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**State/Territory Name:** Wyoming

**State Plan Amendment (SPA) #:** WY-15-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



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**Financial Management Group**

**AUG 25 2015**

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

Re: Wyoming 15-0004

Dear Ms. Green:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 15-0004. Effective for services on or after July 1, 2015, this amendment provides for per diem rate increases to Wyoming Intermediate Care Facilities for the Intellectually Disabled (ICF/ID), as approved by the Wyoming Legislature.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902a(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 15-0004 is approved effective July 1, 2015. The CMS-179 and the amended plan pages are attached.


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

Sincerely,

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Timothy Hill  
Director

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TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	
FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: WY15-004
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	2. STATE WYOMING
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)	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 483, 42 CFR 440.150	4. PROPOSED EFFECTIVE DATE July 1, 2015
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Pages 46-50	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D Pages 36-41 of TN NO. 96-001
10. SUBJECT OF AMENDMENT:  Wyoming is seeking to update its reimbursement methodology for state-owned ICF/IF facilities.	
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing</u>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	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)
13. TYPED NAME: TERI GREEN	
14. TITLE: STATE MEDICAID AGENT	
15. DATE SUBMITTED:	
17. DATE RECEIVED: [REDACTED] DATE APPROVED: AUG 25 2015	
19. EFFECTIVE DATE OF APPROVED MATERIAL: [REDACTED]	
21. TYPED NAME: Kristin [REDACTED]	
REMARKS: [REDACTED]	

**STATE: WYOMING**

**Section 1. Authority.**

This rule is promulgated by the Department of Health and Social Services 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. Applicability.**

This rule shall apply to and govern the reimbursement of the Wyoming Life Resource Center State Operated Facility and other ICFs/ID for services provided on or after July 1, 2015.

**Section 3. General Terms.** These rules are intended to implement and be read in conjunction with the provisions of W. S. 42-4-103(a)(xxii).

**Section 4. Definitions.**

- (a) "Certified." Approved by the Department to provide ICF/ID services.
- (b) "Excess payments." Medicaid funds received by a provider:
  - (i) That exceed the provider's per diem rate;
  - (ii) Pursuant to a per diem rate which is subsequently determined to be erroneous or based on erroneous information; or
  - (iii) Pursuant to an interim payment rate that is based on projected costs which exceed the facility's actual costs for the interim payment rate period.
- (c) "Facility." An ICF/ID.
- (d) "Infirmarary services." Sub-acute hospital services provided on the premises of a facility.
- (e) "Interim payments." Payments to a new facility or a newly certified facility pursuant to subsection 5(c) during the time between the effective date of the new facility's provider agreement and the determination of a per diem rate pursuant to this rule.
- (f) "Intermediate care facility for people with Intellectual Disability (ICF/ID)." An intermediate care facility as defined by 42 U.S.C. 1396d(c) that has at least fifteen certified beds. "ICF/ID" includes that portion of the Wyoming Life Resource Center which is certified to provide intermediate care facility services for those with intellectual disabilities.
- (g) "Per diem rate." The Medicaid reimbursement rate determined pursuant to this rule.

TN NO. WY15-004

Supersedes: TN NO. 96-001, pages 36-41

Approval Date: **AUG 25 2015**

Effective Date: July 1, 2015

(h) "Provider." An ICF/ID that has a provider agreement with the Department and that is certified to provide services to recipients.

(i) "Provider agreement." A formal written agreement between the Department and an ICF/ID that is certified to provide services to recipients.

(j) "Services." Intermediate care facility services for those with intellectual disabilities as defined in 42 U.S.C. 1396d(d).

(k) "Services and supplies included in the per diem rate." In addition to those services and supplies specified in Chapter 7, Attachment A, which is hereby incorporated by reference, unique costs are included in the per diem rate.

(l) "Services and supplies not included in the per diem rate." Services and supplies which are not included in the per diem rate include, but are not limited to:

- (i) Barber and beauty shop services;
- (ii) Clothing;
- (iii) Cigarettes, cigars, pipes and tobacco;
- (iv) Cosmetics;
- (v) Hospital services;
- (vi) Prosthetic devices;
- (vii) Ventilators; and
- (viii) Customized wheelchairs that are fitted or fabricated to a specific individual and cannot be used by any other person, and electric wheelchairs, including batteries.

(m) "Temporary absence." When a recipient is out of a facility for hospitalization or therapeutic home visits. Temporary absences for hospitalization: (a) shall not exceed fifteen days per year, and (b) the recipient must intend to and have a reasonable expectation of returning to the facility. Temporary absences for therapeutic home visits must: (a) be part of the recipient's plan of care, and (b) shall be limited to fifteen days in duration no more than once per month, not to exceed thirty days per calendar year. A recipient receiving infirmity services is not absent from the facility.

