

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



JUN 19 2013

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

Re: Wyoming 13-003

Dear Ms. Green:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 13-003. Effective for services on or after February 1, 2013, this amendment updates the State plan to provide for a reimbursement methodology specific for nursing facilities operating under the Indian Health Service, Public Law 93-638 authority.

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 (the Act) and the regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 13-003 is approved effective February 1, 2013. The HCFA-179 and the amended plan page are attached.

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

Sincerely,

A handwritten signature in black ink, which appears to read "Cindy Mann". The signature is written in a cursive style and is positioned above the printed name and title.

Cindy Mann
Director