

---

## Table of Contents

**State/Territory Name:** Wyoming

**State Plan Amendment (SPA) #:** WY-16-0012

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  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Region VIII**

---

October 21, 2016

Teri Green, State Medicaid Agent  
Office of Health Care Financing  
Wyoming Department of Health  
6101 Yellowstone Road, Suite 210  
Cheyenne, WY 82009

RE: Wyoming #16-0012

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0012. This SPA make a change in Rate Methodology for Program of All-Inclusive Care for the Elderly (PACE) as a State Plan Service.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2016. 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,



Trinia J. Hunt  
Acting Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Thomas Forslund, Director  
Sheree Nall  
Cindy Tallerdy

**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:  
WY16-0012

2. STATE  
WYOMING

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

4. PROPOSED EFFECTIVE DATE  
July 1, 2016

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 460; Section 1905(a)(26) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
FFY 2017                      \$918.00  
FFY 2018                      \$918.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement 3 to Attachment 3.1-A pages 1 - 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
Supplement 3 to Attachment 3.1-A Attachment 1 Page 1

10. SUBJECT OF AMENDMENT:  
Change in Rate Methodology for Program of All-Inclusive Care for the Elderly (PACE) as a State Plan Service

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:



13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 8-18-16

16. RETURN TO:

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

CC: CINDY TALLERDY, SENIOR ADMINISTRATIVE ASSISTANT  
(SAME ADDRESS)

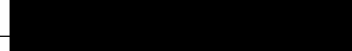
**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
August 18, 2016

18. DATE APPROVED:  
October 21, 2016

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:  
Trinia J. Hunt

22.   
Acting ARA, DMCHO

REMARKS:

**PACE State Plan Amendment  
Rate Methodology**

Wyoming's Medicaid was assisted by an actuarial firm, in calculating rates for the Program of All-Inclusive Care for the Elderly (PACE).

The PACE rates are set using a percent of fee-for-service expenditure methodology for a comparable population. The Wyoming legislation that authorizes the State to establish the optional Medicaid PACE service, specifies that the PACE capitation rate should be no less than ninety percent of the equivalent fee-for-service cost, including the department's cost of administration

The PACE rates are based on recent data with trend information from various public sources. After development the amount otherwise payable, a factor of 90% was applied to calculate the final capitation rate.

**Eligible Population**

The population eligible for the PACE in Wyoming is defined as individuals enrolled in Medicaid who meet the following criteria:

- 55 years of age or older
- Meet the criteria for admission to a nursing facility
- Live in Laramie County
- Be able to live in the community with Wyoming PACE support without jeopardizing one's current health or safety at the time of enrollment

Wyoming includes an allowance for administrative costs in the PACE rates that represent what the state cost would have been for administering a program for a comparable population.