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**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: WY-14-008**

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 #14-008

Dear Ms. Green.

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-008. This SPA concerns Targeted Case Management for Children with Serious Emotional Disturbance.

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-14-007 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-14-008. Since the coverage definitions have not yet been approved, changes to SPA WY-14-007 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

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1 TRANSMITTAL NUMBER

14-008

2 STATE  
WYOMING

3 PROGRAM IDENTIFICATION TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4 PROPOSED EFFECTIVE DATE

February 1 2014

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

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 4a

9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

10 SUBJECT OF AMENDMENT

Wyoming is seeking to update the targeted case management state plan to include eligible services provided to children with a serious emotional disturbance (as defined in Federal Register volume 58, no 96, published May 20 1993 pgs. 29422 through 2942) who are between the ages of four (4) and twenty one (21) and who are being served by the Care Management Entity (CME) or by the Children s Mental Health Waiver

11 GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing

12 SIGNATURE OF STATE AGENCY OFFICIAL

/s/

13 TYPED NAME TERI GREEN

14 TITLE STATE MEDICAID AGENT

15 DATE SUBMITTED 02/26/14

16 RETURN TO

TERI GREEN

STATE MEDICAID AGENT

DIVISION OF HEALTHCARE FINANCING

6101 YELLOWSTONE ROAD SUITE 210

CHEYENNE, WY 82002

CC CHRIS BASS, MANAGEMENT ASSISTANT

(SAME ADDRESS)

**FOR REGIONAL OFFICE USE ONLY**

17 DATE RECEIVED

2/26/14

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

Payment for Targeted Case Management (TCM) services provided to children and youth ages four (4) through twenty-one (21) who meet the definition of having a serious emotional disturbance (per Federal Register, volume 58, no 96, published May 20, 1993, pgs 29422 through 29425) will be reimbursed on a fee-for-service basis per unit of service. For the purpose of this rule, a unit of service is a period of 15 minutes.

The Department will pay the lower of the following for TCM services for this target population.

- The provider's actual submitted charge for the services, or
- The Department's fee schedule

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both public and private providers of TCM services. Rates do not include the cost of room and board and include only Medicaid allowable costs.

The agency's fee schedule rates for targeted case management services for children and youth ages four (4) through twenty-one (21) who meet the definition of having a serious emotional disturbance (per Federal Register, volume 58 no 96, published May 20, 1993, pgs. 29422 through 29425) were last updated on January 1, 2014. The most recent agency fee schedule rates are effective for services provided on or after February 1, 2014, the effective date of the approved State Plan Amendment. All rates are published at [http://wyequalitycare.acs-inc.com/fee\\_schedule.html](http://wyequalitycare.acs-inc.com/fee_schedule.html).