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**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: WY-14-002**

This file contains the following documents in the order listed

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

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



**Region VIII**

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April 23, 2014

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

RE Wyoming #14-002

Dear Ms Green.

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-002. This SPA concerns TCM payment methodology for individuals eligible for Medicaid who are being determined for eligibility for the Wyoming Adult Developmental Disabilities Waiver, the Child DD Waiver, Acquired Brain Injury Waiver, Comprehensive Waiver or Supports Waiver, and to obtain coordination of services while on a wait list for Waiver services.

Please be informed that this State Plan Amendment is approved effective February 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

Please note that the SPA WY-14-001 corresponds to this SPA and is pending approval. This SPA identifies the rate methodology for the coverage definitions of the Target Case Management services in WY-14-002. Since the coverage definitions have not yet been approved, changes to SPA WY-14-001 could require changes to the State Plan sections that are covered by this SPA.

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

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

CC Chris Bass  
Lee Clabots, Deputy Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1 TRANSMITTAL NUMBER. 14-002	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 February 1, 2014	
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 441.18, 42 CFR 440.169		7 FEDERAL BUDGET IMPACT \$0	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, Item 19 Page 2a		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B Item 19 Page 1b	
10 SUBJECT OF AMENDMENT Wyoming is seeking to better define the targeted case management payment methodology in state plan for individuals eligible for Medicaid who are being determined for eligibility for the Wyoming Adult Developmental Disabilities (DD) Waiver the Child DD Waiver Acquired Brain Injury Waiver Comprehensive Waiver or Supports Waiver; and to obtain coordination of services while on a wait list for Waiver services. Rates are not changing. The State is simply updating the transparency of its existing rate methodology			
11 GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED <u>Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing</u>	
<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 /s/		16 RETURN TO: TERI GREEN STATE MEDICAID AGENT DIVISION OF HEALTHCARE FINANCING 6101 YELLOWSTONE ROAD SUITE 210 CHEYENNE, WY 82002	
13 TYPED NAME TERI GREEN		CC CHRIS BASS, MANAGEMENT ASSISTANT (SAME ADDRESS)	
14 TITLE STATE MEDICAID AGENT			
15 DATE SUBMITTED 1/30/14			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17 DATE RECEIVED 1/30/14		18 DATE APPROVED 4/23/14	
19 EFFECTIVE DATE OF APPROVED MATERIAL 2/1/14		20 SIGNATURE OF REGIONAL OFFICIAL /s/	
21 TYPED NAME Richard C. Allen		22 TITLE ARA, DMCHO	
REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

STATE OF WYOMING

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF SERVICES

**Target Group for TCM SPA**

TCM services will be for individuals eligible for Medicaid who are being determined for eligibility for the Wyoming Adult Developmental Disabilities (DD) Waiver, the Child DD Waiver, Acquired Brain Injury Waiver Comprehensive Waiver, or Supports Waiver and to obtain coordination of services while on a wait list for Waiver services

**Effective date** January 1, 2006 **Unit:** 15 minute **Cap** 120 units will be paid per plan year

**Payment and Rate Methodology:**

Payment for targeted case management (TCM) services under the State Plan do not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. Payment for TCM services is made on a fee-for-service basis, per unit of service per provider, using the code identified through HCPCS Level II codes. Rate is comparable to other state rates for this service. The fee schedule and rate and any adjustments to the fee schedule or rate are published in a provider bulletin access through the Medicaid fiscal agent's website.

The reimbursement methodology used for TCM on the waivers from 1997 through 2005 is consistent with the current rate. In 2006, the state changed the rate from a monthly unit to a 15 minute unit with the same number of hours assumed for the year (2-3 hours a month). In 2009, the state reviewed rates for services based upon fair market analysis for the service provided and the current rate being paid for TCM remained unchanged. In FY2013, the state reviewed waiver case management rates and compared the TCM rate for similar services, excluding as much direct contact time, home visit requirements, and provider documentation review. The rate reflects the service provided and includes overhead, administration costs, and benefits. Rates are reviewed every two to four years. Medicaid payment for TCM claims will be the lesser of (1) the billed usual and customary charges to the general public or (2) the established fee schedule. Rates do not include the cost of room and board and include only Medicaid allowable costs.

**Monitoring** As required by regulations these payments will be subject to utilization review and system editing for efficiency, economy and quality of care. The State agency will assure, through system monitoring, that billed time does not exceed 120 billable units per year by a provider to deliver the targeted case management services.

**Documentation** All providers are required to document the following information for reimbursement of TCM services

- |   |                          |
|---|--------------------------|
| a Date of Service                           | d Total charges          |
| b Start and end time per documented service | e Type of service        |
| c Total billable units                      | f Description of Service |

**Public availability** The Medicaid fee schedule for this TCM service is published in a provider bulletin that is then placed on the <http://wyequalitycare.acs-inc.com/bulletins/>

**Date of public notice** January 29, 2014

**How published/distributed** Newspaper website posting tribal notification

TN NO 14-002  
Supersedes TN NO 06-002

Approval Date 4/23/14  
Effective Date 2/1/14