

Approved: September 8, 2008

Ms. Teri Green
Medicaid Director
Wyoming Department of Health
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002

Dear Ms. Green:

We are pleased to inform you that Wyoming's request for its section 1115 family planning demonstration entitled, "Pregnant By Choice," as modified by the Special Terms and Conditions (STCs) accompanying this award letter, has been approved as project number 11-W-00238/8. Under this demonstration, the State will provide family planning services to uninsured (defined as not having creditable coverage) women, ages 19 through 44, with family incomes at or below 133 percent of the Federal poverty level (FPL) who are not otherwise eligible for Medicaid or Medicare. Approval for this demonstration is under the authority of section 1115 of the Social Security Act (the Act) and is effective as of the first of the month following the date of this approval for a 5-year period.

Please be aware that by expanding the population of individuals who are eligible for family planning services under this demonstration, the State is also expanding the number of instances in which pharmacists, physicians, and other health care professionals would be protected by 42 U.S.C. section 300a-7(d), which provides:

No individual shall be required to perform or assist in the performance of any part of a health service program or research activity funded in whole or in part under a program administered by the Secretary of Health and Human Services if his performance or assistance in the performance of such part of such program or activity would be contrary to his religious beliefs or moral convictions.

Enclosed are the STCs that the State must meet as a condition for approval of this demonstration. These STCs define the nature, character, and extent of Federal involvement in this project. This award letter is subject to our receipt of your written acceptance of the award, including the STCs, within 30 days of the date of this letter.

All requirements of the Medicaid program as expressed in law, regulation, and policy statement not expressly identified as not applicable in this letter shall apply to the Wyoming Family Planning Demonstration.

Medicaid Costs Not Otherwise Matchable

Under the authority of section 1115(a)(2) of the Act, the following expenditures that would otherwise not be regarded as expenditures under title XIX of the Act will be regarded as expenditures under the State's title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities, except those specified below as not applicable to these expenditure authorities. In addition, all requirements in the enclosed STCs will apply to these expenditure authorities.

Expenditures for family planning services for uninsured (defined as not having creditable coverage) women, ages 19 to 44, with family income at or below 133 percent of the FPL who are not otherwise eligible for Medicaid or Medicare.

Medicaid Requirements Not Applicable to the Medicaid Expenditure Authorities

All Medicaid requirements apply, except the following:

1. **Amount, Duration, and Scope of Services (Comparability)—Section 1902(a)(10)(B)**
To the extent necessary to allow the State to offer the demonstration population a benefit package consisting only of approved family planning services.
2. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)—Section 1902(a)(43)(A)**
The State will not furnish or arrange for EPSDT services to the demonstration population.
3. **Retroactive Coverage—Section 1902(a)(34)**
Individuals enrolled in the family planning demonstration program will not be retroactively eligible.

Your project officer is Ms. Terri Murphy who may be reached at (410) 786-4467 or by e-mail at: Terri.Murphy@cms.hhs.gov. Ms. Murphy is available to answer any questions concerning the scope and implementation of your demonstration project. Communications regarding program matters and official correspondence concerning the project should be submitted to the project officer at the following address:

Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations
7500 Security Boulevard
Mail Stop: S2-01-16
Baltimore, MD 21244-1850

Official communication regarding program matters should be submitted simultaneously to Ms. Murphy and to Mr. Richard Allen, Associate Regional Administrator, in our Denver Regional Office. Mr. Allen's address is:

Centers for Medicare & Medicaid Services
Colorado State Bank Building
1600 Broadway, Suite 700
Denver, CO 80202-4367

We extend our congratulations to you on this award and look forward to working with you during the course of the demonstration.

Sincerely,

//s//

Kerry Weems
Acting Administrator

Enclosures

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cc:

Richard Allen, ARA, CMS Denver Regional Office