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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-16-0009

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

NOV 01 2016

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

Re: Wyoming 16-0009

Dear Ms. Green:

We have reviewed the proposed amendment to Attachment 4.19-D and 4.19-C of your Medicaid State plan submitted under transmittal number (TN) 16-0009. Effective for services on or after July 1, 2016, and October 1, 2016, this amendment removes payment for reserve bed days in long term care facilities, and revises Attachment 4.19-D to allow for percentage adjustment for each bed range group for nursing facilities.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 16-0009 is approved effective July 1, 2016. The CMS-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,

A solid black rectangular box used to redact the signature of Kristin Fan.

Kristin Fan
Director

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

1. TRANSMITTAL NUMBER:

WY16-0009

2. STATE:

WYOMING

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4. PROPOSED EFFECTIVE DATE
July 1, 2016

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

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.40

7. FEDERAL BUDGET IMPACT:
FFY2017 – (\$351,337)
FFY2018 – (\$351,337)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19C
Attachment 4.19D Pages 1-45

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

TN93-020
TN15-003

10. SUBJECT OF AMENDMENT:

Wyoming is seeking to update its payment policy for nursing facility and swing bed reserve bed days. Wyoming Medicaid will no longer reimburse these providers for reserve bed days. Wyoming Medicaid also wishes to adjust Section 15 (f) in Attachment 4.19 D to allow for a + or – 5% adjustment within bed range group.

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

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 8/10/16

16. RETURN TO:

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

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

NOV 01 2016

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Kristin FAN

22. TITLE:

Director, FMCA

REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

Effective for dates of services on or after October 1, 2016 payments for reserved bed days in long term care facilities will not be made.

Payments for reserved bed days in intermediate care facilities for the intellectually disabled will be made.

- a) For periods of hospitalization for acute conditions, up to 15 days per calendar year.
- b) Therapeutic home visits are limited to 30 days per calendar year, not exceeding 15 days in duration more than once per month.