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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-10-003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP, and Survey & Certification

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

JUN 23 2010

Re: Wyoming 10-003

Dear Ms. Green:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-003. Effective for services on or after July 1, 2010, this amendment modifies the reimbursement methodology for nursing facility payments by removing language that provides for annual inflation increases.

Additionally, please note that when the State submits a State Plan Amendment that may have an effect on Indians or Indian or Urban health providers, CMS will look for evidence of that the State followed the Tribal consultation process. Pursuant to section 1902(a)(73) of the Act added by section 5006(e) of the Recovery and Reconstruction Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the waiver renewal request with Indian tribes, Indian health programs and Urban Indian organizations. If the State does not have an approved consultation process, the State must submit evidence that they followed the timeframes and process outlined in the July 17, 2001 SMD letter on consultation.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 10-003 is approved effective July 1, 2010. We are enclosing the CMS-179 and the amended plan page.

If you have any questions, please call Christine Storey at (303) 844-7044.

Sincerely,

J. Cindy Mann
Director, CMCS

cc: Yvonne Stayer, WY State Medicaid Agency

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 10-003	2. STATE WYOMING
	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, 2010	

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)


6. FEDERAL STATUTE/REGULATION CITATION: State statute 42-4-104 (intro) Original House Bill No 0110 42 CFR 447, SUBPART C	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$0 b. FFY 2011 (\$1,765,835)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.19-D, PAGE 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): ATTACHMENT 4.19-D, PAGE 1

10. SUBJECT OF AMENDMENT:


NURSING FACILITY REIMBURSEMENT: Rate increases for SFY 2010 occurred last October 1 for Nursing Facilities. Therefore the impact will not occur until this year's increases which are scheduled October 1, 2010

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: TERI GREEN STATE MEDICAID AGENT OFFICE OF HEALTH CARE FINANCING 6101 YELLOWSTONE ROAD, SUITE 210 CHEYENNE, WY 82002 CC: YVONNE STAYER, MANAGEMENT ASSISTANT (SAME ADDRESS)
13. TYPED NAME: TERI GREEN	
14. TITLE: STATE MEDICAID AGENT 	
15. DATE SUBMITTED: 04/15/10	

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17. DATE RECEIVED:	18. DATE APPROVED: 6-23-10
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: William Lasowski	21. TITLE: Deputy Director, CMCS
23. REMARKS:	

WYOMING NURSING HOME REIMBURSEMENT SYSTEM**Section 1. Authority.**

This Chapter is promulgated by the Department of Health pursuant to the Medical Assistance and Services Act at W.S. § 42- 4-101 *et seq.* and the Wyoming Administrative Procedures Act at W.S. § 16-3-101 *et seq.*

Section 2. Purpose and Applicability.

(a) This Chapter has been adopted to establish methods and standards for Medicaid reimbursement rates for nursing facilities which provide services to clients. It shall apply to and govern all payments of Medicaid funds to facilities for services furnished on or after October 1, 2009.

(b) The Department may issue manuals, provider bulletins, or both, to providers and/or other affected parties to interpret the provisions of this Chapter. Such manuals and provider bulletins shall be consistent with and reflect the policies contained in this Chapter. The provisions contained in manuals or provider bulletins shall be subordinate to the provisions of this Chapter.

(c) The incorporation by reference of any external standard is intended to be the incorporation of that standard as it is in effect on the effective date of this Chapter.

(d) Effective with rates beginning on October 1, 2010, nursing facilities shall remain at the finalized rate paid beginning October 1, 2009.

Section 3. Definitions. Except as otherwise specified in Chapter 1, the terminology used in this Chapter is the standard terminology and has the standard meaning used in healthcare and Medicaid, and Medicare.

Section 4. General Provisions.

(a) Cost terms and hierarchy. This rule includes the following cost terms, even though such cost may not be reimbursable because of other provisions of this rule, in the following hierarchy:

(i) General ledger cost, a cost properly recorded on a nursing facility's general ledger in accordance with GAAP. This includes cost incurred at an individual nursing facility as well as central office or pooled cost reasonably allocated to an individual nursing facility;

(ii) Reported cost, general ledger cost properly reported on the cost report. It is composed of allowable cost and non-allowable cost;

(iii) Non-allowable cost, costs which are not reasonably related to covered services. Such costs should either be adjusted off of the cost report or reported in a non-allowable cost center on the cost report;