
Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-14-006

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

April 23 2014

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

RE Wyoming #14-006

Dear Ms. Green

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-006. This SPA concerns methods and standards for establishing payment rates for other types of services, specifically, services 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.

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-14-005 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-14-006. Since the coverage definitions have not yet been approved, changes to SPA WY-14-005 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 Ciabots, Deputy Director

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

FOR HEALTH CARE FINANCING ADMINISTRATION

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

1 TRANSMITTAL NUMBER.
WY 14-006

2. STATE
WYOMING

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

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
Attachment 4 19B, Item 19 Page 1a

9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

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. Rates are not changing. The State is simply updating the transparency of its existing rate methodology

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: January 30 2014

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
01/30/14

18 DATE APPROVED 04/23/14

19 EFFECTIVE DATE OF APPROVED MATERIAL
02/01/14

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
MEDICAL ASSISTANCE PROGRAM

STATE OF WYOMING

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF SERVICES

Payment for Targeted Case Management (TCM) services provided to 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 will be reimbursed on a fee-for-service basis per unit of service. For the purposes of this rule a unit of service is a period of 15 minutes.

The Department will pay the lower of the following for TCM services for this target population:

- The provider's actual submitted charge for the services, or
- The Department's fee schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both public and private providers of TCM services. Rates do not include the cost of room and board and include only Medicaid allowable costs.

The agency's fee schedule rates for targeted case management services for adults with severe and persistent mental illness were last updated September 22, 2007. The most recent agency fee schedule rates are effective for services provided on or after September 22, 2007. All rates are published at http://wyequalitycare.acs-inc.com/fee_schedule.html.