
Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-14-005

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



Region VIII

June 3, 2014

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

RE: Wyoming #14-005

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-005. This SPA concerns Wyoming's coverage for targeted case management for adults with serious and persistent mental illness.

Please be informed that this State Plan Amendment was approved on May 29, 2014 with an effective date of February 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

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

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

1. TRANSMITTAL NUMBER:
14-005

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
February 1, 2014

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 441.18, 42 CFR 440.169

7. FEDERAL BUDGET IMPACT:
\$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 1 to Attachment 3.1-A, Pages 1a, 1b, 1c, 1d, 1e, 1f

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Supplement 1 to Attachment 3.1-A, Pages 1a, 1b, 1c

10. SUBJECT OF AMENDMENT:
Wyoming is seeking to update the targeted case management state plan for persons with a serious and persistent mental illness who are age twenty one (21) and older who have a behavioral health disorder that results in a long-term limitation of the person's capacity to function in activities of daily living and to remain in his/her home community without a range of treatment and other support services.

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:

/s/

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 1/30/14

16. RETURN TO:

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

CC: CHRIS BASS, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
1/30/14

18. DATE APPROVED: 5/29/14

19. EFFECTIVE DATE OF APPROVED MATERIAL:
2/1/14

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Richard C. Allen

22. TITLE:
ARA, DMCHO

REMARKS:

State Plan under Title XIX of the Social Security Act
State/Territory: WYOMING

TARGETED CASE MANAGEMENT SERVICES for Adults with Serious and Persistent
Mental Illness

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Persons who are age twenty one (21) and older who have a serious and persistent mental illness, including adults with substance use disorders, who also have long-term limitations on their capacity to function in the community resulting solely from their mental illness or substance use disorder.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

X Entire State

 Only in the following geographic areas: [Specify areas]

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

 Services are provided in accordance with §1902(a)(10)(B) of the Act.

X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - identifying the individual's needs and completing *related documentation*; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual; and,
 - the state reassess the individual's needs every ninety (90) days and at the same time the initial comprehensive assessment and individual plan of care for Targeted Case Management (TCM) services is reassessed in conjunction with the client's quarterly treatment plan progress review, or more often as individual client preference and need indicates.

TN# 14-005 Approval Date 05/29/14 Effective Date 2/1/14
 Supersedes TN# 95-008

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual; and,
 - the individual plan of care is reassessed every 90 days, or more often as individual client need indicates.

- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate;
 - changes in the needs or status of the individual are reflected in the care plan; and,
 - Plan monitoring occurs quarterly (every 90 days), at a minimum, to assess client preferences and progress towards defined goals and to coordinate TCM activities with the client's comprehensive treatment plan.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

(42 CFR 440.169(e))

TN# 14-005 Approval Date 05/29/14 Effective Date 2/1/14
Supersedes TN# 95-008

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Providers of TCM services are required to maintain current working knowledge of community resources, human service agencies, and strong ability to work collaboratively with other agencies. Targeted case managers are part of the client's care team and provide feedback to the team on progress and goals for TCM. TCM does not include the furnishing of direct services to the client.

Targeted Case Management Services may be provided by the following disciplines who are employed by or under contract with a Medicaid-enrolled community mental health or substance abuse treatment center that is certified by the State Mental Health and Substance Abuse Treatment Authority:

- ✓ Physician, Psychologist or Advanced Practice Nurse
- ✓ Licensed or Certified Mental Health or Substance Abuse Professionals to include:
 - Licensed Professional Counselor; Licensed Clinical Social Worker; Licensed Marriage and Family Therapist; Licensed Addictions Therapist; Provisionally licensed mental health or substance abuse practitioner practicing under the supervision of a qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute;
 - Certified Social Worker (CSW) or a Certified Mental Health Worker (CMHW) who is certified by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute;
 - Certified Addictions Practitioner (CAP) who has received a baccalaureate degree in a human resource discipline or a baccalaureate level equivalency in addiction therapy and is certified by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute; and,
- ✓ Mental Health Assistant (MHA) who has achieved a bachelor's degree in a human relations discipline and who is working under the documented, scheduled supervision of a licensed mental health professional.
- ✓ Certified Peer Specialist (CPS) who has a GED, a high school degree, or a higher degree in a discipline other than human relations, who is working under the documented, scheduled supervision of a licensed mental health professional, and who has completed a course of no less than thirty two (32) contact hours of standard training in addition to completing a Wellness Recovery Action Plan. The CPS must also participate in ongoing training annually to include at least fourteen (14) contact hours of routine training, participation in at least one (1) statewide, regional, or national training/conference with at least ten (10) contact hours of training, and participation in at least three (3) local trainings that each include at least one (1) contact hour related to the advancement of peer specialist proficiencies. The CPS will be further trained in the provision of TCM services.

TN# 14-005 Approval Date 05/29/14 Effective Date 2/1/14
Supersedes TN# 95-008

- ✓ Registered Nurse (R.N.), licensed in the State of Wyoming; who has at least two years of clinical experience after the awarding of the R.N.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services. This includes State certified community mental health and substance abuse treatment centers.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

TN# 14-005 Approval Date 05/29/14 Effective Date 2/1/14
Supersedes TN# 95-008

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

The following mental disorders are not included in the definition of chronic mental illness for the purposes of determining client qualification to receive targeted case management services:

- A. A sole diagnosis of mental retardation or other developmental disability.
- B. A sole diagnosis of a substance abuse disorder.
- C. Mental disorders, due to a medical condition, for which supervision is the primary intervention need.

TN# 14-005 Approval Date 05/29/14 Effective Date 2/1/14
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