citation 3.5 Families Receiving Extended Medicaid Benefits
(Continued)

(c) ☐ The agency pays the family's premiums, enrollment fees, deductibles, coinsurance, and similar costs for health plans offered by the caretaker's employer as payments for medical assistance--

☐ 1st 6 months ☐ 2nd 6 months

☐ The agency requires caretakers to enroll in employers' health plans as a condition of eligibility.

☐ 1st 6 mos. ☐ 2nd 6 mos.

(d) ☐ (1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:

☐ Enrollment in the family option of an employer's health plan.

☐ Enrollment in the family option of a State employee health plan.

☐ Enrollment in the State health plan for the uninsured.

☐ Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

TN No. 91-13

Supersedes

No. 90-12

Approval Date

1/14/92

Effective Date

12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91- (BPD)
1991

OMB No.: 0938-

State: WYOMING

Citation: 3.5 Families Receiving Extended Medicaid Benefits
(continued)

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency—

(i) Pays all premiums and enrollment fees imposed on the family for such plan(s).

[] (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

3.6 Unemployed Parent

For purposes of determining whether a child is deprived on the basis of unemployment of a parent, the agency —

[] Uses the standard for measuring unemployment which was in the AFDC State Plan in effect on July 16, 1996.

[X] Uses the following more liberal standard to measure unemployment:

The principal wage earner is considered unemployed if the family's income is below the program's income limit for the family size.

TN No. 99-04
Supersedes
TN No. 91-13

Approval Date 08/25/99

Effective Date July 1, 1999