

## **Table of Contents**

**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 20-0012**

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



Medicaid and CHIP Operations Group

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September 30, 2021

Ms. Teri Green  
State Medicaid Agent  
Office of Health Care Financing  
6101 Yellowstone Road  
Suite 210  
Cheyenne, WY 82002

**Re: WY SPA 20-0012**

Dear Ms. Green:

We have reviewed the proposed Wyoming State Plan Amendment (SPA) WY 20-0012, which was submitted to the Centers for Medicare and Medicaid Services (CMS) on December 18, 2020. This state plan amendment (SPA) removes Chiropractic services for individuals over the age of 21 from the Wyoming State plan as approved by the Wyoming Legislation.

Based upon the information provided by the State, we have approved the amendment with an effective date of June 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional or need further assistance, please contact Ford Blunt of my staff at (214) 767-6381 or by email at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,



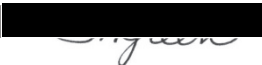
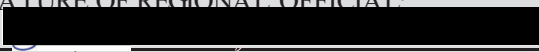
Digitally signed by James G.

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James G. Scott, Director  
Division of Program Operations

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER:  WY 20-0012	2. STATE WYOMING
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE June 1, 2021	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):		
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION: 42CFR440.60(b)	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$153,218 b. FFY 2022 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, page 3, Item 6.c. Attachment 4.19B 6c (delete)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 3.1A, page 3, Item 6.c. (WY 15-005) Attachment 4.19-B 6c (WY 15-005)	
10. SUBJECT OF AMENDMENT:  To remove Chiropractic services from the Wyoming State plan as approved by Wyoming Legislation.		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):		
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing</u>
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: TERI GREEN STATE MEDICAID AGENT DIVISION OF HEALTHCARE FINANCING 122 WEST 25 <sup>th</sup> STREET, 4 <sup>th</sup> FLOOR CHEYENNE, WY 82002	
13. TYPED NAME: TERI GREEN	CC: HEATHER GALLO, EXECUTIVE ASSISTANT (SAME ADDRESS)	
14. TITLE: STATE MEDICAID AGENT		
15. DATE SUBMITTED: December 18, 2020		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: December 18, 2020	18. DATE APPROVED: September 30, 2021	
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: James G. Scott	22. TITLE: Director Division of Program Operations	
REMARKS:  This is an amended CMS-179 from the original as per agreement by the State.		

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

6. c. Chiropractors' services.

Effective June 1, 2021, Wyoming Medicaid will no longer cover chiropractic services for individuals over the age of 21. .