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**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: WY-14-004**

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway Suite 700  
Denver CO 80202-4967



## Region VIII

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April 23, 2014

Teri Green, State Medicaid Agent  
Wyoming Division of Health Care Financing  
401 Hathaway Building  
Cheyenne, WY 82002

RE Wyoming #14-004

Dear Ms Green

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-004. This SPA concerns TCM payment methodology in state plan for 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.

Please be informed that this State Plan Amendment is approved effective February 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

Please note that the SPA WY-14-003 corresponds to this SPA and is pending approval. This SPA identifies the rate methodology for the coverage definitions of the Target Case Management services in WY-14-004. Since the coverage definitions have not yet been approved, changes to SPA WY-14-003 could require changes to the State Plan sections that are covered by this SPA.

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

CC Chris Bass  
Lee Clabots, Deputy Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR HEALTH CARE FINANCING ADMINISTRATION</b>		1 TRANSMITTAL NUMBER. 14-004	2 STATE WYOMING
		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 February 1, 2014	
5 TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6 FEDERAL STATUTE/REGULATION CITATION 42 CFR 441.18, 42 CFR 440.169		7 FEDERAL BUDGET IMPACT  \$0	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4 19B Item 19 Page 3a, 3b		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4 19B Item 19 Page 1c	
10 SUBJECT OF AMENDMENT Wyoming is seeking to better define the targeted case management payment methodology in state plan for 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. Rates are not changing. The State is simply updating the transparency of its existing rate methodology			
11 GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing</u>	
12 SIGNATURE OF STATE AGENCY OFFICIAL  /s/		16 RETURN TO: TERI GREEN STATE MEDICAID AGENT DIVISION OF HEALTHCARE FINANCING 6101 YELLOWSTONE ROAD SUITE 210 CHEYENNE, WY 82002	
13 TYPED NAME TERI GREEN		CC CHRIS BASS, MANAGEMENT ASSISTANT (SAME ADDRESS)	
14 TITLE STATE MEDICAID AGENT			
15 DATE SUBMITTED			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17 DATE RECEIVED 1/30/14		18 DATE APPROVED 4/23/14	
19 EFFECTIVE DATE OF APPROVED MATERIAL 2/1/14		20 SIGNATURE OF REGIONAL OFFICIAL /s/	
21 TYPED NAME Richard C. Allen		22 TITLE ARA, DMCH	
REMARKS			

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM**

**STATE OF WYOMING**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF SERVICES**

**Targeted Case Management Services Non-waiver Nursing Facility clients, all ages**

Payment for targeted case management (TCM) services under the State Plan do not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The reimbursement methodology is based upon actual expense from several quarters of invoices from the existing transition service providers, average number of clients, and the average amount of time spent with each client. This average rate established a rate for a 15 minute unit consists with other Targeted Case Management services provided by the Department of Health.

TCM services for clients are reimbursed at the lower of the following:

- 1 Submitted charges, or
- 2 Fee schedule as determined by the Department of Health

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of TCM services for clients. The agency's fee schedule rate is set as of September 22, 2007 and is effective for services provided on or after that date.

The reimbursement rates for these services can be found on the following website  
<http://wyequalitycare.acs-inc.com/>

- 1 A unit for Targeted Case Management is defined as a complete 15 minute unit. a maximum of 80 hours or 320 units will be paid per nursing facility episode per client. The providers are monitored for appropriate billing accumulation of time
- 2 The State agency will assure, through system monitoring, that billed time does not exceed 32 billable units per day by a practitioner to deliver the targeted case management services.
- 3 As required by regulations, these payments will be subject to utilization review and system editing for efficiency, economy and quality of care
- 4 All providers are required to document the following information for reimbursement of TCM services.
  - a. Date of Service
  - b. Place of Services
  - c. Total billable units
  - d. Total charges
  - e. Type of service
  - f. Description of Service

5. The Medicaid fee schedule does reflect per unit of service, but not the fee. The rate is published in a provider bulletin that is then placed on the <http://wyequalitycare.acs-inc.com/>