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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 24-0002

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 27, 2024

Lee Grossman
State Medicaid Agent
Division of Healthcare Financing
Herschler Building
122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 24-0002

Dear State Medicaid Agent Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY 24-0002. This amendment proposes to add Psychosocial Rehabilitation - Clubhouse services to the Rehabilitation Services section of the Wyoming State Plan. It will update the Certified Social Worker's scope of work to align with the Wyoming Mental Health Professions Licensing Board and remove Applied Behavior Analysis (ABA) from this section and add it to the EPSDT section of the State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations and 42 CFR 440.130(d). This letter informs you that Wyoming's Medicaid SPA TN WY 24-0002 was approved on June 26, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wyoming State Plan.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,


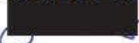
A black rectangular redaction box covers the signature of James G. Scott. A blue circular mark is visible to the left of the redaction.

Digitally signed by James G.
Scott -S
Date: 2024.06.27 11:18:06
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Brenda Stout

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER <u>2 4 - 0 0 0 2</u></p>	<p>2. STATE <u>WY</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(d)</p>		<p>4. PROPOSED EFFECTIVE DATE 07/01/2024</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A 13d, Page 1-7</p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>25,000</u> b. FFY <u>25</u> \$ <u>50,000</u></p>	
<p>9. SUBJECT OF AMENDMENT Psychosocial Rehabilitation - Clubhouse services will be added to the Rehabilitation Services. Update the Certified Social Worker's scope of work to align with the Wyoming Mental Health Professions Licensing Board. Remove Applied Behavior Analysis from this section and add it to the EPSDT section of the State Plan.</p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="radio"/> OTHER, AS SPECIFIED:</p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO Lee Grossman State Medicaid Agent Division of Healthcare Financing 122 W. 25th St., 4th Floor West Cheyenne, WY 82002</p>		
<p>12. TYPED NAME Lee Grossman</p>	<p>13. TITLE Senior Administrator/Medicaid Agent</p>		
<p>14. DATE SUBMITTED 4/23/2024</p>	<p>16. DATE RECEIVED 4/23/2024</p>		
<p>FOR CMS USE ONLY</p>			
<p>17. DATE APPROVED June 26, 2024</p>		<p>18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2024</p>	
<p>PLAN APPROVED - ONE COPY ATTACHED</p>			
<p>19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.06.27 11:18:34 -05'00'</p>		<p>20. TYPED NAME OF APPROVING OFFICIAL James G. Scott</p>	
<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations</p>		<p>22. REMARKS</p>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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 AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

13d. REHABILITATIVE SERVICES – MENTAL HEALTH & SUBSTANCE ABUSE

Outpatient mental health and substance abuse treatment services are provided to all Medicaid recipients based on medical necessity. Covered services must be recommended by a physician or another licensed practitioner of the healing arts within the scope of practice according to state law for maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level. Covered mental health and substance abuse treatment services are provided by or under the direction of a physician, psychologist, advanced practitioner of nursing, or other licensed practitioner of the healing arts, and are provided in accordance with 1905(a)(13)(C) and 42 CFR 440.130(d). Outpatient mental health and substance abuse treatment services provided to the member's family (collaterals) is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan, and for assisting the member's recovery.

The following rehabilitative services are allowable for outpatient mental health and substance abuse treatment services:

- Clinical Assessment – Direct contact with the recipient for the purposes of completing an evaluation of the recipient's mental health and/or substance abuse disorder(s) to determine treatment needs and establish a treatment plan. This service may include psychological testing if indicated.
- Agency or Office-based individual/family therapy services - Direct contact within the provider's office or agency, with the recipient and/or collaterals for the purpose of developing and implementing the treatment plan for an individual. This service is targeted at reducing or eliminating specific symptoms or behaviors which are related to a recipient's mental health or substance abuse disorder as specified in the treatment plan.
- Community-based individual/family therapy services - Direct contact outside of the provider's office or agency, with the recipient and/or collaterals for the purpose of developing and implementing the treatment plan for an individual. This service is targeted at reducing or eliminating specific symptoms or behaviors

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which are related to a recipient's mental health or substance abuse disorder as specified in the treatment plan.

- Group Therapy – Direct contact with two or more unrelated recipients and/or collaterals as necessary for the purpose of implementing each recipient's treatment plan. This service is targeted at reducing or eliminating specific symptoms or behaviors related to a recipient's mental health and/or substance abuse disorder(s) as identified in the treatment plan.
- Psychosocial Rehabilitation - Direct contact with two or more recipients (and collaterals as necessary) for the purpose of providing a preplanned, structured program of community living skills training which addresses functional impairments and/or behavioral symptoms related to a recipient's mental and/or substance abuse disorder(s) to slow deterioration, maintain or improve community integration, to ensure personal safety and wellbeing, and to reduce the risk of or duration of placement in a more restrictive setting including a psychiatric hospital or similar facility.
- Psychosocial Rehabilitation – Clubhouse - Psychosocial Rehabilitation - Clubhouse services are evidence-based or evidence-informed interventions which support the individual's recovery by helping the individual restore skills needed to function successfully in the community to the fullest extent possible. A variety of evidence-based practices may be used as appropriate to individual needs, interests, and goals. Activities included must be intended to achieve the identified goals or objectives as identified by the member. Psychosocial Rehabilitation - Clubhouse services are face-to-face interventions with the individual present and do not include room and board, vocational services, prevocational services, nor supported employment services.
- Individual Rehabilitative Services - Direct contact with enrolled recipients (and collaterals as necessary) for the purpose of implementing that portion of the treatment plan targeted to restoring basic skills necessary to function independently in the home and the community in an age-appropriate manner and for the purpose of restoring those skills necessary to enable and maintain independent living in the community in an age appropriate manner, including learning skills in use of necessary community resources. Individual rehabilitative services assist with the restoration of a recipient to his or her optimal functional level. This service is targeted at reducing or eliminating specific symptoms or behaviors related to a recipient's mental health and/or substance abuse disorder(s) as identified in the treatment plan.

