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## **Table of Contents**

**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 18-0005**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Denver Regional Office  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**REGION VIII - DENVER**

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December 11, 2018

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

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0005. This SPA updates the fee schedule for targeted case management services provided by Family Care Coordinators.

Please be informed that this State Plan Amendment was approved today with an effective date of September 28, 2018. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Sonja Madera at (303) 844-3522.

Sincerely,



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

cc: Thomas Forslund, Director  
Sheree Nall  
Andrew Chapin  
Chris Bass

**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:

WY18-0005

2. STATE  
WYOMING

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

4. PROPOSED EFFECTIVE DATE  
September 28, 2018

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:  
SSA 1905(a)(19) and 42 CFR § 440.169 (b)

7. FEDERAL BUDGET IMPACT:

FY19 \$135,403.00  
FY20 \$135,403.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page\_4a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Page\_4a (Item 19)

10. SUBJECT OF AMENDMENT:

Wyoming is providing for a rate increase for Family Care Coordination 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:



13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: September 27, 2018  
DATE RESUBMITTED: December 6, 2018

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:

September 27, 2018

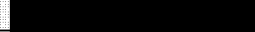
18. DATE APPROVED:

December 11, 2018

19. EFFECTIVE DATE OF APPROVED MATERIAL:

September 28, 2018

20. SIGNATURE OF STATE AGENCY OFFICIAL:



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 children and youth ages four (4) through twenty-one (21) who meet the definition of having a serious emotional disturbance (per Federal Register, volume 58, no. 96, published May 20, 1993, pgs. 29422 through 29425) will be reimbursed on a fee-for-service basis per unit of service. For the purpose 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 governmental and private providers of TCM services provided to children and youth ages four (4) through twenty-one (21) who meet the definition of having a serious emotional disturbance. The agency's fee schedule rate was set as of September 28<sup>th</sup>, 2018, and is effective for services provided on or after that date. All rates are published on the Medicaid fiscal agent's website at [https://wymedicaid.portal.conduent.com/fee\\_schedule.html](https://wymedicaid.portal.conduent.com/fee_schedule.html). Rates do not include the cost of room and board and include only Medicaid allowable costs.