



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1 TRANSMITTAL NUMBER 11-005	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 September 30, 2011	
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 431.12(b)		7 FEDERAL BUDGET IMPACT a FFY 2010 \$ b FFY 2011 \$	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 1 4, Page 1		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 1 4, Page 1	
10 SUBJECT OF AMENDMENT The proposed changes will update Section 1 4 to include written affirmation that the State will follow the same tribal consultation process for the separate Children's Health Insurance Program (CHIP) as for the Medicaid program			
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 TERI GREEN STATE MEDICAID AGENT DIVISION OF HEALTH CARE FINANCING 6101 YELLOWSTONE ROAD, SUITE 210 CHEYENNE, WY 82002	
13 TYPED NAME TERI GREEN		CC TAMMY ARNOLD, MANAGEMENT ASSISTANT (SAME ADDRESS)	
14 TITLE STATE MEDICAID AGENT			
15 DATE SUBMITTED 8/1/11			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED 8/1/11		18 DATE APPROVED 12/7/11	
PLAN APPROVED - ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL 9/30/11		20 SIGNATURE OF REGIONAL OFFICIAL 	
21 TYPED NAME RICHARD C. ALLEN		22 TITLE ARA, DMCHO	
23 REMARKS			