

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-003	2. STATE WYOMING
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 JULY 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.110, 440.230		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2009 \$110,632.44	
		b. FFY 2010 \$442,529.80	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1A, 11c. Attachment 4.19B, 11.b.		SAME NEW	
10. SUBJECT OF AMENDMENT: AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY FOR SPEECH THERAPY			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: TERI GREEN		TERI GREEN STATE MEDICAID AGENT OFFICE OF HEALTH CARE FINANCING 6101 YELLOWSTONE ROAD, SUITE 210 CHEYENNE, WY 82002	
14. TITLE: STATE MEDICAID AGENT		CC: YVONNE STAYER, MANAGEMENT ASSISTANT (SAME ADDRESS)	
15. DATE SUBMITTED: 6/8/09			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/8/09		18. DATE APPROVED: 8/27/09	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/09		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Diana Maiden for Richard C. Allen		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

August 27, 2009

Teri Green, Medicaid Director
Wyoming Division of Health Care Financing
401 Hathaway Building
Cheyenne, WY 82002

RE: Wyoming #09-003

Dear Ms. Green:

This is your official notification that Wyoming State Plan amendment 09-003 has been approved effective July 1, 2009.

If you have any questions concerning this amendment, please contact Bernadette Quevedo-Mendoza at (303) 844-7121.

Sincerely,

/s/

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

CC: Yvonne Stayer
Lee Clabots, Deputy Director

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WYOMING

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

Explanation of Limitations**11.c. Speech Therapy**

Speech therapy services are limited to those rehabilitative and restorative services which are prescribed by a physician; which the state deems appropriate consistent with the patient's condition, and which are provided following physical debilitation due to acute trauma or physical illness.

Wyoming Medicaid will begin enrolling independent speech therapists and speech pathologists as of July 1, 2009. Independent speech therapists and speech pathologists must be licensed as a speech therapist or speech pathologist by the State of Wyoming, or whatever state they reside in.

Effective July 1, 2009

Independent speech therapists visits are limited to twenty (20) visits a year. This yearly limit is based on the calendar year (January 1 through December 31). The benefit limit for calendar year 2009 will be calculated beginning with services provided on or after July 1, 2009. The benefit limit will be considered in conjunction with the benefit limit established for outpatient speech therapy and physician office speech therapy visits. Recipients will be allowed twenty (20) per calendar year for physician speech therapy visits, outpatient speech therapy visits and independent speech therapy visits. For physician speech therapy visits, outpatient speech therapy visits and independent speech therapy visits beyond the 20 visit limit, extensions will be provided if medically necessary. Recipients in the Health Check services (EPSDT) program are not benefit limited.

TN#: 09-003
Supersedes
TN#: 91-11

Approval Date 8/27/09

Effective Date: July 1, 2009

POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

11.d. SPEECH THERAPY

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of speech therapy services. The agency's fee schedule rate for speech therapy services was set as of July 1, 2009 and is effective for services provided on or after that date. All rates are published at wyequalitycare.acs-inc.com.

TN#: 09-003
Supersedes
TN#: NEW

Approval Date 8/27/09

Effective Date: July 1, 2009