

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

1. TRANSMITTAL NUMBER:
11-001

2. STATE
WYOMING

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4. PROPOSED EFFECTIVE DATE
June 1, 2011

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

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902 (a)(80) of the Social Security Act, P.L. 111-148 (Section
6505)

7. FEDERAL BUDGET IMPACT:
a. FFY 2010 \$0.00
b. FFY 2011 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.44

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

NEW

10. SUBJECT OF AMENDMENT: Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States

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

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

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:
TERI GREEN
STATE MEDICAID AGENT
OFFICE OF HEALTH CARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

CC: AMY GUIMOND, MANAGEMENT ASSISTANT
(SAME ADDRESS)

15. DATE SUBMITTED: 2/7/11

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 02/07/2011

18. DATE APPROVED: 2/14/11

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
06/01/2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Richard C. Allen

22. TITLE:
Associate Regional Administrator, DMCHO

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

<u>Citation</u> 1902 (a)(80) of the Act, P.L 111-148 (Section 6505)	4.44	Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States
	<u>X</u>	The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States

TN No. 11-001
Supersedes
TN No. New

Approval Date: 2/14/11

Effective Date: June 1, 2011