

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

1. TRANSMITTAL NUMBER:
11-002

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
April 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:
42 CFR 433.68 and 42 CFR 447.272

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$4.0M
b. FFY 2012 \$8.0M

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19D page 31c Addendum 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:
Adding a provider assessment and UPL payment to the Nursing Facility Providers

11. GOVERNOR'S REVIEW (Check One):

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:



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: 4/13/11

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: JUL - 6 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
APR - 1 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: PENNY THOMPSON

22. TITLE: Deputy Director, CMCS

23. REMARKS: