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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 24-0003

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

August 5, 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) 24-0003

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 24-0003. This amendment proposes to ensure all minimum requirements outlined in Section 1902(a)(87) of the Social Security Act are met.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Wyoming's Medicaid SPA TN WY 24-0003 was approved on August 5, 2024, with an effective date of April 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 area of the letter.

Digitally signed by
James G. Scott -S
Date: 2024.08.05
18:17:51 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Jennifer Conrick
Justin Browning

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 3</u>	2. STATE <u>WY</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: right;">10/01/2023 04/01/2024</p>	
5. FEDERAL STATUTE/REGULATION CITATION <p style="text-align: center;">Section 1902(a)(87) of the SSA</p>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A Page 24a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1A- Supersedes TN #16-001 Page 24a	

9. SUBJECT OF AMENDMENT
 To ensure all minimum requirements outlined in 1902(a)(87) of the Social Security Act are met.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Lee Grossman State Medicaid Agent Division of Healthcare Financing 122 W. 25th Street 4 West Cheyenne, WY 82002
12. TYPED NAME Lee Grossman	CC: Jennifer Conrick- Management Assistant
13. TITLE State Medicaid Agent	
14. DATE SUBMITTED 5/14/2024	

FOR CMS USE ONLY

16. DATE RECEIVED 05/14/2024	17. DATE APPROVED August 5, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2024	19. SIGNATURE OF APPROVING OFFICIAL Digitally signed by James G. Scott -S Date: 2024.08.05 18:20:23 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

State requested a pen and ink change for effective date in Box 4 to 4/1/2024 as per e-mail dated 07/31/2024.

State approved a pen and ink change for Box 5 adding the Section 1902(a)(87) of the SSA as per e-mail dated 08/05/2024.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

METHODS OF PROVIDING TRANSPORTATION

1. The State agency will ensure the provision of necessary transportation for recipients to and from providers of covered medical services. The State agency shall cover transportation to covered medical services pursuant to 42 CFR § 431.53 under the following circumstances:
 - A. Emergency air and ground ambulance transportation shall be covered as medical services under applicable federal Medicaid regulations.
 - B. Non-Emergency and all other modes of transportation shall be covered as medical services and under any other applicable federal Medicaid regulations. These modes include, but shall not be limited to, non-emergency air travel, non-emergency ground ambulance, stretcher vans, wheelchair vans, common user bus (intra-city and inter-city), volunteer drivers, taxicabs, and ride-share company drivers.
 - C. Medicaid provided transportation shall only be available when recipients have no other means of transportation available.
 - D. Recipients shall be furnished transportation services which are the most economical to adequately meet the recipients' medical needs.
 - E. Ambulances, wheelchair vans, taxicabs, and other modes of transportation must be licensed to provide services in the State by the appropriate state and/or local licensing agency. Volunteer/registered drivers must be licensed to operate a motor vehicle in the State and must maintain automobile insurance.
2. The State agency attests that all the minimum requirements outlined in 1902(a)(87) of the Social Security Act are met.