(n) "Unique costs." The following services and supplies are unique costs and shall be included in the per diem rate if they are provided by the facility or by a third party under contract to the facility to or for the benefit of a recipient:

- (i) Audiology services;

- (ii) Case management services;
- (iii) Dental services;
- (iv) Dietary services and adaptive equipment;
- (v) Dry cleaning expenses incurred on behalf of residents;
- (vi) Habilitation services;
- (vii) Hearing aids;
- (viii) Infirmary services;
- (ix) Laboratory services;
- (x) Music therapy services;
- (xi) Occupational therapy services;
- (xii) Optical services;
- (xiii) Orthotic services;
- (xiv) Physical therapy services;
- (xv) Physician services;
- (xvi) Podiatry services;
- (xvii) Prescription drugs;
- (xviii) Pre-vocational training services and supplies;
- (xix) Psychological services;
- (xx) Recreational therapy services;
- (xxi) Social services;
- (xxii) Speech therapy services; and
- (xxiii) Transportation services.

(o) "Wyoming Life Resource Center." The Wyoming state training school as established pursuant to W.S. 25-5-101 et seq.

Section 5. General methodology.

(a) Incorporation of Chapter VII. ICFs/ID shall be reimbursed using a per diem rate calculated in accordance with the methodology established below. In addition, ICFs/ID shall be subject to the rules in Chapter VII, the Wyoming Nursing Home Reimbursement System, except as otherwise specified by this rule. Chapter VII is hereby incorporated by reference, excluding the rate and price setting Sections 7, 13(d), 14, 15, 16, 17(c), 18, and 19 and with the modifications specified in this Chapter.

(b) Calculation of per diem rates for ICFs/ID. The per diem rate for ICFs/ID shall be calculated independently from the calculation of rates for facilities as defined in Chapter VII. The provider's per diem rate shall be determined utilizing either a desk reviewed or audited cost report. Costs will not be subject to any form of cap or maximum rate for the Wyoming Life Resource Center.

(i) Effective date. For services effective on or after July 1, 2015, a provider's per diem rate shall become effective annually on July 1. The rates calculated each July 1 will remain in effect until the following July 1.

(ii) Per diem rates are established prospectively and shall remain in effect from the rate effective date until redetermined pursuant to this rule.

(iii) Applicable cost report data. The data used in establishing the rate calculation effective each July 1 is from the cost reports which ended two (2) calendar years ago (for example, cost reports ending during the period from January 1, 2013 to December 31, 2013, will be used to set rates effective July 1, 2015).

(iv) Cost reports submitted by ICFs/ID shall not be used in any way to calculate per diem rates for facilities as defined in Chapter VII.

(iv) Rates shall be established by inflating adjusted / reviewed costs from the midpoint of the provider's cost reporting year to the midpoint of the rate year. Inflated costs will be divided by total patient days to arrive at the allowed per diem rate.

(c) Reimbursement of new facilities. A new facility or a newly certified facility shall receive interim payments for services provided to recipients as determined pursuant to this subsection.

(i) Submission of projected costs. A new facility shall, before receiving Medicaid funds for services provided to recipients, submit a cost report to the Department containing projected costs for the facility's first six months of operation.

(ii) Time of submission of cost report. A new facility shall submit a cost report containing the information specified in paragraph (i) within sixty days after the facility notifies the Department in writing that it wishes to participate in the Medicaid program as a provider and has been certified.

(iii) Review of projected costs. The Department shall desk audit the cost report submitted pursuant to paragraph (i) to determine the reasonableness of the facility's allowable projected costs. An interim payment rate shall be established using the facility's reasonable, allowable costs. The interim payment rate shall not exceed the lower of the rate determined pursuant to this subsection and 75% of the Wyoming Life Resource Center rate in effect.

(iv) Period of interim payments. Interim payments shall be effective upon the effective date of the facility's provider agreement, and shall remain in effect until a qualifying cost report has been submitted and subjected to audit and used to calculate a rate. No payments shall be made to a new facility until an interim payment rate has been determined pursuant to this subsection.

(v) Audits of interim payments. Upon receipt of the qualifying cost report, the Department may audit a facility to determine the accuracy and reasonableness of cost reports submitted by the facility. If the audit discloses that the interim payments included non-allowable costs, costs for services and supplies not included in the per diem rate or that budgeted costs exceeded actual costs, the Department shall adjust the per diem rate retroactively to the beginning of the interim rate period and recover any excess payments.

(vi) Audits will be conducted in accordance with Section 5(b). Providers other than Wyoming Life Resource Center will have rates limited to the lower of the provider's audited cost in accordance with Section 5(b) or 75% of the Wyoming Life Resource Center rate.

Section 6. Incorporation of Chapter XVII. ICFs/ID are subject to the requirements of Chapter XVII, Nursing Facility Resident Trust Accounts, which is hereby incorporated by reference.

Section 7. Severability. If any portion of these rules is found to be invalid or unenforceable, the remainder shall continue in effect.