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- Certified Peer Specialist Services - Direct contact with enrolled recipients (and collaterals as necessary) for the purpose of implementing the portion of the enrolled recipient's treatment plan that promotes the recipient to direct their own recovery and advocacy process or training to parents on how best to manage their child's mental health and/or substance abuse disorder to prevent out-of-home placement; to teach and support the restoration and exercise of skills needed for management of symptoms; and for utilization of natural resources within the community. Services are person centered and provided from the perspective of an individual who has experience with the mental health and/or substance abuse system to assist the recipient and their family with meeting the goals of the recipient's treatment plan. This service is targeted at reducing or eliminating specific symptoms or behaviors related to a recipient's mental health and/or substance abuse disorder(s) as identified in the treatment plan.
- Comprehensive Medication Services- Direct contact with enrolled recipients by licensed and duly authorized medical personnel, acting within the scope of their licensure, regarding day-to-day management of the recipient's medication regime. This service may include education of recipient's regarding compliance with the prescribed regime, filling pill boxes, locating pharmacy services, and assistance managing symptoms that don't require a prescriber's immediate attention. This service is separate and distinct from the medication management performed by physicians, physician's assistants and advanced practitioners of nursing who have prescriptive authority.

Licensed Clinical Professionals		
Provider Type	Services Provided	Supervision Requirements
Licensed Professional Counselor (LPC)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	
Licensed Clinical Social Worker (LCSW)		
Licensed Marriage and Family Therapist (LMFT)		
Licensed Addictions Therapist (LAT)		
Licensed Physician	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical 	

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	Assessment <ul style="list-style-type: none"> • Individual Rehabilitative Services • Psychosocial Rehabilitation 	
Licensed Clinical Psychologist or Neuropsychologist	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	
Licensed Advanced Practice Registered Nurse (APRN)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	
Clinical Staff		
Registered Nurse (RN)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Comprehensive Medication Therapy 	
Licensed Practical Nurse (LPN)	<ul style="list-style-type: none"> • Individual Rehabilitative Services • Comprehensive Medication Therapy 	
Provisional Licensed Professional Counselor (PPC)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	Provisionally licensed mental health, practicing under the supervision of a qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Certified Mental Health Worker (CMHW)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	CMHW practicing under the supervision of a qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Provisional Licensed Addictions	<ul style="list-style-type: none"> • Individual counseling • Group counseling 	Provisionally licensed mental health practicing under the supervision of a

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Therapist (PLAT)	<ul style="list-style-type: none"> • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Certified Addictions Practitioner (CAP)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	CAP practicing under the supervision of a qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Masters of Social Worker (MSW) with Provisional License (PCSW)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	Provisionally licensed mental health practicing under the supervision of a qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Provisional Marriage and Family Therapist (PMFT)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation 	Provisionally licensed mental health 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)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Individual Rehabilitative Services • Psychosocial Rehabilitation 	CSW practice under the supervision of a qualified clinical supervisor.
Certified Peer Specialists	<ul style="list-style-type: none"> • Peer Recovery Supports 	Certified Peer Specialist (CPS) who has a GED or high school degree and meets the criteria and supervision requirements of a MHT as specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs, is certified by the Mental Health and Substance Abuse Services Division of the Wyoming Department of Health and who is working under the documented, scheduled supervision of a licensed mental health professional.

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Certified Addictions Practitioner Assistant (CAPA)	<ul style="list-style-type: none"> • Individual Rehabilitative Services 	Certified Addictions Practitioner Assistant (CAPA) who has completed two hundred seventy (270) contact hours of education and training in alcoholism and drug abuse or related counseling subjects that meet the academic and training content standards established for certification by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Case Manager	<ul style="list-style-type: none"> • Individual Rehabilitative Services • Psychosocial Rehabilitation 	Mental Health Assistant (MHA) who has achieved a bachelor's degree in a human relations discipline as specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs who is working under the documented, scheduled supervision of a licensed mental health professional.
Individual Rehabilitative Services Worker	<ul style="list-style-type: none"> • Individual Rehabilitative Services 	Mental Health Technician (MHT) who has a GED, a high school degree, or a higher degree in an other than human relations discipline as specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs who is working under the documented, scheduled supervision of a licensed mental health professional.
Non-Clinical Staff		
Psychosocial Rehabilitation - Clubhouse	<ul style="list-style-type: none"> • Psychosocial Rehabilitation - Clubhouse 	Must be accredited by Clubhouse International. Required to be enrolled as a Medicaid provider. Before entering into a provider agreement with the provider agency, WDH verifies the providers' compliance with the qualifications through a credentialing process. Contracted providers are obligated to verify on an ongoing basis that these qualifications are achieved, maintained, and documented in personnel files. WDH will conduct annual review to

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		<p>verify these requirements continue to be met after the provider and WDH enter into an agreement.</p> <p>The minimum qualifications for Clubhouse Directors include:</p> <p>a) A bachelor’s degree in a health and human services field and is licensed, certified, or registered by the State of Wyoming or a national organization to provide health care services with two years’ experience working at a Clubhouse or with the target population;</p> <p>or</p> <p>b) A master's degree in a health or human services field with appropriate licensure and one year experience working at a Clubhouse or with the target population.</p>
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Effective January 1, 2020

Rehabilitative services will be limited to 30 visits per calendar year. Additional visits will be provided if medically necessary. This yearly limit will be based on the calendar year (January 1 through December 31). Clients under 21 in the health check services program (EPSDT) are not benefit limited.